

Brian Reardon:

Greetings, and welcome to Catholic Health USA, the podcast of the Catholic Health Association. I'm Brian Reardon, your host, and with me as always is Mary Ann Steiner.

We are in Clayton Studios outside of St. Louis, Missouri. And for this episode, we're gathering here at the end of January of 2021. We're not quite a year, I guess, into COVID-19, and the topic that is on everybody's minds is the vaccines. And so for the discussion we're going to have for this episode, we're going to look at how vaccines and the rollout are being perceived along with the information that's being shared among those who are faithful, religious leaders. So, the topic is COVID-19 vaccines in the faith communities and joining us as our guests for this episode, our first guest here in studio with us is Father Tom Nairn.

Fr. Tom currently serves as provincial minister of the Franciscan Province of the Sacred Heart. He previously served at CHA as a senior director of ethics. Father Tom is a PhD trained ethicist and is an author of several books on bioethics. He also has served on a Vatican work group for international health care workers. Father Tom, it's great to see you. It's great to have you with us.

Father Tom Nairn:

Thanks an awful lot, Brian.

Brian Reardon:

And on the phone from New England is Dr. Reggy Eadie. He serves as the president and CEO at Trinity Health of New England. During the pandemic, Dr. Eadie has been actively reaching out to communities of color and faith leaders to share important information about COVID-19. Dr. Eadie, it's great to have you joining us via phone.

Dr. Reggy Eadie:

It is my pleasure to participate in such an important conversation. Thank you.

Brian Reardon:

Great. So, Mary Ann, vaccine hesitancy, a major concern. I know there's been a lot of research done on some people's reluctance to maybe get vaccine. In fact, there's Pew research from back in December that showed about 50% of white evangelicals and about 59% of Black Protestants say they would definitely or probably not get the vaccine. Among African-Americans, there is a mistrust of the medical establishment that goes back to the Tuskegee experiment. Some religious leaders have also preached that a vaccine defies the temple of God. There have even been some Catholic leaders that have questioned whether the vaccines that have been developed have been using fetal stem cell lines and whether those are then morally compromised. At the same time, though, it should be pointed out that the Vatican and the US Conference of Bishops have called taking the vaccine an act of charity toward the other members of our community. So, that's kind of the context that we've had. And there's been a lot, written and talked about this, so I think providing a little bit of clarity on this is important.

Mary Ann Steiner:

I think it's really important. I haven't heard a word heard in my place of worship addressing vaccines at all, which I think is curious because it's on the news, in the papers, and on the blogs. But also, I'm finding it to be more divisive in terms of families dealing with each other, where some people are sure that the testing was tainted early on and other people who think it's their moral obligation to get a vaccine as soon as possible. So, I think it's a really important topic for all of us to talk through.

Brian Reardon:

So let's start off, Dr. Eadie, let's go to you. I mentioned in the intro that you have been meeting with religious leaders, clergy there in New England about COVID-19 in general, and I think probably more recently about the vaccine. What are you hearing?

Dr. Reggy Eadie:

You know, it's very interesting. First of all, I'll say that this so-called vaccine hesitancy, it's really diffused. Initially, I thought or expected to see it in communities of color, but the reality of it all is that it's diffused throughout New England. So, here's what I'll say. What I hear most commonly are concerns around the narrative. I'm comfortable saying that these are myths that there's a microchip within the vaccine, or that it causes infertility. Or that it alters your DNA or causes miscarriage. Another myth is that you actually get coronavirus from it.

Dr. Reggy Eadie:

What I boil things down to the most common, at least initially, the most common concern that I've heard is the speed at which the Pfizer and Moderna vaccines were produced. In general, it takes an average of at least six years to produce a vaccine, and we haven't even reached the 12-month mark yet at having the pandemic in this country, and we've had a vaccine since December. So, within less than 12 months, how were we able to produce a vaccine is what's commonly asked to me. But I think we have ideal answers to all of those questions. I think we can comfortably and scientifically address all concerns. And so, we've been very successful when we've had conversations with residents in New England.

Brian Reardon:

Have you heard any specific religious objections?

Dr. Reggy Eadie:

I have. I have. I had the opportunity to do an hour presentation with the archdiocese here, so all clergy. I think there were about maybe 50 to 70 present. A very interesting conversation. It was very fruitful, I think, in conversation and knowledge sharing. But then came the one thing that we hear quite often, and that is the utilization of aborted fetal cells from many years ago used in the production or the testing of the vaccine. So, that came up. I did a presentation at one of our hospitals, Mercy Hospital here in Waterbury, Connecticut, and that was raised by one of the fathers as well. So, it will be, we believe, more common as a conversation topic in the very near future because, as you know, Johnson & Johnson and AstraZeneca are going to be asking for emergency use authorization from the FDA very soon. So, we're trying to get in front of the narrative, to create the right narrative, present only facts to the community, and these type of conversations are allowing us to do just that.

Father Tom Nairn:

Dr. Eadie, I totally agree with you. I think that oftentimes we get very... One of my colleagues at CHA when I worked there, we used to talk about people of strong conscience, that they are very concerned about how things not only are but appear. And the whole question of abortion and aborted stem cell lines coming from aborted fetuses is a very big concern with some Catholics. What's interesting about that is there is this long tradition, especially in the Catholic Church, about the fact that we can never keep our hands fully clean, that we're always going to be dealing in a real world with situations that are less than perfect, and that therefore, we take a look at how close we are and why we're doing something. And oftentimes, in a situation like this, we can get very concerned about the aborted fetal line, which interestingly began in the late '60s, early '70s, which is very distant from what's happening now.

Father Tom Nairn:

How that is being used in the vaccine, in many of these vaccines, both the Pfizer and the Moderna, is in testing, not in the development of the vaccine itself. As Brian said, many Catholic theologians, ethicists, bishops, the Vatican itself has said we are so far away from that situation, that it is important for Catholics to get the vaccine, and that Catholics can in good conscience take the vaccine that's offered to them. Governments might have a greater responsibility in developing vaccines. Producers may have a greater responsibility. But once the vaccine is out there, Catholics can take those vaccines and any person can take those vaccines in good conscience.

Mary Ann Steiner:

I want to go back to a phrase you used, Dr. Eadie, which you said creating the narrative. And I think that relates to what Father Tom just said. People are creating narratives much faster than we are getting news from the kinds of voices like Father Tom's, that those rollout more slowly, whereas the narratives that are threatening, maybe laced with—

Brian Reardon:

Conspiracy theories.

Mary Ann Steiner:

... conspiracy theories. And I wonder how both of you respond to the fact that if we're creating a narrative based on the kind of narrative that is totally true, how that gets out there in better ways than it is right now?

Dr. Reggy Eadie:

I would say, Mary Ann, that it's not easy. We witnessed over the last, let's say, and I don't want to politicize the conversation, but over the last four or five, maybe six years, we've witnessed how narratives sort of lead the thinking. They lead the conversation. And unfortunately, in this country, many of the narratives have been false narratives. And so this is a new day. Again, I give you guys utmost credit to have the comfortability, the wherewithal, and the audacity to have this conversation. I have conversations with my team every day that we need to create and control the narrative. Because if we don't, then there will be a myth or disinformation that usurps all the facts.

Dr. Reggie Eadie:

And so, yeah, this is not going to be easy. This is just the beginning. I think this becomes like the new norm in the peri-pandemic and post-pandemic era. But nonetheless, I mean, this is an opportunity for us as a country, for us as a church to unify everyone, regardless of where they come from or how they worship. And we're all suffering from this pandemic, globally. Shame on us and others who have podcasts who don't have the audacity like you all do to bring this in the forefront and to present the facts to the residents in this country.

Father Tom Nairn:

Again, I agree with you, Dr. Eadie. I think one of the interesting things with this is that often there is a grain of truth in what's going on. So, you mentioned earlier how quickly this vaccine has been rolled out. That makes an awful lot of people nervous as to why did it happen so quickly. What's behind the quick rollout?

Father Tom Nairn:

Now, again, there are all sorts of good answers to that. The fact that we have not had the length of time to test it, there are certain things we know and certain things we don't know. I mean, we know something about the efficacy of the vaccine. We don't know anything about the long-term efficacy because we don't have the six years of data. We only have probably 10 or 11 months. We understand why the vaccine came out so quickly, and it might be very helpful simply to be much more transparent about what we know and what we don't know. And that's not going to solve the conspiracy theories, but it probably is going to help a lot of the people who are on the fence and in the middle.

Dr. Reggy Eadie:

I was just going to high five Father. You're absolutely right, Father Tom. You're right. We know a lot. We also need to be transparent around what we don't know. So, we should do both. I absolutely agree. What I often say to people is usually side effects in a new vaccine show up in the first six to eight months. And we've just passed that period. So, we have a good idea of what we're dealing with.

Father Tom Nairn:

Now, as for 20 years from now, honestly, transparently, we don't know. But if we look at the scale of life, right, so in the midst of a pandemic, if we do nothing, absolutely nothing, meaning we don't, as a country, engage in this vaccine initiative, we can forecast to the T exactly what's going to happen. And that is that we will continue to see 3,000 to 4,000 people die every single day, regardless of your ethnicity, of your race, of your socioeconomic status, the color of your skin, your religion. Three to 4,000 people are dying every day. Until there's a better alternative, my position is that this is the right way to go so that we, as a country, can reach herd immunity in a shorter period of time.

Father Tom Nairn:

You're exactly right. I totally agree.

Brian Reardon:

Oh, good point. And what I was going to ask was this isn't the first time we've done this. Vaccines have been with us for a long time. I guess, the frustrating thing for me is it seems like this is, again, and you kind of touched on this, Dr. Eadie, is that there's been this sort of discourse in society, again, over the last five years or so about what is the truth. Obviously, the explosion of social media and all of the

misinformation, and just crazy stuff that you see on social media, I think, obviously, is feeding into that. But in the messaging, is there a way to kind of remind people that vaccines are not something novel and that haven't all of a sudden come about? Of course, there are always issues with vaccines.

Brian Reardon:

I know, in my experience working in health care, when we mandated flu vaccines for employees at hospitals, there was some pushback on that to say, again, there were people who said, "It's against my religion." And so, they would have to get a declination form from either their priest or rabbi or whatever. There were obviously some people who had medical reasons, but in general, there was a broad acceptance that flu vaccines are going to protect myself and the patients. And so I just am curious if either of you has a perspective on what has changed. Where's the sort of amnesia about the effectiveness of vaccines prior to COVID?

Father Tom Nairn:

I guess for me, what has changed has been a change in attitude in this country. Again, I'm a Catholic priest. One of the real hallmarks of Catholic social teaching is the common good. And I'm probably going to say a little bit more about that later, but I think we've moved, even Catholics in this country have moved from an understanding of the common good – what we owe one another as fellow citizens, as fellow members of a religious body – to my personal rights. And there's not only sort of a good understanding of that, but I tend to think of problematic understanding of that, where my rights trump everybody else's, and rather than being concerned about a community, I'm simply concerned about my own individualistic needs, not only needs but wants, and therefore my attitude trumps everybody else.

Father Tom Nairn:

With that in mind, it is not what I owe my sisters and brothers in community. It's what I can get. And I tend to think that that change in attitude is part of this whole notion there. Nobody can tell me what to do. Nobody can tell me to take the vaccine. And it is my right that becomes the most important thing.

Dr. Reggy Eadie:

Yeah. I would add to that, Father. I actually refer to it as education through explanation. This is the most transparent, based on my research, that we have ever been as a country, probably as a globe, to any medication, right? So, I take a blood pressure medication every morning. I could never give a 60-minute presentation on that blood pressure medication. I just don't know that much about it, even having gone through medical school and been tested on it. But these vaccines, I am making sure, and so are many others across the country and the globe, that they know everything about the vaccine, so there are no secrets. This notion that there's a microchip in the vaccine, I struggle with that because we would know about it and they're detectable.

Dr. Reggy Eadie:

I often remind people, look, this is not outside of the messenger RNA, this so-called new RNA technology which, by the way, is not new. I mean, this has been in the scientific space for many, many years. They have just been focused on cancer, creating a cure as well as a vaccine for cancer. And what they did was they simply stopped the line on that technology and shifted it in the midst of a pandemic to creating the vaccine for the pandemic. So, I like to remind people of that. And also this notion of having two injections, many people say, "Well, I'm not really secure about that." And then Johnson & Johnson is, we think, is going to ask for approval for just one injection.

Dr. Reggy Eadie:

But I remind people, go back to measles, mumps, and rubella. Remember the measles, mumps, and rubella vaccine? All kids get two doses of MMR starting at somewhere around, if I remember from medical school correctly, the first dose being around the 12th or the 15th month of age, and the second dose being from around four through six years of age. So, this whole two-dose regimen for a vaccine is not new. And then we look at the influenza vaccine and compare it to the Johnson & Johnson and the AstraZeneca because that's going to create some anxiety, they're actually taking the adenovirus and then combining it with the RNA technology and injecting that.

Dr. Reggie Eadie:

But the influenza vaccine, which I hope most of us took a few months ago, isn't a live virus that they just deactivated or attenuated, meaning weakened. And so, none of this is really new. It's just new to those who have not really been in that space. We have the responsibility to educate people so that we can relieve the anxieties and address the hesitations so we can reach herd immunity as quickly as possible as a nation.

Mary Ann Steiner:

Where do you think that information should be coming from, Dr. Eadie? Most of us can't see our doctors right now. Most of us are at the mercy of the news that comes to us on the internet, on radios and TVs and printed publications. I remember, I'm this old, I got one of the first polio vaccines as they were rolling out and then the MMR stuff. And my mom was really nervous. Like, she didn't know if she was leading us to slaughter or if this was the right thing to do. So, how do you make sure people are getting the right information? And one other piece I want to tag onto that, based on what Father Tom said. I think it's not only the individual versus the common good right now, but I have never in my life seen such a low level of trust in things like science, or government. So we need to find – back to creating the narrative – we need to find those avenues of communication that people are going to trust because the ones that we've been using, they don't.

Dr. Reggy Eadie:

So, when we had our first surge in the first quarter of 2020, the surveys that I had access to showed that most of the trust in America went to nurses or health care providers.

Mary Ann Steiner:

True.

Dr. Reggy Eadie:

But when this vaccine came out, that just dissipated. So, by which means should we be delivering this information? I don't have a good answer for you. I mean, if we'd had time to prepare for this unprecedented pandemic then I would certainly have a good answer for you, but I don't. So, my answer today would be by every means necessary. I mean, it's got to be the public health departments, it's got to be the local government, it's got to be those who are versed in such topics, like myself. We all play a part in this, and we can't afford to leave one single community behind because to the extent we do that, we are perpetuating the spread of this deadly virus.

Dr. Reggy Eadie:

So, we all own this and everyone has a role to play. And again, a high five to Father Tom because he is speaking on behalf of what we all need to hear and delivering that message. And I don't know that he has a health care background, but I can't tell that he doesn't by the way he's speaking. So, again, we all have the responsibility of educating ourselves and educating our respective communities so that we can move this thing forward and move ourselves out and through and out of this pandemic.

Father Tom Nairn:

Thanks for the compliment, Doctor. I think there's another issue here. Sadly, the institutions that need to be speaking all do not have high credibility today. I mean, the government, sadly. I'm a Catholic priest. The Catholic Church has lost much credibility. Religion in general has lost credibility. Many people receive almost all of their information by means of the internet now. And sadly, rather than helping, oftentimes that brings us into our own little world, and we only speak to people who think like us. And so, the ability to speak in a much more general way is lessened. It's interesting. Internet had all sorts of promise, and we're seeing also the underside of the internet. I tend to think what we need to do exactly is what you say: to use as many forums as possible to be able to speak the truth, to speak it boldly, and to speak it with transparency, and ourselves to be accountable.

Brian Reardon:

And what role do faith leaders, I mean, if you were to talk to your peers, not just other Catholic priests, but other clergy from other denominations, is there a responsibility from the pulpit that you all have on this?

Father Tom Nairn:

I think so, yes. The difficulty is that the spectrum of opinions that you mentioned, Dr. Eadie, are there within the clergy as well and that therefore, we cannot guarantee that the clergy will be speaking with one voice. For example, within this diocese, there's an entire spectrum of what people might be saying from the pulpit. And that's something I'd going to think that education is needed, education of clergy is needed, but it's much more difficult.

Brian Reardon:

I think the one message that we are trying to get out at CHA and we're doing a social media campaign. It started with masking, but we've rolled it out into vaccines, social distancing. Just simple things, like hand hygiene. It's Love Thy Neighbor. It's a very simple message. You touched on this earlier, the common good and that there is a moral responsibility to protect each other from this virus.

Father Tom Nairn:

Religion is a communitarian understanding of the world. It is not an individualistic understanding of the world. And, therefore, part of what needs to be constantly said is not what we can get from what another, not claims we make against one another, but how we are responsible for one another as sisters and brothers, all children of God. That ought to make a difference. And therefore, again, as you just said, Brian, masks are not only there to protect me from others, although they say there's some of that, not as much as many people think. It is there to protect others from the possibility of my having a virus. So, the question becomes... I've heard this many times that only cowards wear masks. No, only people who are concerned about others wear masks.

Brian Reardon:

Amen. Dr. Eadie, your take on that and the role of religious leaders to sort of all be rowing in the same direction and the need to share this message that this is about one another.

Dr. Reggy Eadie:

My opinion is that not just in communities of color, but the church or a place of worship has always been the stable to all communities and all families. And to the extent that is not, it needs to get back there. Here's an opportunity for us to use a place of worship to deliver such an important message. So, even if a religious leader does not have a scientific background, he or she has, I would think, and I'm comfortable saying they have the ability to tap into resources to bring that conversation to the pulpit, to stand next to an expert, and deliver the message. Now, we're certainly not trying to force people into making a decision, but I think we all, as leaders in our communities, have the responsibility of bringing the knowledge to the people so that they can make intelligent decisions, and then they can usurp the negative, the disinformation, and misinformation, and the myths that seem to be controlling the dialogue that exists in this country.

Mary Ann Steiner:

We've spent most of this conversation worried about people who don't want the vaccine, but the other side of the conversation is all those people who are dying to get the vaccine and don't have access now, and may not have access for a while. What do you think we can do to make sure that these things move more quickly and that people are able to get what they're hoping for as soon as possible?

Dr. Reggy Eadie:

So, I am an apolitical person, at least I consider myself to be, and recall there was no playbook at any state in the United States of America on how to roll out the vaccine initiative. Right? So, we knew no more, I would argue, than anyone else. The vaccines landed in December in all 50 states. They were distributed to the hospitals that had the ability to store them, depending upon if it was Pfizer, Moderna, the low temperature, et cetera. And then we had to figure out... So, sort of like building a bridge as you cross it. We had to figure out how to administer the vaccine in an efficient and effective manner. And that's just that. So, that's the struggle that we deal with every single day. Now, many of us have figured it out. The State of Connecticut where I live has been declared one of the best practices across the country.

Dr. Reggy Eadie:

I am proud of that, especially because the governor has asked me to co-chair with one of the commissioners this whole initiative for the state. So, it's not easy. There are going to be mistakes made. But I think if we unify with one common goal, and that is to vaccinate as many people as quickly as possible so that we can reach herd immunity, which equals mitigating or decreasing the number of deaths that happen every single day in this country, then that's a thumbs up. That's a sign of success in my opinion.

Mary Ann Steiner:

That sounds like a really great example of government working with health care.

Father Tom Nairn:

Could I add one thing, though, to that? I agree with you totally, Dr. Eadie. I think the other thing is it has to be fair and appear fair. And when there's a limited supply, it's really difficult to both be fair and to appear fair. And I do think that issues, like we were talking about before, transparency become important here, issues of public acknowledgment as to what we're doing, that there are no secrets being kept and that certain people aren't getting it without other people knowing it, that there needs to be participation of people in developing the process regarding who gets it. There needs to be accountability that this is in fact what we've done. It needs to be evidence-based, as I think we've been trying to do.

Father Tom Nairn:

These are the older people who are most vulnerable who need to get it first. There are health care workers who need to get it first. But who are the next people? And, finally, I think it needs to be revisable if we're finding out that things are not quite working, that we're not afraid to say we made a mistake, and try to revise it in a more fair way.

Dr. Reggy Eadie:

That's it.

Brian Reardon:

Dr. Eadie, I think as we conclude this conversation, what Father Tom said was a nice summary, and I want to give you kind of the last word on just what do people at the heart of the matter really need to know, and what do we need to do collectively to provide assurances and confidence in the vaccine process?

Dr. Reggy Eadie:

Yeah, thank you. I was just going to say I was going to support the words that Father Tom just said, and that is vaccine hesitancy is real, just like vaccine equity must be addressed. It has to be addressed in order for us to get through to herd immunity. So, there are systems in place, as we all know, that have been in place for many, many years that the final outcome of the equation, the result is marginalizing certain communities. And while that has made America, America so far for the hundreds of years that it's been in existence, the problem is with this pandemic is you can't afford to do that. Because when you marginalize high-risk or hotspot communities, then that means the vaccine is going to be here that much longer, and we won't reach herd immunity.

Dr. Reggy Eadie:

So, my final comment would be just imagine to reach herd immunity, we think that it's going to require about 80% of the citizens being immunized or having an immunity to coronavirus. Now, we should all look in the mirror and say, "Well, that means 80% in our household, 80% in our workplace, 80% in our neighborhoods, our cities, our counties, our states. And then we need 80% in the US and 80% of the globe before we can ever remove the masks and stop social distancing."

Dr. Reggy Eadie:

And that's not going to be easy to do, but the only way we can do it is to make sure that we listen to the communities that we serve, that we partner with the people in the communities and that we make it easy for the people in the communities to have access to the information, to answer their questions, address their concerns, and access to the vaccine. Again, that's not going to be easy, and it will only be

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possible if we do it collectively. I believe in my heart of hearts that this is God saying, "It's time for the globe to unite." Now, what you believe that's happening or declared in Revelations, I happen to think that this is not by coincidence, but we have got to get this right as a people in order to get through such tough times.

Brian Reardon:

Amen.

Mary Ann Steiner:

That is the perfect end to this conversation. Thank you.

Brian Reardon:

It really is. A big amen, a big high five on that one. Well, Dr. Eadie, again, Dr. Reggy Eadie, he's the president and CEO of Trinity Health of New England. Great comments. Great input. Really appreciate you joining us. Father Tom Nairn, always good to have you in the conversation. You provide a lot of insights and wisdom, and we appreciate your time as well.

Father Tom Nairn:

Thank you.

Brian Reardon:

So, for Mary Ann Steiner, I'm Brian Reardon, and this has been another episode of Catholic Healthy USA, the podcast of the Catholic Health Association of the United States. As always, we thank our friends at Clayton Studio for helping engineer and produce this episode. And until next time, we'll talk to you.