Transcript: Interview between Michelle Sarju and Meredith Li-Vollmer

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>>MEREDITH: Hi. This is Meredith Li-Vollmer. I'm on the Communications team at Public Health – Seattle & King County, and right now I'm working on the COVID-19 response.

I'm a Chinese American woman. I'm wearing a dark blue shirt and blue glasses. I'm sitting in my office, and there are some books behind me.

>>MICHELLE: Good afternoon. This is Michelle Sarju. I work for King County Public Health.

I am an African American woman, with really curly hair. I am wearing tortoise shell glasses that have a little purple streak through them. I'm wearing a black shirt, with some black earrings, and kind of a black-themed necklace.

>>MEREDITH: So, Michelle, this is Meredith again. We are here today to talk about the COVID-19 vaccine. And I know people have a lot of questions about the vaccine and there are some really valid reasons why people might mistrust the vaccine. And so I was hoping that you could talk a little bit about the distrust that you have been hearing about from others.

>>MICHELLE: Yeah, thank you, Meredith. This is Michelle. There are many reasons why people might be distrusting this vaccine. And I have to admit I was one of those too, initially. I think the speed at which it was developed causes concern. And then there's the historical aspect of this.

You know, speaking for my own community, which is African American, there have been many times throughout our history where we have been researched on in unethical ways, and so those incidents are in our memory, and they are lasting.

And so there are probably a multitude of reasons why we should be worried. And, you know, when we think about the history of this country and racism, particularly African American people have, you know, since the time we came here, been mistreated.

And even up until today, which those experiences and those situations have created quite a bit of disproportionality in a variety of things, whether it's health outcomes, whether it's the criminal punishment system.

Just many, many aspects that contribute to the distrust.

I can say that personally, I am a survivor of medical trauma, and so I can relate to people who have a distrust of the medical community.

>>MEREDITH: Yeah, and you and I have talked about this before and I think that it's really understandable, given the medical trauma that so many have experienced in BIPOC communities, why there would be such high levels of distrust.

You shared with me before some of the examples of medical abuse that you yourself have experienced. And yet you told me something that I found remarkable. And that is that you volunteered to be part of one of the COVID-19 vaccine studies. Can you tell me about your decision to do that.

>>MICHELLE: Yes. This is Michelle talking again. I am part of the Moderna vaccine trial. Prior to joining that study, I did a lot of research. It took me a lot of time to actually come to that decision. And I will say that I have not always gotten the flu shot either, because I was worried about that. I didn't trust it.

You know, for the last 20 years I have probably been getting the flu shot, most years. I try to do it every year. But this felt really critical, given the disproportionality, particularly for African American, Native American, and Pacific Islander in King County. Just the disproportionate outcomes that our three communities are experiencing.

So, I did my research. I put in my application to join the study. I got contacted. I asked more questions. And based on those answers, I agreed to participate.

I think it's really important that African Americans know -- and I am speaking specifically just for my community, but other communities may share this. It is important that we know that this vaccine is going to work for us. Not all things, in terms of research and development, include a large number of people of color.

So for me this felt critically important. And so I have gotten my two vaccinations.

It's a blind study, so I don't know whether I got the vaccination or the placebo, but I should find out soon. And I will say this: If I got the placebo, I will get the vaccine, and then probably continue to participate in the study for the next two years.

>>MEREDITH: This is Meredith. And really I think that that's such an act of generosity for all of us, that you participated. So thank you for that.

I know that we also wanted to talk a little bit about what we know about that whole vaccine development process. You have obviously been a participant in it. I have been learning about it in my role here in COVID response. And so you mentioned that distrust often can be fostered because it did move very quickly.

This vaccine was made much faster than a lot of other vaccines. And I wanted to share a little bit about what I have learned about that and then if you want to add based on your experience, please do so.

>>MICHELLE: Sure.

>>MEREDITH: What I have heard is that there were no steps that were skipped in the testing process. And so the vaccine testing process really involves multiple phases. I'm sure you experienced that. And that the vaccines are tested first with a very small group of people, then with hundreds of people, and then with tens of thousands of people.

So all of those steps did happen. And once the vaccine has gone through testing for safety and effectiveness, then the FDA reviews it. And then there are independent medical experts that review the findings as well. Then when all of that happens, then if they determine that it's safe and effective, then it's authorized for emergency use.

So there weren't any steps skipped, but they were able to invest more in this process so that they were able to do the testing at the same time that they were actually manufacturing the vaccine, so that as soon as the approval happened, then the vials could be shipped out. So that's one of the big reasons why I have heard that it was able to be done faster.

Do you know what stage of the vaccine trial you have been involved in?

>>MICHELLE: Yeah. I have been involved in phase 3.

And the other thing that I forgot to mention is that this particular vaccine is not a weakened, live vaccine. So that was critical in my decision to join this study. I have some underlying health conditions that I felt it wouldn't be safe for me to actually have the weakened, live vaccine.

Since the emergency use authorization has happened, I have gotten emails from Moderna explaining what the process is going to be. As I stated earlier -- initially, this was going to be a two-year study, so it was going to be blinded for two years. I think ethically one of the decisions was, well, if it's greater than 90% effective for the people who got it, we really need to offer it to those who got the placebo, and so those who got the placebo will have the choice of being unblinded, and then receiving the vaccine, but there is also people can choose not to be unblinded and just continue with the study.

So those are some of the things that are probably going to come in the next 30 days, I would imagine.

>>MEREDITH: It's really historic, the development of this vaccine, and you have been part of it.

>>MICHELLE: Yeah, it's pretty exciting.

>>MEREDITH: Yeah.

>>MICHELLE: Yeah.

>>MEREDITH: Are there any things that you are interested in knowing more about that I might be able to help answer, Michelle?

>>MICHELLE: Well, I'm curious in terms of your work. I mean, you have done a lot of work in helping the county coordinate around COVID-19 and then what was going to happen once the vaccine was available.

I'm curious. Is there anything you would like to share with either me, Michelle, or with the general audience around some of the things that the county is thinking about doing.

>>MEREDITH: Yeah.

So, this is Meredith. And with vaccine arriving in Washington state, you know, the first supplies are limited and so there is prioritization that has to happen, because at first there is just not going to be nearly enough vaccine. So, the Washington State Department of Health goes through a prioritization

framework, and so it will be offered first to those who are high risk, so people who have the most exposure and are at the highest risk for severe illness, hospitalization, death.

So if you look at the prioritization, it starts with workers in high-risk health care settings, people in long-term care facilities, like nursing homes, and then continues with essential workers and older adults who are really at severe risk.

Eventually, there will be vaccine for people who have the underlying health conditions that also put them at serious risk.

So it is going to roll out in stages. I wish we could have all the vaccine ready at once, but there's just not going to be enough.

So, we'll be updating people a lot about where we are with those stages. And our role here at Public Health is really trying to identify where are the gaps in the system that make it harder for people to access and how can we better provide access.

So we are really trying to look at how can we be equitable in how we distribute the vaccine through each one of these eligibility phases.

So, for instance, if the current eligibility phase involves health care workers who are in high-risk settings, then we want to take a look at that and think about: Okay, within that group, how do we make sure it doesn't just go to physicians? How do we make sure it also goes to the people who are cleaning in these facilities, who have exposure? How do we make sure it goes to the technicians or to home care workers who work in group homes that serve elderly people? How do we figure out how do we make it equitable within that priority group?

So we will be doing that and also trying to figure out ways to provide access. Eventually, we will be at a place where there is enough vaccine for everyone who wants it, and then we'll be creating opportunities for people to access a vaccine in locations that are familiar to them, and really to provide that for free.

So those are some of the things we're working on right now.

>>MICHELLE: I think I have one more question for you, Meredith.

>>MEREDITH: Sure.

>>MICHELLE: This is Michelle. As you stated, you too are a person of color.

What is one thing, if you could only share one thing, what would that be in terms of a message for communities of color, for BIPOC communities who really do have some very good reasons to question whether or not they should get this vaccine?

>>MEREDITH: Well, one thing that I'm really struck with is how people like you, Michelle, have really I think, you know, I have talked about generosity, also bravery.

Like even though you had your own doubts, that you understood how important this is for your community and in -- there have been other BIPOC people who have come forward and brought forward the injustices that have happened in vaccine research and in medical practice in the past. And it's

because people were brave and stood up to that and advocated, that now the manufacturers and the medical system, the public health system, has had to improve how they do this development and the kinds of safety protocols that are put into place.

And so to me, that's inspirational. And I would want -- I would hope that people would know about that.

How about you? What gives you inspiration or hope in this situation?

>>MICHELLE: Yeah, I think a similar feeling to you.

I am -- while this vaccine development has happened very rapidly, I think the important -- one of the many important things is that no steps were skipped.

So, while this vaccine was probably developed in record time, people can be sure that all of the safety precautions that needed to be taken were taken. And so just when people think about that, they don't have to be concerned that things were skipped, that corners were cut, because that's not the case.

And I think that's a really important fact to know.

>>MEREDITH: Well, I'm just grateful to you for being a part of the testing. It's because there were so many thousands of volunteers like you that we even have this vaccine right now. So thanks, Michelle, for taking part.

>>MICHELLE: Thank you.