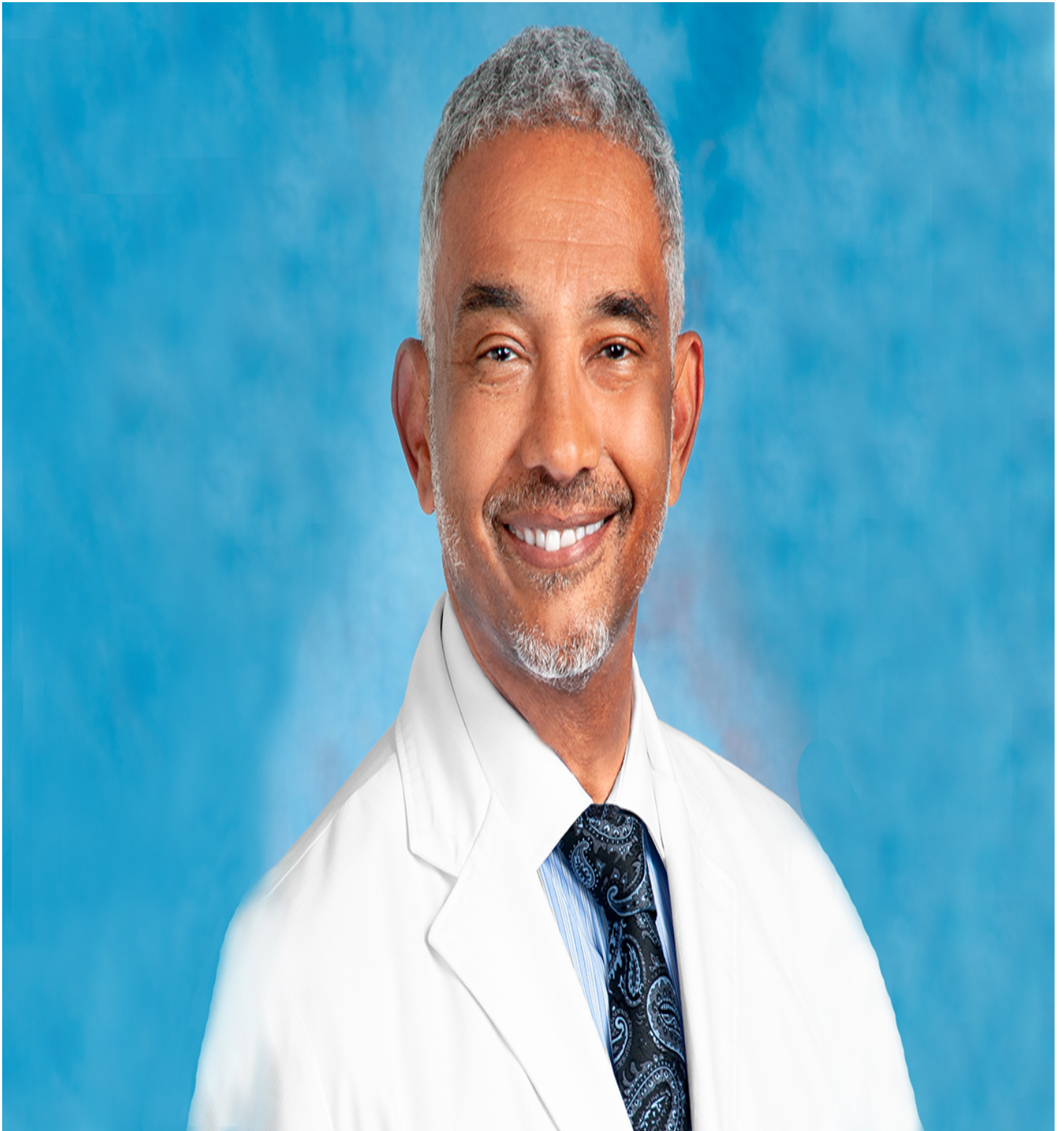


Q&A: How this Black doctor fights COVID-19 vaccine hesitancy

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Over 77% of the adult population in the U.S. has received at least one dose of a COVID-19 vaccine, according to the Centers for Disease Control and Prevention. While this progress is great news and offers a glimmer of hope for ending the pandemic, vaccination coverage remains uneven across the country.

And with the highly transmissible Delta variant of SARS-CoV-2, COVID-19 continues to sicken over 100,000 Americans weekly, killing more than 2,000. The overwhelming majority of who get very sick or die from COVID-19 in the U.S. are not fully vaccinated despite the widespread, no-cost availability of three safe and highly effective vaccines. It will take everyone—from physicians, families and friends to churches—to fight this battle against COVID-19 vaccine hesitancy.

For Marcus Christopher Griffith, MD, that effort began about two years ago with the Southeast Permanente Medical Group's flu campaign to address the long-standing vaccine hesitancy in communities of color.

Dr. Griffith is a psychiatrist and obesity medicine physician in Atlanta with the Southeast Permanente Medical Group, which is an AMA Health System Program member and an integral part of integrated health system Kaiser Permanente. Dr. Griffith is also a clinical assistant professor in the Department of Psychiatry for Morehouse School of Medicine.

While Dr. Griffith's work initially began around educating these communities about the flu shot, it naturally transitioned into the COVID-19 vaccination. He speaks with patients from historically marginalized racial and ethnic groups—such as Black, Hispanic and Native American populations—about vaccine hesitancy.

AMA: What inspired you to get involved in speaking up about vaccine hesitancy?

Dr. Griffith: I've always had an interest in health disparities, and in my training as a psychiatrist. I began my work there 30 years ago—during my residency training—in recognizing there were differences in treatment, differences in diagnosis based on one's skin color, one's economic background.

I unfortunately lost a very dear friend to complications of obesity—we know that obesity disproportionately affects communities of color—and I ended up writing a children's book about that and helping to be a piece of fighting the epidemic of childhood obesity.

My friend's name was Joe Drake. He played for the San Francisco 49ers and Detroit Lions. If you look Joe up, you'll see that he's the heaviest player to die from complications of obesity in the NFL. When he died, he weighed over 500 pounds, so my wife and I wrote a children's book called *The Tale of Two Athletes*, and have traveled around helping to combat childhood obesity.

When you look at those patients who are put on ventilators and have premature death, the majority of those people have obesity. When you think about obesity, it's African Americans, the Latino population. So, it becomes the perfect storm of health conditions along with social determinants of health care that have put minority, underserved populations behind the barrel.

AMA: What kind of inequities in care have we seen throughout the pandemic?

Dr. Griffith: The greatest one is that minority populations are more commonly the front-line workers, transit, in stores and so forth, and using public transportation, living in multigenerational housing and families. And even greater is the lack of access to health care, either being uninsured or underinsured. Those are components of one's person in being predisposed to have greater complications of health...

You don't have the resources. You don't have the luxury of what we're doing right now—I have the luxury of being at home, using my laptop, working in a safe space and not missing a paycheck. And so, when we think about our minority, underserved populations, they don't have access to that opportunity. They're in the midst of it.

AMA: When you are tackling vaccine hesitancy, is this occurring when you're speaking with patients in your office or is this more of reaching them where they are?

Dr. Griffith: It's every single contact. ... So, using each patient encounter to talk about what's happening in their life—if they're vaccinated, if they're not vaccinated.

But, also, using my experiences in relationships with patients, who I've been seeing and building on that trust to let them know—Hey, this is a real condition. You see lots of information, disinformation, misinformation. Do you trust me? Do you trust your doctor? Do you trust your nurse? I have not led you astray for the past 10 years, 20 years. I'm not going to lead you astray on this.

So, building on your relationship with your patient.

AMA: Are these patients sharing some of the reasons for their vaccine hesitancy with you?

Dr. Griffith: One of the most troubling ones I had was a patient who I encountered just two days ago. She's a schoolteacher. She has a BMI of 70. She weighs 500 pounds. So, if she was to have COVID, she might not make it to the hospital in time because she'd deteriorate quickly. She's really a ventilator candidate.

What was very disturbing to me—during this interview, I asked everyone about their vaccination status. ...

And she said, “No.” And I then wanted to find out why.

Her explanation was this: That she’s never gotten sick before. She’s never come down with the flu. She never had the chicken pox. And she believes that she is immune and won’t get COVID. And then she said, in fact, “I’ve been intentionally trying to catch it. Going around people who have tested positive so I can perhaps get this, get it naturally, and develop a natural immunity.”

I paused, and I said, “Please, that is not the way to go about doing this. It is unsafe. It’s dangerous. That you have diabetes, you have severe obesity, you’re at the greatest potential to have complications.” I said, “This is sort of like ... a person who’s in the water and it’s shark-infested, and other people are being attacked by the sharks, but you haven’t [been]. It’s only a matter of time before the shark gets you, and you don’t want to be a victim.” And then I use those conversations to talk about this vaccine.

AMA: Is the key using real-life examples and storytelling to reach those patients?

Dr. Griffith: Yes, and your relationship with them. That you’re trusted by them in childhood immunizations, in treatment of their cancer, in treatment of their depression. That we want to help you with this as well. And this is no different than those other conditions.

AMA: How many people have changed their opinions on the COVID-19 vaccine after speaking with you?

Dr. Griffith: I think half of them, after conversations, did. And it’s being real. It’s sharing my experience, seeing patients in the office and it was also sharing with them my initial hesitancy.

I had some hesitancy in the very beginning. I had some of those realistic concerns that they had regarding how quickly the vaccine became available—until I had to do rounding at one of our hospitals and I saw what was happening.

At that point, I said, “I don’t want this. I don’t need this. Don’t bring me back in here until I’m vaccinated.” So, it’s sharing with people that this COVID illness is unlike anything we’ve seen. If you have a health condition and get it, it will make it 10 times worse. If you get it and survive, you will have potentially long-standing consequences. It causes everything you can imagine. It can cause nerve problems, heart problems, lung problems, profound depression, anxiety, memory loss. It’s something you don’t want to get.

The best treatment is to not get it: to get vaccinated, to wash your hands, to physically distance, to use science, use the laws of nature. The laws of nature help to guide us, and the laws of nature often are

unforgiving when you don't follow her rules. Follow those rules and you'll have the best chance of being healthy.

AMA: Does it help improve messaging for patients to get this vital information from someone who looks like them, so a Black physician like yourself?

Dr. Griffith: Yes. When it's someone who looks like you, who lives where you live, goes to the same places as you—the same barbershop, the same church—it does help with that. As opposed to messaging coming down from above to say that you have to do this, you need to do this. So when it's coming from people you know and trust, you can receive the information better.

AMA: How do we establish trust in health care, including the COVID-19 vaccine, with patients who are Black or are from other historically marginalized populations?

Dr. Griffith: It's partnering with other organizations. Whether it's churches, synagogues, mosques, community groups ... it has to be that whole community that reaches others.

What I've tried to do in all my patient appointments is to make them ambassadors. To say, if there's someone who you love who's not vaccinated, please share your story with them. There've been times when I've had a patient who's been vaccinated and she shared that her sister is unvaccinated, and I've invited her to join our next video appointment so we could talk together.

It's just using whatever tools and opportunities that I have to talk to someone to let them know that I hear your concerns but let me tell you what the correct information is.

AMA: What else should physicians know about addressing vaccine hesitancy?

Dr. Griffith: It's very hard as a doctor when you're treating patients who are very ill and then you potentially could bring this disease home and give it to your child who's not of age to be vaccinated. So it's hard emotionally to accept that.

But we have to try to do all we can to encourage our docs to be open-minded and not be judgmental about those who don't get vaccinated, and then try to use your relationship with them to get them vaccinated.

You can listen to the full conversation with Dr. Griffith on Apple Podcasts, Spotify or anywhere podcasts are available.