

Announcer:

In this inaugural episode of Tim talk season two, Tim will have a frank conversation about the COVID 19 vaccine with two doctors, passionate about correcting vaccine misinformation and promoting vaccine equity. Tim's guests are Dr. Brandon Libby and Dr. Angela [Sai 00:00:19]. Dr. Libby specializes in emergency medicine at Northern Light Eastern Main Medical Center. He is board certified in emergency medicine. Dr. Libby grew up in Brewer, but now lives in Hamden with his wife, Dr. Sai, and their two young children. Dr. Sai grew up in Arcadia, California and attended Cornell University. She attended medical school at Boston University and remained in Boston Medical Center for her residents in otolaryngology, head neck surgery. It's also where she met her husband.

Tim Dentry:

Dr. Libby and Dr. Sai, thank you for joining us today.

Dr. Sai:

Thank you, Tim, for having us.

Dr. Libby:

Yes. Thank you so much.

Tim Dentry:

My pleasure. So let me start with you, Dr. Libby, and ask you about the COVID 19 vaccine from your unique perspective as an emergency medicine physician, would you please share what your experience has been professionally as a doctor serving those coming into our doors over the past several months?

Dr. Libby:

You know, thanks again for having us. Firstly, I also want to thank everybody that's been on the front lines here at Northern Light and the other medical organizations who have truly been instrumental in helping us deliver high quality care during this pandemic. This has been an extremely stressful time, but every has really come together and they're all doing an amazing job. I don't think anyone thought that we would still be in this situation in fall of 2021. I remember feeling the weight being lifted off my chest when the vaccine became available and there was this light that was at the end of the tunnel and don't get me wrong, that light's still there, but we still have a lot of people that are unvaccinated. And unfortunately those are the people that we're seeing right now in the emergency department.

Dr. Libby:

The Delta variant is the one that we're seeing that's rapidly spreading across the world. And this is what's causing 93% of new infections. And for the past several weeks, we've been seeing the surge in new cases here in Maine and nationally and this Delta variant is twice as contagious as prior variants, it's replicating more quickly and it appears to cause a more severe illness. And this is the strain of COVID that we're seeing now in both vaccinated and unvaccinated people. And unfortunately, it's these unvaccinated people that are getting far sicker than they had before. And as I said before, these are the ones that are primarily getting admitted to the hospital that we're having to place on ventilators and that are unfortunately dying in the emergency department. I recently saw a husband and wife come in and they both were unvaccinated. They both had COVID 19 and they both had to be placed on oxygen. The wife was much sicker and we ended up having to place her on BiPap, which is positive pressure

ventilation to open up her lungs and help her breathe. Ultimately, she ended up needing to be intubated, which is where we put in a breathing tube and put her on a ventilator.

Dr. Libby:

Later that day, I was speaking with her husband and I asked him why they didn't get vaccinated. And he said that he thought they were going to be okay. He thought that they weren't going to catch it or that if they did catch it they'd have a very mild illness. He also said that he was scared of getting the vaccine and that he had heard a lot of bad things about it and this is a common thing that I hear. There's a lot of misinformation about the vaccine, and this is extremely hard to, I've heard everything from people thinking that the vaccine can alter their DNA to it causing infertility problems. Somebody said that they thought it implanted a microchip under their skin that they thought it was actually giving people COVID.

Dr. Libby:

And none of this is true. Yet it's rampant, it's all over social media. And it's often accompanied by an anecdotal story that has been shared thousands of times, and it can't be verified. These stories are then shared within friend circles and families and I think that's why we often see multiple people in these social structures unvaccinated. And then when somebody catches COVID, we end up having a mini outbreak among them. Another misconception that people think it is that if they come down with COVID 19, the vaccine didn't work. But again, that isn't true, the vaccine is working and it's preventing hospitalizations and deaths. In fact, recent studies show that the J&J, the Pfizer, and the Moderna vaccines range in efficacy and preventing symptoms between 70% and 80%, but still over 90% effective in preventing hospitalizations and death. One thing that I do want to talk about is that vaccines still isn't enough. So we, especially with this new Delta variant, we still have to remind our listeners that it's extremely, extremely important to continue to mask and social distance. This is even among our vaccinated population. We're finding that in vaccinated individuals who come down with COVID, they're just as contagious as individuals who are UN vaccinated, and they can easily transmit the virus to someone else.

Tim Dentry:

Thank you so much for sharing that personal perspective, Dr. Libby, and I just want to comment on one of the things you said. I have a lot of thoughts. That was really terrific, but that light is still there at the end of the tunnel, as you said, that light is still there. And sadly the vaccine is added to the stressful situation that we all face, whereas it should be bringing us relief and de-stressing because as you say, all the extreme cases of the illness, it is avoidable, as you say. So it is sad that the stressful situation is still absolutely there, but it is still also absolutely true that still is the light at the end of the tunnel. I'm most caring about the light that's within each one of us as caregivers, because we can't put that out. And so it's part of maintaining that light or each other. So thank you so much for sharing that perspective, Dr. Sai, I know you have a personal experience to share, too. Would you care to share your thoughts on whether a pregnant woman should be concerned about getting the vaccine? We hear that a lot.

Dr. Sai:

Yes. Thanks again, Tim, for having me, I should add as a disclosure that I am not an OBGYN physician. I'm actually practicing ENT at Eastern Main Medical Center, but this does hit close to home because I, myself received the Pfizer vaccine when I was 32 and 35 weeks pregnant with our son Ari in my third trimester. And so I know pregnancy is already an extremely emotionally charged, stressful, vulnerable period in any woman's life we are concerned about not only our health as the mom, but also that of our unborn

child and there's so much we question already, are we eating the right things? Are we taking the right supplements? And so I can completely understand the hesitation, the fear, the concerns about receiving the COVID vaccine given the current climate, how apparently new it is, and such what we do know is that pregnant women are at higher risk of becoming severely ill from COVID going into preterm labor.

Dr. Sai:

That means delivering before 37 weeks, becoming hospitalized with COVID requiring an ICU admission, requiring the ventilator or the breathing machine. For these reasons ACOG or the American College of Obstetricians and Gynecologists, and the Society for Maternal Fetal Medicine have both recommended the vaccine for pregnant women. And at this point about 140,000 pregnant women in the US have already become vaccinated. However, the overall reach has been quite low, only at 23%. So we do know that it's safe and effective studies have actually shown that it does not increase the risk of miscarriage or still birth studies have also shown that there does not appear to be any injury to the placenta. When the placenta was examined across vaccinated/unvaccinated women who had delivered their babies. And there's also evidence that the antibodies that the mom receives they do pass through the placenta. And they're also found in breast milk, which is excellent news.

Dr. Sai:

We don't know how much immunity this ultimately confers to the baby, but I do believe it is a good starting point. There are reports out there in the world that there is a chance that the vaccine might reduce fertility. There is no evidence to support this right now. Unfortunately, we are seeing news stories in the media of young moms who seem otherwise healthy, who are unfortunately dying of COVID and their babies don't make it. So this again is something that is preventable as Dr. Libby had mentioned. During pregnancy, it is already recommended that pregnant women have the flu vaccine, as well as a TDAP booster in the a third trimester. And the reason for this, especially with the TDAP booster, is that with whooping cough, what it ultimately protects the morbidity/mortality, meaning how severe the illness is going to be in your baby, that's the highest when a baby is in the first two months of age, because they naturally don't have immunity to the whooping cough. And so when the mom gets the booster shot in the third trimester, the antibodies pass through the placenta, ultimately to the baby, so that they do have immunity in the first two months before they themselves are able to have the immunization themselves.

Dr. Sai:

And so the way I viewed it personally was a little bit of a tough decision. The way I viewed it was I already have undergone these vaccines. I understand the science behind the vaccines. I am going to treat this like any other vaccine. The science and technology behind the vaccine is not new. It's been vetted for other viruses, and so I trusted the process, I trusted the fact that initial Moderna and Pfizer trials did have a few pregnant women that slipped through the cracks and there were no severe adverse effects found in those women. And I felt confident enough to proceed myself. And I actually had to beg for the vaccine. I was turned away the first day I showed up, they saw my belly and they said, Nope, we're not doing this. And I actually had to get special permission from Dr. Jarvis. So thank you Dr. Jarvis, but I was able to get it the next day when I returned. And Dr. Libby and I, we feel very fortunate that we were able to do so. Ari is seven months, he's thriving, happy, healthy. And I know that he had some immunity passed on to him in some capacity.

Tim Dentry:

Well, thank you for that. As I mentioned earlier, if we live up to our promise to promote medical justice, I should say, as we live up to our promise, we must do targeted outreach to underserved populations. So Dr. Libby, will you tell us about the efforts to make sure vaccines are available to underrepresented groups? And perhaps you can explain to our listeners why it's so necessary?

Dr. Libby:

Yeah. So medical equity is very important to us at Northern Light. And we recognize that there are some groups that are more affected than others, specifically ethnic minorities and individuals affected by poverty are disproportionately affected by COVID 19 in the United States and across Maine. There are many factors that play into this ranging from decreased access to healthcare. This is often due to lack of insurance or transportation. They don't have childcare and they don't have ability to take time off of work. They have decreased access to higher quality education, and that plays into decreased access to jobs that give them the ability to have good insurance and take time off. Additionally, on a national level, they account for a greater proportion of our essential workers at healthcare facilities at farms, factories, grocery stores, public transportation, where they're going to be having a higher likelihood of getting exposed to COVID 19. They're literally on the front lines yet. They don't have access to the medical care where they can get the vaccines and the healthcare that they need.

Dr. Libby:

Ethnic minorities because of years of systemic racism and discrimination and individuals affected by poverty due to failed social systems and lack of support tend to also have a decreased trust in the medical system and in the government. And this is resulting a lot of hesitancy to get the vaccine. Our recent study by the US Census Bureau showed that income was directly proportional to vaccination. And then when looking at ethnicity nationally about only 40% of Blacks and Hispanics are vaccinated yet they are two times, 2.8 times, more likely to be hospitalized. And they're two times more likely to die of COVID 19. We recognize these trends early at Northern Light, and we put a lot of effort into reaching out to these underrepresented groups as an organization.

Dr. Libby:

We did a lot of outreach through Northern Light Mercy Hospital. There we made instructional videos and handouts in many different languages. And we partnered with community leaders and organizations to help advocate for vaccination. As far as individuals affected by poverty, we ended up sponsoring a lot of community vaccination events. We traveled to schools, we traveled to places of worship. We traveled to community centers to try to improve access to the vaccines. Our numbers in the state show that we're doing a pretty good job, and we're going to continue our efforts.

Dr. Libby:

Another group though that we need to continue to focus our efforts on is among our Native American population. We also need to continue our outreach to some of our low income communities. And we plan on continuing to work with our leaders, community leaders, and organizations in this endeavor. Once COVID is a distant memory. We hope to continue our efforts in bridging these gaps in healthcare delivery and improving medical equality. One more thing that I did forget to mention, and it's actually really exciting for me is that we just recently started offering vaccines to our patients in the emergency department and in our inpatient wards, this is allowing us to access individuals that may not frequent healthcare settings and who we didn't have access to before. We've had a great response to this and have been able to vaccinate a lot of people who previously weren't vaccinated.

Tim Dentry:

Thank you. That's that's terrific. And Dr. Libby, as you were describing the outreach efforts, I just got so many great memories, as challenging as the time was last winter and then into the spring, when we were full blown across the state in getting the vaccines into arms and finding those that were difficult to reach reaching out to them, our home care and hospice teams going in doing their popup clinics or going into homeless shelters in Southern Maine, the Mercy team with eight different language instruction books that they use. And all the way up through eight or nine, excuse me, mass vaccination sites, including press aisle and all that outreach effort. And then we try to pivot that to be more personal and individualized because the mass vax was really scaling down.

Tim Dentry:

But what I'm trying to say, I think is how everyone felt when we did that. We felt as caregivers, sometimes the best medicine for us as caregivers is to give more, but the feel that positive, you know, you're both doctors, feel that positive gratitude back from those we're caring for. And so that was our medicine then, that is based on trust and trust. You mentioned the trust word, and that is part of access. And whether people trust the healthcare entities to that, we're going to be doing the right thing by them. And so we need to keep going with our effort to vaccinate everybody that we can and earn the trust.

Dr. Libby:

And I think it's also important to mention that these vaccination clinics were run by volunteers. Now, these were people that donated their time to get the community vaccinated and bring the vaccines to our individuals in the community they weren't paid. And so that is something that a lot of people don't know.

Tim Dentry:

So it's time to wrap things up, Dr. Libby, Dr. Sai, and not here with us, but they are here with us in spirit is Ari and Parker, your children, so thank you for taking time out of your busy professional days and family days to really help our listeners understand this whole issue of vaccines and COVID response and everything that has to do with access and equity. I really, really appreciate it. And thank you, our podcast listeners as well until next time. I'm Tim Dentry, encouraging you to listen and act to promote our culture of caring, diversity and inclusion, that structures with caring for one another. Thank you.

Announcer:

Thank you for listening to this episode of Tim Talk. If you enjoyed this podcast, please join us next month. When we tackle the stigma surrounding domestic violence, as we prepare for domestic violence awareness month.