Tom Frieden, MD, MPH, addresses vaccine hesitancy and role of politics

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In today's COVID-19 Update, Tom Frieden, MD, MPH, former director of the Centers for Disease Control and Prevention (CDC) and president and CEO of Resolve to Save Lives in New York, discusses his work on vaccine hesitancy, including the role of politics and finding messaging that resonates.

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Speaker

Tom Frieden, MD, MPH, former director, CDC and president and CEO of Resolve to Save Lives in New York

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. Today, we're talking with Dr. Tom Frieden, former director of the CDC and president and CEO of Resolve to Save Lives in New York about his work to address vaccine hesitancy among politically conservative populations. I'm Todd Unger, AMA's chief experience officer in Chicago.
Well, Dr. Frieden, this is your third visit, which officially means you’re a friend of the show. Thank you so much for being here today. I’d like to talk about the need to reach folks, who are more hesitant and possibly resistant to vaccines. And one of the key groups that we’re seeing out there is politically conservative audiences. Can you start by framing this issue kind of overall with that particular population?

Dr. Frieden: Well, I want to frame it even more broadly than that, because there is kind of a narrative that isn't quite accurate in the media these days. Most of the people who are not yet vaccinated, aren't strongly opposed to being vaccinated. They just haven't had vaccine be as convenient as it should be. And there's a big difference by race and ethnicity. If you look at white people in the U.S., about 80% of the people who want to get a vaccine have gotten a vaccine. If you look at Black people in the U.S., it's about 60%. And Latinx/Hispanic people, about 55%. So, we can make a lot of progress by making vaccination more convenient. That's really important. That means walk-in hours. That means easy locations, easy hours, supporting transportation and setting up pop-up sites outside of everywhere, from ball games, to bars, to bowling alleys, to shopping centers. We need to make it the default choice, basically, to get a vaccine.

Unger: That's interesting because that is different than what you're kind of reading out there. And what you're saying is number one, access.

Dr. Frieden: Absolutely. Now, when it comes to the issue of the partisan divide, it's not that surprising because, after all, there's a partisan divide just about everything in this country. And frankly, throughout 2020, so much about COVID was politicized. And we're reaping the harvest of that now. And I think, fundamentally, conservative voters and Black people, and white people and Latinx/Hispanic people in the U.S. all deserve the same thing. First, to be listened, to understand what people's concerns are. Second, to validate those concerns, even if you don't agree with them to respect the fact that people have real questions. Third, to address those concerns, dispassionately with facts and emotionally with stories. And I think that's really the winning combination. And you know who's the very best person to do that? Is the person's doctor, the person's clinician. That is, far and away, the spokesperson, the messenger, who is going to have the message best understood and, ideally, best understood just before saying, "And now, I'm going to give you your COVID vaccine."

Unger: Exactly. Well, what you just said, kind of reminds me of a quote that I found by Frank Luntz, who's kind of a wizard with words and I really liked it, which he said, "It's not what you say, it's what people hear." So, I'm eager to hear what you learned about what works and doesn't work in these kinds of somewhat of a pitch session with different ways of approaching this with this audience. What did you find out?

Dr. Frieden: Well, first off, I think this is a group that feels quite disaffected. Disaffected from the news media. Disaffected from many politicians and they don't want to hear from politicians. They don't
want to hear from even former President Trump of whom they think very highly. They want to hear from doctors. And they’ve got real questions and they want those questions answered. And they deserve to have those questions answered.

In one of the groups, the overwhelming question was, "How can you be certain there aren’t some really bad long-term consequences of this vaccine?" And if you answer that question, honestly, you say, "I can't be certain. It’s only been around for less than a year. What I can tell you is that there is nothing that would make you suspect that there would be a long-term negative consequence. What I can tell you is that if you get COVID, the infection, the virus is going to spread all over your body with billions of copies for 7 to 10 days. And you may well have a problem for days, weeks, months or potentially even years afterwards. In contrast, if you get a vaccine, it will teach your immune system to fight the virus even better than getting the infection would. And then, it will disappear from your body."

**Unger:** Are these, what I read about, kind of the five facts that seem to resonate with this group? Or is that the kind of key package of stuff that seemed to really work?

**Dr. Frieden:** For the first group, Frank asked me to come up with five facts on the spot. And I did, that vaccination is vastly less likely to give you long-term health harms than getting the infection itself. That vaccines don't stay in your body, they're gone within a day or two. That nearly every doctor who's been offered the vaccine has gotten it. And that made a big impact on people. What doctors do makes a big difference. That the more of us who get vaccinated, the faster we can get our jobs and economy back. And that if we get vaccinated, we can save the lives of more than 100,000 Americans who would otherwise be killed by COVID.

There were other messages that were important as well. There was a sense that the mRNA vaccines were rushed, that corners were cut. So, one of the approaches used was to say, factually, that no corners were cut on safety only red tape was cut. Another approach was to point out that yes, they came to market in a year, but that's because they built on 20 years of research. So, I think some of the plain facts here can make a big difference in people's perspective and understanding. And there was just a follow-up, and at least four of those people had decided to go get vaccinated and have gotten vaccinated. Ultimately, one thing that's going to change behavior is the social norm. And we’ve seen a steadily increasing proportion of people who have either gotten vaccinated or intend to get vaccinated. And the understanding that it's astonishingly effective, it's remarkably safe and it is our route to beating the pandemic.

**Unger:** Absolutely. You said earlier this is a group that wants to feel like they're listened to. And I really like the way that you think about it, which is they want to be educated and not indoctrinated. And I think that's the challenge here is how do you go about doing that? Because what you're finding is they're not really opposed to all vaccines, it's concerns about this one and answering those.

**Dr. Frieden:** Yes. And I think listening is important. I think, on the one hand, not making a hard sell, "You got to get the vaccine," that's going to backfire. On the other hand, as a clinician, the default
value is to get you vaccinated. Getting you vaccinated can save your life, can save the life of someone you love. You don't want to be the source of that infection. And it's going to give you more freedom. There's a real sense of people not wanting to be forced to do things in all groups and especially perhaps in this group. And that's understandable. So, you have to kind of give that concept.

I think one of the harder things to convey is the fact that we are connected in really important ways. But if you don't get vaccinated and you go in to get your groceries, you might, without feeling the least bit sick, give that infection to the person at the checkout counter, who brings it home to her mother, who dies from it. And you don't want to be responsible for that.

**Unger:** It's interesting because I'm a marketer by training and understand segmentations. And you have to look at people are not all the same. And I think you're kind of digging into this particular segment and looking at the thing that really moves people, which are beliefs and attitudes fundamentally about that. And one thing that surprised me in your findings, you mentioned earlier, was despite the fact that they may really respect a certain political figure, this is not the person they're trusting, they want to hear from physicians. What was it about the political personalities that just didn't work?

**Dr. Frieden:** Yeah, this was somewhat surprising, to me at least. I think the point was, this is about a medical decision and they want to hear from doctors. They don't want to hear from politicians, even politicians they think very highly of. In fact, they feel that COVID and COVID vaccination has been politicized. They used the word "weaponized." And so, they're very suspicious of any politician telling them what to do about their health. In contrast, they expect a doctor to tell them what they should be doing to stay healthy.

And your point about market segmentation, as you called it, is very important. In each community, there will be messages and messengers that are going to be more effective. We've gotten the eager vaccinated in the U.S. already. Now, it's time for the moveable middle, and they are moving to vaccination. And the sooner more people get vaccinated, the more lives will be saved and the sooner we can get more of the things that we have missed doing back.

**Unger:** It's funny, you talked about those words like "weaponized" and "politicized," which we've heard applied to other things over the past year. And I've always been surprised at things that I've seen over the course of my career just how emotional people are. In addition of the facts, that there's a lot of emotion. Were you surprised by kind of the level of emotion that's involved here?

**Dr. Frieden:** I was really struck by just how angry this group was, how disrespected they felt. They said, "You know, if you say you're not sure you want to take a vaccine, people act like you're a bad person." And that, shaming people doesn't help. Listening helps, answering questions help and telling stories helps.

Chris Christie was on the first conversation and told of a couple that he knows, both of whom, people
in their 50s, one healthy, one not so healthy, both of whom died from COVID. And that made a big impact on people. I think that we have to bring home the stories of people who've died. Young people who've died, of people living with long COVID and the kind of disability that that causes, the difficulty that it causes them in going about their lives.

For people interested in freedom, being on a ventilator is not very free. For people interested in freedom, not being able to walk around the block, or having brain fog, or having difficulties with your health that's an imposition on your freedom as well.

**Unger:** Any other kind of approaches, or things that people have been saying that you're finding out just like, don't say that anymore, it doesn't work.

**Dr. Frieden:** Well, one thing that was quite striking was don't talk about masks and vaccines in the same conversation. Masks are so politicized. It was very clear with the group, like we're not trying to get them to wear a mask right now. Just be quiet about masks, focus on the vaccination issue.

**Unger:** And I think one of the other things that you were finding is just this talk about booster shots, also kind of tripping wires.

**Dr. Frieden:** Well, it's interesting, the two focus groups happened to occur at different times, of course. And one of them happened just after one of the companies that said, "You're definitely gonna need a booster shot." And I had been very concerned about that. I think there is some evidence boosters may be required, but time will tell. And, right now, let's focus on getting vaccines to people. Maybe it will be like a flu shot that you need every year. But maybe one shot and you're done for 1 year, 5 years, 10 years or life. We just don't know. Let's focus on what we know.

One of the things that we always try to do in public health is tell people what we know, tell them what we don't know. For what we do know, tell them how we know it. For what we don't know, tell them how we're trying to find out. And I think that's very important.

The other thing that was clear, the Johnson & Johnson pause had people very concerned. I hope and, in fact, the polling suggests that in the medium run, that's actually going to increase vaccine confidence, which I think it should. It shows that our system is working. It could find a very rare adverse event, stop so we could understand it more and then resume in a safer way.

**Unger:** I was also interested to read in terms of Frank Luntz's, his philosophy, he said too that, "Positive always works better than negative." So, I like that approach kind of shining through in what you're talking about too.

Well, last thing I just want to finish by talking about something you brought up earlier, which is the role of physicians. I think we're seeing a place where we're going to start to see that vaccine supply make its way into physician practices, where they can talk to the person they trust. Can you talk about what
your advice is to physicians about how to proceed from here?

**Dr. Frieden:** I think it's really important that doctors share with patients that they've been vaccinated, their family has been vaccinated, their loved ones have been vaccinated. And they recommend that all of their patients get vaccinated. The vaccine is astonishingly effective, it's extremely safe and it could save your life. And I wouldn't get into a big argument. I would basically say, "And now we'll schedule it." One of the challenges is with the storage and the number of doses that have to be used in a certain time period. It's more difficult for some doctors to use some of the mRNA vaccines. The J&J vaccine is simpler to use in the office with one shot and refrigeration.

And I don't always agree with the positive messages. What we found with tobacco, as an example, is what was really motivating to people was seeing what it was like to be disabled or disfigured from tobacco associated disease. And I'm not saying we should be scaring, but we should be sharing with them the kind of tragedy and trauma that we see in patients struggling with COVID, or struggling to survive after a loved one has died from COVID. It's a really serious problem. And it's a confusing one because the fact is about 199 out of 200 people who get it are not going to die from it. So, I think for many people who don't have a medical background, it seems like it's being overblown. But the fact is it's a bad infection. It's killed more people than died in all of the wars of the 20th century in the U.S., and we can stop it with vaccines.

**Unger:** So, important. Well, what I really appreciate is just the emphasis that you're placing on understanding first. So, thank you so much for sharing the news about this research and what you've learned. That's it for today's COVID-19 Update. We'll be back with another segment shortly. In the meantime, for more information on COVID-19, visit ama-aasn.org/COVID-19. Thanks for joining us, please take care.

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