

Sawbones 354: How to Talk About Vaccine Hesitancy

Published 26th January 2021

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Intro (Clint McElroy): Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to Sawbones: a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: Sydnee, I don't know about you, but I've seen a number of dispiriting statistics recently about groups of people being offered the, uh, vaccine to COVID-19 but a large percentage of them not, just not doing it. Not getting it.

Sydnee: Yes. Uh—

Justin: I've seen it in teachers in West Virginia, health care professionals, I've heard.

Sydnee: Yes.

Justin: In the rumor mill.

Sydnee: I have too, unfortunately. There are a lot of people who are concerned about the vaccine and are refusing it. I think the thing that is most worrisome about that at this point is that most— a lot of the people who have been offered the vaccine have some level of medical knowledge. Varying degrees, not everyone, but a lot of that first group of those offered the vaccine are healthcare workers. And so, if there are large percentages of healthcare workers— and I shouldn't say— let me clarify something, before we move forward. The majority of healthcare workers are taking the vaccine.

Justin: Yeah.

Sydnee: The majority of doctors, nurses, scientists, everybody who is in the medical field and has some knowledge on this, the vast majority do take it.

Justin: It's also worth—

Sydnee: Well, I think that's important to, like, set the stage.

Justin: Right.

Sydnee: Most experts, the vast majority of experts agree, this vaccine is safe and effective. The people who are nervous and not taking it are in the minority of those in the medical field.

Justin: There's also something of a, um, confounding factor with the healthcare thing that you have mentioned to me, where a lot of the people who— not a lot, but a good number, actually, of the first-line responders, our front-line against COVID, have been infected with COVID, so on some level may not be— may think that they're doing a good thing by not getting it right now, or, you know, think it's less essential than other people getting the vaccine.

Sydnee: That is absolutely true, and not only might they be making that personal decision, there are areas where the health departments, the local health departments, might be recommending that if you have had COVID in the last 90 days, don't get the vaccine yet. Not because it would be dangerous or ineffective or anything, but because, to the best of our current knowledge, within 90 days of having COVID, you should still be immune to getting it again. And quite possibly longer. But those 90 days we feel very good about, and so if we're dealing with a vaccine that's in limited supply, if you've just had it and gotten over it, maybe you're not top of the list to get the vaccine when someone else who hasn't had it is more vulnerable. Does that make sense?

Justin: Right.

Sydnee: So, part of it is just rationing the resources we have to the most vulnerable population. The reason though that we're talking about this is that if there is hesitancy among those who have been offered it so far, the concern is will there be more hesitancy as we move forward. And is there so much hesitancy with this vaccine that we won't be able to achieve that mythical herd immunity that has been much discussed. I shouldn't say mythical, it is actually a real thing, but—

Justin: It feels mythical sometimes.

Sydnee: It does. Well, and the way that it's been used during this pandemic, with some people claiming that we could achieve it without the use of a vaccine, that is mythical. That is a mythical form of herd immunity.

Justin: That's not happening.

Sydnee: No. You have to have a vaccine for herd immunity. But I recently did a talk for some medical students about how to advocate better for vaccines. How to use the knowledge you have to help ease the fears of those around you and increase uptake of not just this vaccine, but all vaccines. But right now, more than ever, it's critical. And a lot of the tools that are used, anybody can use to help quell those fears. You don't have to have—

Justin: I thought you were gonna talk about the vaccines. Like, anybody can pick up a syringe and just jam it in somewhere, it's fine.

Sydnee: No. I wouldn't say that at all. I will say that giving a vaccine is not incredibly difficult, but you have to be trained. You have to know what you're doing. And then, of course, you also have to know, like what's in it and what could happen. [laughs] And all those other things they, I guess, taught me in school. You know.

But I thought that talking a little bit about how you might be able to have these conversations with your own friends and family, or colleagues, or whoever and then always knowing that you should direct people to go speak with their own, you know, doctor about it as well. I'm not saying, "Hey listen, don't talk to your doctor. Talk to me. Your buddy." [laughs]

Justin: Right. We know we're sort of contradicting my dad, which I have made a career of, but in this specific instance we are doing it intentionally. This is advice, but the be-all end-all of this still reverts back to, like, talk to your doctor about it.

Sydnee: Yeah.

Justin: Right.

Sydnee: Well, I mean, but there's good science behind that, too. Because at the end of the day, you, like, having coffee with your friend at

Starbucks are probably not gonna be able to talk them into getting a vaccine if they're nervous, but you might be able to talk them into going back to their doctor and discussing it, and saying like, "I had questions and fears and my friend got me to a point where I wanna come talk to you more about it," and that conversation we know, evidence tells us, could lead to that person getting the vaccine.

Justin: Or maybe on Facebook you see someone dropping some nonsense and you wanna quell their fears a little bit.

Sydnee: Mm hmm. You know, one thing to keep in mind is that— and there's a lot of talk about how you can't logic people into getting vaccines if they're against them, I've seen that written before. I think it's important to know who we're talking about. When we're talking about people who are vaccine hesitant. I'm not talking about the about 3% of people who are absolutely anti-vaccine.

And that's what, when you look at like, the American Academy of Pediatrics, they do a lot of studies to see, like, how many parents are in the various, like, sort of attitude towards vaccine categories. Like, people like, I would say, us, who are the very strong advocates for vaccines, you know, very pro, vocal, vaccine, and do not need any talking to. Like, we're there, we're for it, you don't have to, we're fine. All the way to the other end of the scale, which are the parents who are absolutely not getting those vaccines and there's nothing you can do about it. That number is really low. Like I said, it's estimated to be about 3%. And I would say that when you come across those people, you're probably not gonna get anywhere. I'm not saying, "So give up."

Justin: Right.

Sydnee: But this is not where you can expend a ton of energy if you only have so much. Time and energy and make a real difference. There is a huge percentage of people who are in the middle. There are like 59% who are pretty much all on board with vaccines either very, very strong advocates or yeah, they're gonna get them, maybe they don't, you know, they don't go around preaching about them but they're gonna get them. There's like 25% who just need a little reassurance and they're gonna get them, and then, like I said, there's like that 3% who just have made up their minds. It's part of who they are. They don't get vaccines, their kids don't get vaccines, it is their personality, it is their identity. That's that.

Justin: You're not gonna convince a Dracula that blood-sucking is bad, but you may be able to convince the local townspeople that blood-sucking is bad.

Sydnee: Yes. Exactly.

Justin: Don't waste your time with Dracula. [laughs]

Sydnee: But there is a chunk in the middle here that, like, just a few words from you, or maybe a little bit of a conversation, that's really how close these people are to getting vaccines. They just have some questions and there's some stuff that nobody's ever explained to them. And it's that simple.

Justin: Yeah.

Sydnee: And that is where you can really make a difference. It's interesting, because if you wanna think about, like, the politics of anti-vaxxers, or people who are vaccine hesitant even, there is no one, like, political... realm.

Justin: You and I have talked about how it's like this weird—[laughs] there's a weird place where people, like, if it's a curving line of political affiliation, there's this weird place where they overlap.

Sydnee: Yes. I would say they, like, bend back to meet in the middle on the very, very very far end of— sorta like, I always say it's the left, but what I'm talking about are people who kind of have really bought into the natural fallacy, the idea that if anything is, like, made in a lab that it is intrinsically bad for you and you shouldn't put it in your body. So, I think that it's a far cry from someone like myself who would say, "Eat plenty of vegetables," to "I don't put anything in my body that is made by science."

And then on the far right, you get kind of the, "I don't want anybody telling me what to do with my body," libertarian kind of freedom of... choice to not get vaccines or give my kids vaccines kinda place. And that's where it— and you know, it's funny. We did a whole episode about the history of vaccines and we talked about this a little bit, but the history of the anti-vaccine movement is as old as the history of vaccines. Almost as soon as Jenner started inoculating people with cow pox in order to prevent them from getting smallpox, which was our first, you know, real widespread effort at vaccines— obviously, the smallpox vaccine that would be used to eliminate smallpox was not that, was not cow pox,

that's where it started. As soon as that began, there were anti-vax leagues formed.

Justin: Sure, yeah.

Sydnee: Within just a couple decades of that. And their concerns with their groups and their protests and their parades and the court cases that followed, it's funny, if you look at why they were hesitant or anti-vax, it's the same reasons that people bring up today.

Justin: Hmm.

Sydnee: There is nothing new under the sun. Everybody says the same thing then that they say now. Which is, "Well, you can't trust the doctors," for whatever reasons you can't trust us now, it's usually money now, right? We're all in the pocket of big pharma, that's the reason you can't trust us. Back then, to be fair, you can't trust the doctors because they just bleed everybody and that was bad. [laughs]

Justin: Hey listen, I get it, back then old-timey people.

Sydnee: Either way, you can't trust the doctors—

Justin: Good instincts, just not in this particular case.

Sydnee: [laughs] "You don't know what's in the shot. Who knows? It could be poison, it could be chemicals, it could do something to us, it could be a microchip, it could track us." Again, same stuff.

Justin: Back then, "It could be ghosts."

Sydnee: [laughs] "We have no idea." Um, we don't— back then, it was, "We don't think that smallpox is something you can catch anyway, and also if you do, it's not that big a deal." A lot of the early hesitance with vaccines was, "Are they really that big a deal? I mean, these illnesses? Like..."

Justin: "I had it, and I'm fine." Right?

Sydnee: Yes. Which, you know, it's funny because that problem, I would say, is even worse now, because one of the things that happens with vaccines is that once everybody's vaccinated against measles nobody gets measles, and then everybody forgets what it was like to get measles. And

now you have all these people who go, "Well, what's the big deal? So you get some spots and you stay home from school for a few days and whatever, who cares?"

Justin: Yeah.

Sydnee: And that's not what measles is. But nobody knows that because vaccines. Those were some of the reasons. Of course, personal freedom.

Justin: Oh, yeah.

Sydnee: "I just don't want get 'em because I shouldn't have to. Hey, I love vaccines, I think they're great, but I shouldn't have to so I don't want them."

Justin: [laughs]

Sydnee: Um, religious objections have always been part of it, and that varies. Different members of different— it's not any one faith, it's specific sort of sects of different faiths.

People who don't believe it works. Like, they just don't work. That's probably the most common I hear with the flu shots. And then they hear it can hurt you. And I would say that that has morphed over time into very specific considerations, like the lie that vaccines cause autism, which is of course a complete lie, complete fabrication that is still—

Justin: Has been proven time and time again that that is a lie, but...

Sydnee: But is still something that is hard to fight, especially for that, like, hardcore 3%, you're not really gonna be able to like, logic them.

Justin: The Draculas.

Sydnee: [laughs] Because it's not— it has moved beyond a rational thing at that point, you know, it is not like, "I've looked at all the evidence, carefully considered and made a decision."

Justin: No, it's not. It's one of the most dangerous things in the world, is someone who has defined their identity by something harmful. Like, you can't— that— it gets down to like, base levels of our, like, psyche. It's not something you can talk someone out of, I think, usually.

Sydnee: But the vast majority of people who are somewhere in the middle— and I would say that this percentage of people who are in the middle is probably bigger for the COVID vaccines than it is for just vaccines in general. There are gonna be a lot of people who have easily gone and gotten all their vaccinations who are still gonna be a little nervous about this one. And those people do wanna hear the facts, they do wanna hear the science, they do wanna hear what the logical answers are to their concerns.

But if you only approach it that way, you're not gonna move the needle as much as you are with empathy. And that's one approach that I think is almost easier if you're talking to a friend or family member than it might be in a doctor's office where this could just be one order of business among a whole list of things that you're trying to get through in that day, where you can really take the time to say, "Tell me really what you're—" like, "What are you really afraid of? What is your fear? What do you think's gonna happen? Oh, I understand that. I can understand why that would be scary. Yeah, I get that."

Those kinda conversations take time, and if you're really in it to help somebody see that this vaccine is okay, like, being vulnerable and being open and having an emotional exchange can be very impactful. And I think that's something we can all do, because you don't have to have medical knowledge to say to someone, "I care about you, I care about your fears, I have shared these fears, I want to help you because I care about you and I want you to see how I see things."

Justin: And it's also worth noting that not every doctor is like my wife, one of the greatest science communicators in the nation, if not the world.

Sydnee: [laughs]

Justin: Some, uh, there's a good number of medical doctors out there who maybe, with the best of intentions, who just aren't great at this exact aspect that you're talking about. So, there's no guarantee that they're going to get that level of empathy or, uh, clear focused communication from their primary care physician.

Sydnee: Well, I appreciate you saying that. But I do think it is— whether all that other stuff you said was true or not—

Justin: It is!

Sydnee: It is very true that— especially, I think, right now you're dealing with a lot of, um, oh gosh, the term that is used sometimes is 'compassion fatigue' [laughs] Sometimes I like the terms that we come up with in medicine to say, like, people are just kinda worn out. But you're experiencing a lot of compassion fatigue among especially a lot of front-line medical workers who have been terrified.

Justin: Right.

Sydnee: For a lot of this past year, of getting it, of having to pronounce one more patient, of having to say goodbye to one more person, of bringing it home to their loved ones. And so, you have this kinda subset of people who have been traumatized by the past year in this one way. And I know a lot of people have in many ways, but in this one, specific way, who have been just desperate for this vaccine and maybe aren't going to be their best selves in explaining to someone who's like, "Well, but I heard about this microchip thing..." Are not gonna have the patience and compassion that you need to have to say, "Yes, I have seen that, too. Lets talk about why that is not true at all." And instead, I mean, I've heard this among some of my colleagues, like, "This is just ridiculous! What is wrong with people?" And as soon as you have that attitude, you've lost someone.

Justin: Right.

Sydnee: Like, you've lost them. So, you really have to squash that. So, there's some specific techniques, and I'm gonna name all the places where you can go and find— this is all free information to find. But before we do that...

Justin: What? What? Where are we going?

Sydnee: To the— we gotta go to the billing department.

Justin: Oh! Okay, see, I was all ready— I have people lined out the door for me to talk to, so I feel ill-equipped.

Sydnee: Oh.

Justin: But I'm gonna try to do it during the break anyway. No wait, we're the break. That's right. We'll still be talking. But after that. This is gotten complex. Let's go to the billing department.

Sydnee: Let's go.

[ad break]

[Maximum Fun ad plays]

Justin: okay Syd, I've got my Nonnee on hold, I'm getting ready to talk to her. I'm just kidding, my Nonnee already got it. She told us that the vaccine can give you the flu, but— and then she said the vaccine gave her the flu. But I think the doctor told her it could give you flu-like symptoms but not the flu, because that would be a wild doctor. [laughs]

Sydnee: Yeah. I— I doubt that. Yes. The vaccine cannot give you the flu. There is not a vaccine that can give you the flu, cause the flu vaccine also cannot give you the flu. [laughs] We haven't talked as much about the flu vaccine this year as we normally do. Which is a shame.

Justin: Still good!

Sydnee: Yeah.

Justin: Yum, goes down smooth, folks.

Sydnee: Still love that flu vaccine.

Justin: Hey listen, if you can't get your COVID vaccine, the next best thing— just go get a flu vaccine. You know, you can tell—[laughs]

Sydnee: I mean, if you haven't gotten one, you should get it while you're waiting to get the COVID vaccine.

Justin: Yeah! Go get that vaccine, you'll be a little safer. And then when you go to get your COVID vaccine, you won't get the flu.

Sydnee: They do recommend two weeks between them, actually.

Justin: Oh, okay.

Sydnee: In between the COVID vaccine and any vaccine.

Justin: So, if you think you're gonna get the call up, maybe hold off for a second.

Sydnee: Yeah. You know, it's interesting, speaking of the flu vaccine, as I was looking into some specific techniques that you can use to help encourage people to get vaccines— and some of these are a little more specific to healthcare professionals, but in general this is a good way to think about it. The flu vaccine, it occurred to me, one of the things that you're supposed to do, I feel like maybe even now I'm still not perfect at doing, it's something I can still work at, which is to use presumptive language.

If you'll notice, especially if like, you are a caregiver and you have children who need vaccines, the doctor probably doesn't say, "So, what do you think? Do you wanna get them vaccinated?" [laughs] They say, "You're going to get these vaccines today. Today, your child is going to receive," whatever, the MMR and whatever else.

And that is the way it's phrased, because it has been shown that a lot of times just presumptive language, especially coming from somebody with some degree of expertise, it shows the assumption like, "Well this is the rational decision that we would all be making."

Justin: Yeah. You're lending less credence to doubt.

Sydnee: Yes. And I think that that's a good way too, to talk about the COVID vaccine, which is, "When are you getting it? What phase do you think you'll be getting it in? How long until you are able to get yours?" Or when your phase has been called up, "Hey, have you gone, have you signed up yet? When are you going?" As opposed to, "Do you think you're gonna get the COVID vaccine?" I'm not saying that everybody's gonna go, "Well, I dunno, they assumed I should get it, so I will." [laughs] But it is a good way to talk about vaccines.

Justin: Every one of these, right, is not— there's no silver bullet.

Sydnee: No, no.

Justin: It's just things you can build off of.

Sydnee: No, and this is something that they teach us in medical school and residency, is every conversation you have with a patient about something in preventive medicine, but like, vaccines in this example, you're laying more groundwork. You're calming more fears. So, even if you don't like, achieve success by the end of that visit with getting the patient vaccinated, you have built more on where you're going. It's the

same with, actually, smoking cessation. Every patient that I have that smokes, I tell to quit smoking every time I see them. [laughs] And they know, and they laugh at me, because it's not like they haven't heard that before—

Justin: This is the same program that your mom used to get us to watch Schitt's Creek.

Sydnee: Yes!

Justin: [laughs]

Sydnee: This is exactly how it works.

Justin: I said that as a joke, but it is 100% true.

Sydnee: Uh huh.

Justin: "So, did you guys— how far are you guys into Schitt's Creek?" Presumptive language. "We actually have not watched Schitt's Creek." "Oh, I think you guys would really, really like it."

Sydnee: "You've gotta."

Justin: Next Sunday. "So, how is Schitt's Creek? How are you liking it?" "We haven't started it yet." "Wow, hmm."

Sydnee: "If for no other reason, for Dan Levy. For no other reason." So, that's one thing you could do, and that's something I could always do better with the flu shot. And I think I do this because it is one of the ones that I see a lot of hesitancy with. And I don't know why. I don't know why we other the flu shot. It's just another great vaccine. You just have to get it more often.

Justin: Cause it feels like its coming in hot every year. It doesn't feel like something your grandpa came up with.

Sydnee: [laughs]

Justin: It feels like something somebody just like, "And it's done! Quick everybody, I just finished it! And this year, ohh, this is a good one. Wait til you get this one."

Sydnee: And it gets a lot of bad press if it's not as protective one year as it was the previous year or whatever. I think what they should always be saying is, "Do you know—" even if, you know, it wasn't 100% effective, which, I mean, no vaccine ever is, "Do you know how many people didn't die of the flu because of this? You know how many people only got a mild case of the flu because of the flu shot this year?" That's the way we should be talking about it.

And endorsement is always a big thing. So, if you say like, "Hey, did you get your COVID vaccine yet? No? I'm getting mine! I got mine! You know I signed up for that COVID vaccine!" Because the truth is, the majority of people do want to get this and, with other vaccines, the vast majority of people want to get them. Depending on where you live and who you talk to, you can feel like you're in the minority, but you're not. Most people know that vaccines are safe and effective.

And then we move onto like, addressing specific concerns and giving info, which I would say if you are not in the medical field, you're gonna get to a point where you say, "You should really go talk to your doctor about it. I really— I know that this vaccine is safe and effective, I've talked to experts, I've listened to these things, I've read these things, but you should go talk to somebody," you know, because it's hard to put yourself in the position of being an expert. It's hard when you are the expert.

Because, like I think I said when we were doing COVID vaccine question and answer, the infertility question, that myth that is out there that is a complete lie, there is zero evidence that these vaccines cause infertility, there is no evidence of that, it has been completely debunked, when that question came up I thought, "What? I don't even know how to rebut this because I didn't—"

Justin: You can't prove a negative.

Sydnee: Yes.

Justin: Right? You can't prove that it doesn't—[laughs]

Sydnee: And it's hard because there are people who are just gonna say whatever. Well, the vaccine can do... I mean, really, when you look at, like, that terrible lie about autism and vaccines, we still associate that, we still have to disprove that. Those two things are not linked. We shouldn't have to say that. We shouldn't have those two— we shouldn't have

conversations about autism and conversations about vaccines at the same time, but we do because one guy lied about it. And that's so frustrating.

Justin: It actually, you know what it really reminds me of? The episode we did about hiccups. Where this idea that when your hiccups stop, whatever you did— they're gonna stop no matter what, and whatever you did right before that, you assume is a hiccup cure.

Sydnee: Mm hmm.

Justin: And I feel like a lot of people do that with vaccines, where it's like, "I got the vaccine and then I won the lottery, so the vaccine gives you lottery powers." Like, that idea of connecting the two just because they, you know, happened to happen near each other.

Sydnee: Mm hmm, Yeah, it's v frustrating when I— because I've sat and thought about if that paper had never been published, nobody would ever ask you about vaccines and autism, because they have nothing to do with each other and we wouldn't have those conversations. But for— I mean, how long are we gonna be fighting this lie? I don't know. Um, it's so frustrating.

And then some things, again, this is an acronym that we're taught, like, a way to talk to people about— if somebody says to you, "I don't know, I heard that the COVID vaccine was rushed and maybe it's not safe."

The first thing that's easy to do is to Corroborate that. You probably heard that too. I've heard that. I heard that it was rushed and it wasn't safe. I can understand why that would cause concern. I mean, that's a very rational thing to think. "What? The vaccine was rushed? They didn't do all the things they normally do? That seems unsafe to me." These are rational thoughts. When someone says that, I wouldn't dismiss that. I would say, "Yeah, I heard that too and I can understand why that would give you pause."

For me, at that point, what I can is, About me— the acronym here is CASE, and so the A is About me, and so what I would say is, "I'm actually a physician and I've looked into what exactly allowed us to move faster with this vaccine, and I've read some articles." And you can reference, there's all kind of, you know, lay media articles about this. You don't have to speak science to read a Washington Post article or a New York Times

article that tells you this is what they did to make the vaccine happen faster.

Justin: Maybe if you're a layman, you could say, "I heard this really smart layman on a medical podcast say to think about it like rush delivery, where you don't expect it to be bad, it's just prioritized."

Sydnee: Yes.

Justin: I said that.

Sydnee: I know. Justin McElroy.

Justin: Did you use that when you talked to your doctors?

Sydnee: I did.

Justin: Did you?

Sydnee: Yeah, I did.

Justin: Did you credit me?

Sydnee: Yeah, I did.

Justin: Did you?

Sydnee: Yeah.

Justin: Did you give them a link to my Twitter? [laughs] In case they wanted more, or...

Sydnee: No, Justin, I didn't. I didn't tell the medical students about your Twitter.

Justin: It's important to give a call to action. [laughs]

Sydnee: No. The next thing is the Science, and if you know the science, describe the science. That's a good opportunity to show off and tell people the science. In this case, the science is... we didn't rush the science. [laughs] We just gave— we gave the effort all the money and will it needed.

Justin: Science has been right about the other parts of this.

Sydnee: Yeah.

Justin: Science said don't go to family gathering around the holidays and then people did and then COVID went way up. [laughs] It's like, well, you believed science that part, like, what other parts of your life do you not trust science in? You trust it when you get on an airplane. You trust it when you eat, like, a Twinkie. You trust it when you get in your car. Like, almost every other aspect of your life, you trust the science.

Sydnee: Well, and you can think about like, if you really wanna get in the weeds with different vaccines—

Justin: And I do.

Sydnee: Some of the things that people will bring up are things like, "Well, I heard that they have aluminum in them," or, "I heard that they have formaldehyde in them" or mercury, or those kinds of things. And then you can get into, like, the science science, where you say things like, "Well, yes, some— now, not the COVID vaccine, but some vaccines do have aluminum in them. It's actually, uh, less aluminum than a baby would get in breastmilk." So, I mean, if it's a natural, kind of— and I guess, I mean, I breastfed, so I dunno, am I natural? Whatever. [laughs]

Justin: Yeah, you're real crunchy Syd, that's what I've always said about you.

Sydnee: [laughs] Not exactly, but that might speak to them. If it's about the formaldehyde, there's more formaldehyde, I think, in a pear.

Justin: I don't like pears.

Sydnee: Well, a lot of people eat pears.

Justin: Okay. You got any other fruits, or?

Sydnee: Well, I mean, it's just a good example.

Justin: I'm just not big on pears.

Sydnee: I don't know. You just get an example of— and the mercury is, I think we've been over this repeatedly, it was in thimerosal, it was in some flu vaccines, like, that had multi-dose vials, it's not in any of the childhood vaccines now and it's not in the COVID vaccine and it doesn't

matter and it was not enough to ever effect you biologically anyway but— I don't know.

You can get into the science on all these things if you want to, or you can just tell them at that point, "Go ask your doctor about it. Before you just say no to a vaccine that could save your life, why don't you go talk to somebody who knows the science?" That's a rational thing to do.

And, you know, Explain and advise based on that. When you're advocating for vaccines on a large scale, positive language is always important. One on one— I know on the show we address a lot of these things because we get the questions about it specifically. One on one, I'm not gonna bring up every concern people have ever thrown at me about vaccines unless you ask me. Right? Because how easy is it to sell a vaccine, to say like, "Now, I know you may have heard," and list, like, 50 myths about vaccines that are scary. No, let's wait and see what you've actually heard.

Justin: "You've heard the tail thing. Let's talk about that, okay."

Sydnee: [laughs]

Justin: "I don't know where the tail thing got started." [laughs]

Sydnee: I, you know, it's good to show that you've done your homework. A lot of this stuff you can find really easily— again, a lot of this— all these things I'm telling you are free on the internet to read about from the CDC, from the World Health Organization, the Immunization Action Coalition, that is a ton of the information I use comes from them. And they have, I would highly recommend going to the Immunization Action Coalition website because they have stuff for healthcare professionals, yes, a lot of resources that really get into the nitty gritty details of the science and all that stuff, which is great for me. But they also have information for lay people. Like, read this if you're concerned. Read what other parents are worried about with vaccines, read what people are asking about the COVID vaccine. And you can read this, you can share this. Have you pulled up that website?

Justin: Yeah. If you go to immunize.org there's all kinds— I mean, it's laid out, there's like a tab that says "for the public" right up there at the top. And there's basics, there's information, there's information for babies, I don't know why babies are using the internet, they shouldn't be,

but you know, if there's babies on there. Um, there's a... all kinds of information for you. There's immunization schedules and all kinds of great stuff. Wonderful. Wonderful website. Easy to use.

Sydnee: Generally speaking, I mean, of course whenever you're trying to understand someone's point of view that's different from yours, and I'm not getting— I'm not talking about someone who's point of view negates your right to exist, I mean someone who is just saying, "I'm a little nervous about vaccines," which is a very different point of view from which I approach vaccines, but is not offensive to me as a person, [laughs] judging them will not get you anywhere, right? You have to hear them out.

Listen to what they're thinking and feeling. Someone who— I was not, I mean, I was raised in a household where my parents took me and got every one of my vaccines when they were due. There was never any concern raised about vaccines. If my parents had been very vocal anti-vaxxers I probably would feel very different. Or at least, I would've when I was younger, and I would have been a lot more nervous about it.

So, you don't know where people are coming from. Helping to find the root of what is their concern and be able to get to that level of, like, compassion and understanding and humanity is a lot more impactful than just throwing a bunch of numbers at them and getting frustrated when they don't listen to you.

Removing, like, the politics from it as much as you can is helpful. I will say that I think with this COVID vaccine stuff the politics become almost moot, because I have heard just as many people who probably would self-identify as democrats who were nervous about the vaccine because it was the— because they associated it with Donald Trump as republicans who are nervous about the vaccine because—

Justin: It's good.

Sydnee: —of Fauci.

Justin: Oh, sorry. [laughs]

Sydnee: No. [laughs] I mean, I think that this pandemic has, uh, I don't know. It's been used against all— politics on all sides. So, I have seen a wide range of people. But it has nothing to do with that. The vaccines are safe and effective and it doesn't matter who you voted for in terms of

whether or not the vaccine would work. That actually has nothing to do with voting. The vaccines just work and are safe.

And then of course, please encourage them to go talk to the doctor they know and trust. Because I can tell you that I had patients who maybe the first time I talked to them about, like, a Gardasil vaccine or a flu vaccine they weren't on board with it, but after multiple conversations they got their vaccines because they just, they got to know me and they trusted me and we built that rapport. And eventually, they saw that I have their best interests at heart and the science is solid and they were able to do that. So, send them back to the person they trust to talk to them more about it. We should be able to do this.

Justin: And I feel like it's actually gonna be easier to do this once they're a little more widely available. Um, obvious— like, I feel like a lot, I know the demographics for our show, and a lot of them are not, I assume, able to get the vaccine currently.

Sydnee: Yeah.

Justin: I think once that becomes a little more widely available, stuff like posting on social media when you get the vaccine, you know, making a Facebook post or Twitter post like, "Hey, I got this today," just normalizing it I think would be really helpful. And if you know how to make a fun Tik Tok about it. Just like a great Tik Tok about getting your vaccine.

Sydnee: A couple things that specifically have come up recently. There have been some reports of people who have passed away in close proximity to having received their COVID vaccine. Um, what I would point out to people is that the age groups that we started vaccinating first are people who are closer to the end of their natural life, and so you are going to— like, if you look at the numbers of people above that age who we expect to pass away within the next whatever, weeks, months, you know, it is not exceeding that. People will get this vaccine and then die of things that are completely unrelated. And that doesn't— correlation is not causation. But every time that happens, it's gonna be in the news.

Justin: Yeah.

Sydnee: Right now, everything is under a microscope. Everybody is— and people are scared, not even because of the vaccine, they're just scared because life has been really frickin' scary for a while.

Justin: And everybody's, like, on Earth, pretty much, is traumatized to different degrees. It's a rough time out there.

Sydnee: So, I would just encourage people to remember that, that like, if they started by vaccinating everybody over 90 and then someone passed away, statistically that is likely and it had nothing to do with the vaccine, because the vaccines don't do that.

Justin: Sydnee's trying to find a delicate way of saying, "That's what old people do. They die."

Sydnee: [laughs] Well, I would not say that, but—

Justin: It's a quote from my favorite movie, Old School.

Sydnee: Oh.

Justin: I don't know if you've seen it.

Sydnee: Okay.

Justin: But it's this great movie, it's basically my favorite movie— it's the best movie that's ever been made.

Sydnee: Oh no, we— mm.

Justin: Tweet at me.

Sydnee: Don't.

Justin: It's at— listen, if you disagree—

Sydnee: It's not...

Justin: @TravisMcElroy.

Sydnee: [laughs]

Justin: Tweet at me if you think Old School is not the best movie ever made.

Sydnee: And then the other thing that I have been trying to do is not call—

Justin: It's the same guy that made The Joker, so you know he's twisted. [laughs]

Sydnee: Oh gosh. Okay. Not call the symptoms of a robust immune reaction to the vaccine "side effects".

Justin: Mm. I think maybe we've even run afoul of this.

Sydnee: Yeah. And I'm really trying to reformat the way I talk about that, because if what you are feeling after receiving the vaccines are just the signs and symptoms of your immune system responding to something, those are effects. Those aren't side effects. Those are just...

Justin: Hmm. Okay. Yeah.

Sydnee: I mean, think about it. Obviously, the goal is that you will be immune to COVID, not that you will have some body aches. [laughs] But this is just part of it. And—

Justin: It's part of the immune response.

Sydnee: Yes. It is nothing going wrong. Now, that being said, if you don't have those sort of symptoms, that doesn't mean nothing happened. Everybody's immune system will react a little differently. Some people will experience more of that immune reaction and other people won't feel it as much. But it is not a dysfunction of the vaccine. It is the function. It is activating your natural immune system. Your own body to do the thing your body's supposed to do when an invader comes in. That's what it does. It's natural and crunchy and organic as it gets. Is all that stuff that's happening to you after you get the vaccine. I mean, not anaphylaxis, obviously but—

Justin: No. But that's rare.

Sydnee: Yes. That's incredibly rare. But my point is that that's okay and it's still worth it if you are immune to COVID. And if eventually we achieve herd immunity and then at that point we can all hug each other again and we can all get together for holidays...

Justin: And tell me if I'm wrong, but I feel like this is not something that we— it's something that we talked about in the hesitancy part but not necessarily in the conversational part, like, I think there's an angle you can make, the sort of appeal to a higher calling, or appeal to, you know, a person's sort of like, I don't wanna say civic duty, but that's kind of what I mean. Like, even if they're on the fence for themselves, like, or hesitant about it, it's something we're all doing to make it better for everybody. There's people who will never be able to get this vaccine, right?

Sydnee: Yes.

Justin: I mean, that's the truth. And there's people who can't get it right now. Like, anybody who gets it now is protecting the people that are surrounding them. Like, it's not just your body that is in question here, it is like, all of us together that you're making safer.

Sydnee: Yes. Yeah, I mean, I definitely think that's one aspect to it, because I very much felt even though we were in a study with my parents and my parents didn't get— they got placebo, they didn't get the real thing, and we got the real thing, and that—

Justin: Felt a little bit guilty about that, but hey, that's science folks, luck of the draw. It's double blind for a reason.

Sydnee: But I try to remember that we are protecting our kids and them by being immunized ourselves. And I think, you know, that sort of argument— maybe this is one of the, um, one of the reasons why even if you're not, like, in the medical community and so fluent in the science of this, encouraging people to just on a person-to-person, human level, that you know can be really effective. Because maybe you know that it's the kind of person that that argument would ring true to.

Justin: Yeah, right.

Sydnee: You know? I mean, cause that is all— and not everybody's gonna respond to that. Especially right now. There seem to be— I mean... times have been very scary and a lot of people have kind of focused on kind of their personal safety and security and freedom throughout this, it seems. Not everybody. But a lot of people. And maybe not a lot of our listeners would connect with that. But a lot of people have. And so— it's funny, I told the med students I didn't know how effective that argument

would be. That this is a thing you are doing for the good of all. That is a thing you are doing for others.

Justin: But you know if the person you're talking to, cause you know them.

Sydnee: Exactly. You know if that—

Justin: You know if they're a dirtbag or not, come on. [laughs]

Sydnee: No! [laughs] I'm trying to think of a nice way to say it, but not everybody— I mean...

Justin: Some people are dirtbags!

Sydnee: Well, for some people it really is, "This is how you get to eventually stop wearing a mask, not now, but eventually stop wearing a mask, and go back to life. This is how you get there. Get the vaccine."

Justin: You could even say to them, like, "This is how Justin gets to the mall." You know what I mean? Like, there are malls all over this great nation that are in trouble because of this, and we've gotta do everything we can to save malls.

Sydnee: I did wanna emphasize that you're not immune until two weeks after your second dose.

Justin: Okay.

Sydnee: I just wanna emphasize that again. I feel like that has not been said enough. You are not immune the moment you get the vaccine. You should still be wearing masks and distancing and handwashing and all that stuff you've been doing. Please just keep washing your hands. I mean, like, don't ever stop with that one. You know.

Justin: I'm into it. I never really into it before this, but I might keep up with it for a while.

Sydnee: But everybody can be an advocate for this. Like, really. Everybody can do part of this work to protect those around us who can't get the vaccine yet or who will never be able to get the vaccine. This is something we can all take part in.

Justin: Um, that address again, just to hit it back there, immunize.org. That is an organization, the Immunization Action Coalition that we have been working with for years at this point.

Sydnee: Yeah.

Justin: A lot of the Sawbones merchandise, profits for them go to support, like we have a pro-vax bumper sticker and pin and t-shirt and proceeds from that all go to the Immunization Action Coalition. They are a group that we know personally the people that work there and they are uh, good eggs, as they say. So, um, well worth checking out. Also, McElroyMerch.com, that website I just mentioned, if you wanna do a little bit of proselytizing for vaccines, there's some merchandise there.

Sydnee: Say advocacy.

Justin: What? Okay, well, both. There's merchandise there that you can get, which seems self-serving, except we don't make any money off of it, it goes to Immunization Action Coalition, so I can, you know, say it with a straight face.

Sydnee: Support their good work.

Justin: Yeah. Also, I wanted to say we're releasing this episode on January 26th and we have a new book, my brothers and I, with contribution from Sydnee and Travis and Griffin's wives Teresa and Rachel, the hosts of Shmanners and Wonderful, it's about podcasting. It's like a how-to book on podcasting. It's called Everybody Has A Podcast (Except You). It came out today! So, go buy it.

Sydnee: Go get it.

Justin: Please. Please go get it at a bookstore. It would really, really mean a lot to us and we would appreciate it. And we really think it's a helpful guide and it's also fun to read, even if you are not planning to, uh, to get into podcasting, I think it's fun and interesting. Especially Sydnee's parts. They are the best.

Thank you to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program. And thanks to you for listening. Get out there, spread the good word. Stay safe, be, you know, do all the stuff you're supposed to do. Wear your mask. Stay distanced. Et cetera. And

we will be with you again next time. Until then, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[theme music plays]

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