Dan Seed:

Hello, welcome to big ideas. A podcast from Texas State University in San Marcos, Texas. I'm Dan Seed from the School of Journalism and Mass Communication. And we're joined this month by Dr. Emily K. Brunson, an associate professor in the Department of Anthropology. Dr. Brunson is an applied anthropologist specializing in medical anthropology, and she's joining us to discuss the COVID-19 vaccine. Dr. Brunson, thank you so much for joining us.

Dr. Emily Brunson:

Thank you. It's a pleasure to be with you today.

Dan Seed:

Let's start here. What exactly is medical anthropology and how did you come to this?

Dr. Emily Brunson:

So medical anthropology in general is the study of health in societies. It considers how diseases are interpreted, different societies see different things, physical, mental, or behavioral characteristics being abnormal. And those are not necessarily the same that we see in other societies. And then it looks into issues of health and healing and how diseases are then treated. So my research with medical anthropology has largely been based in the US and I specifically study vaccination. And so it makes me different than someone in public health who's studying this, for example, as I'm really trying to think and understand about what are the social circumstances that are producing outcomes that we see. So it's a much more holistic, broader picture of what that is then you'd get from a different discipline.

Dan Seed:

So here we are, a year on, basically, since COVID began to alter our life dramatically here in the United States. As we know, more than 500,000 Americans dead, millions more infected. And I think this kind of gets to a basic understanding before we launch into vaccine, but throughout it all there've been all sorts of debates and memes, and sometimes literally physical fights over masks wearing, social distancing. We've had these quack cures come out of left field, the denigration of doctors and scientists. As somebody who studies the social end of health, when you look at past pandemics, have we seen this kind of action happen? And if so, why do people do this? Why do people kind of fight against the science or the health aspect of what's happening?

Dr. Emily Brunson:

So, yeah, we've seen this before in various iterations of this pretty much with every pandemic situation that has ever happened in human history. So going back to the plague, for example, when that first started in Europe in 1347, there was a lot of confusion about what this was and what caused it. And some very different camps that felt different ways about it. And so people were arguing and trying to figure out what is the best way to address this health issue. We're in a different moment, obviously in our history, because we do have science, we have the ability to understand microbes, what they are, what they're doing to a much greater degree than people in medieval Europe. But we still see the same types of these cultural phenomenon that you were talking about. Some people are saying COVID isn't even real, or why are we worried about this because it's not really affecting people and you have other people saying we need to shut everything down, let's stop. And you see everything in the middle.

Dr. Emily Brunson:

And so then it comes down to some interesting things that are happening in the US that also relate to past events, that the US for a very long time, culturally has had this ethos of independence and individualism. You need to do what's best for yourself. You need to do what's best for your family. And so that has come across in past events and we're seeing this too with COVID-19 where there is this hesitation to, for example, wear masks and this idea that this is infringing on individual liberty, which is not the circumstance that's happening in other countries today. So all of our past and our culture that we have currently is impacting the way this is working out for us.

Dan Seed:

The vaccine itself, that's why we're here. And that's very interesting that perspective that you just brought, I think that helps explain a lot of what we've seen in a different light. But the vaccine, that's why we're here to talk about this. So in Texas, about 11% of the population has had one dose of the vaccine, almost 5% has had two. Nationally, the percentages of the population that have had one and two are a little bit higher. You're currently working with researchers from Johns Hopkins on policy outreach, I understand, with regard to the vaccine. What can you tell us so far about what you've seen about what's working in terms of outreach, and maybe what's not at this point.

Dr. Emily Brunson:

There are two things that relate to vaccination in general and that we're really seeing a tension here with COVID-19 vaccines. And it's the idea that it goes back to vaccines themselves. We often talk about outcomes, and especially in the US and other developed countries, make the assumption that that's about choice. And to some extent it is, there are people who are choosing to accept the COVID-19 vaccine and there are people who are not. There is however, also an issue of access that can play into this, that you can have people who cannot access it and sometimes it's that they're working, for example, jobs where they can never make it to a clinic because the hours don't match. It could be that they don't have transportation. And in Texas, we don't have a good public transportation system.

Dr. Emily Brunson:

So telling somebody that lives in rural Travis or Hays County, that they need to go to Austin to get a vaccine isn't practical. Or you can end up with situations that are happening in the southern end of the state, where you have people who are potentially, even citizens themselves, they might have family members who are not, or they might not be citizens, but in order to get to the vaccination site, they have to cross the border check, which they're unwilling to do, because that doesn't feel safe. And so all of these issues are creating the situation that we're in and what's happening and what we're seeing in terms of uptake is something between this idea of choice and access, where for some people, there's some definite crossover there as well. So that the whole idea of what's going on in Texas is, and really across the world is more complicated than what people initially think.

Dan Seed:

And I know my family's from Massachusetts and up there, it's been a slog getting it rolled out. And they've had these mass vaccination sites at stadiums, Fenway Park, Gillette Stadium, but those are located in one portion of the state, my 94-year old grandmother who doesn't drive, her driving 45 minutes into the city, pretty difficult, probably not going to happen. So she's got to wait for something locally so that, I completely understand that. In terms of eligibility for the vaccine, I'm way down the list. I'm under 40, no pre-existing conditions, don't have immediate family with any of those conditions, but I keep looking forward to the day that my name is called. And when that happens, I'll be first in line, sleeve rolled up, ready to go. For others though, not so much. And I know that this is something worth discussing. We can get back to what you just talked about as well. What is this idea of vaccine hesitancy?

Dr. Emily Brunson:

So the way the WHO defines hesitancy is it's when there's a delay in acceptance or a refusal of vaccination entirely, despite the vaccines being available. It really does encompass quite a large range of people. There are people who are truly anti-vaccination, and that's not being hesitant. There are also a large number of people in the US and in Texas who accept vaccines without questioning them and that's not hesitant either. But you have a bunch of people in the middle that essentially, they have questions and those questions can cause them to delay acceptance or to end up refusing vaccines.

Dr. Emily Brunson:

The majority of the population is by far either just accepting or they're hesitant. And I want to make that very clear, but people have different concerns with vaccinations generally and with the COVID-19 vaccine in particular. One of them, and we saw this with H1N1 vaccination 10 years ago, it has to do with a set of new vaccines that were developed quickly. And so there have been some concerns. And like I said, 10 years ago, the same concerns existed around the H1N1 vaccine is, is the vaccine safe. So that's one of the things that's going on. We see hesitancy popping up for other reasons, and they do tend to be local. So every individual, you're going to get a lot of individual explanations, but they do tend to cluster locally. So you would often have the same type of concerns as your friends and your neighbors.

Dan Seed:

And why is that?

Dr. Emily Brunson:

People talk to one another, would be the big reason. You're sharing information, you're sharing concerns, and that itself is contagious. And so you do tend to get clustering of hesitancy.

Dan Seed:

Does that kind of, that talking, that who you're around or who you live by when you're talking about access, and you're talking about this idea of hesitancy in some cases, that whole idea of who you're around that matters. Is that one of the main drivers that we're looking at in terms of people who are getting vaccine or are hesitant to get it?

Dr. Emily Brunson:

Well, absolutely. An interesting thing that's happening in this particular moment, because we're also social distancing is that social media use across the board for most people has went up quite a bit, that where you might have had block parties or gone over to a neighbor's house for dinner, or spent a weekend with your friends camping or something that you're not doing that in the same way, but now you're on Instagram with one another, you're on Facebook with one another, you're catching up that way. And as you're on those social media sites, you're being exposed to other messages through social media as well that are not necessarily coming just from your friends that you're on there to stay in touch with. And so that is also something, so it's not in this particular instance, it's not just a geographically focused, who were you with, but it's really, who are you with writ large, even virtually.

Dan Seed:

And so I do know that there is some polling data on this idea of hesitancy. Could you discuss that a little bit in terms of what we're seeing and what we're learning?

Dr. Emily Brunson:

Yeah. So national polls of COVID-19 vaccination saying, and are you willing to take it right now. Like Dan, you were saying earlier, you want to be first in line when you can be. Are you willing to get up, but you want to wait and see, are you willing to do it possibly, or if you're told you have to, or not at all. There are trends that have existed across the surveys now for, and across these national polls for quite a while. It seems that women tend to be more hesitant about COVID-19 vaccination. We're also seeing some more hesitancy in rural areas compared to urban areas. And we're seeing hesitancy by political affiliation with conservatives and those who lean and consider themselves to be strong conservatives are more hesitant. We're also seeing, and one of the biggest trends is actually by race and ethnicity. So hesitancy is strongest in black and Hispanic populations, despite the fact that these populations are some of the most heavily hit by COVID in terms of number of cases and the percentage of deaths that have occurred.

Dan Seed:

To that point with, as you're talking about race and ethnicity and the effect that COVID has had, do we know why, why that hesitancy exists?

Dr. Emily Brunson:

There's ongoing research and I'm actually leading a national project that's looking into this. But there do seem to be a few things going on. One of them is that this is very much an access issue for some of these populations and that sometimes when people don't have access to vaccines or to any type of medical technology, they can end up talking about it as if they don't want it. And so that can be part of what we're seeing there. The other part is, is that, and this is especially true for black communities is that there is a longstanding lack of trust in both public health and the government. These are instances where black bodies have been experimented on in the past, including, but definitely not limited to Tuskegee.

Dr. Emily Brunson:

But beyond that, black individuals in the US also are having worse health outcomes when they see healthcare providers. They're more likely to be treated poorly in healthcare settings. They are more likely to have not had access to healthcare. And you have communities where, for decades now, they've been asking for help to address issues, for example, with cancer or diabetes, and have effectively been ignored. And so to now have public health and government officials and others who are, especially when they're white, to come in and parachute into these communities and say, there's a big issue here. We need to address it. There's some pushback against that.

Dr. Emily Brunson:

And then when you put that into the social fabric of what's happened in the last year around the murder of George Floyd and all of those protests that came after that, you're really looking at a situation that is tenuous, that is definitely touchy and people's thoughts and emotions are raw and justifiably so. And then we're throwing in COVID-19 vaccination on top of all of this. So it's tricky and it's a tough and involved sell that isn't about the technology and it isn't about science. It's about something else.

Dan Seed:

Something much larger, which I suppose, does this now provide, I guess to a point, a larger opening to address these systemic issues that we've seen in medicine, in economics, whatnot, in order that this may be the light that shines that and gets that done, or does this provide that kind of opening to address that history in a different kind of way.

Dr. Emily Brunson:

And that's really the take that the coalition that I'm working with, CommuniVax, is trying to do, and to make. That this is a tragedy and we can't overlook that, but at the same time, it's also an opportunity to use this as a mechanism to produce change. So that instead of having this be something where we're, for example, just trying to push COVID-19 vaccines in black or Hispanic or other communities of color, that we can start to work with those communities to create lasting changes so that they can build these connections with government, with public health, amongst themselves to be able to push through not just COVID-19 vaccination, but those long standing issues with diabetes, with cancer. They can start to use this to address issues of equality more generally and other issues that are important to them. So it really is, that whole phrase, don't waste a good crisis, is exactly how we see this working, that this is very much an opportunity that can be a game changing moment.

Dan Seed:

And could you speak a little bit more about that particular research, that group that you're working with? What exactly, where are you doing this? How is this going on? What's the end goal, timeframe, all that stuff.

Dr. Emily Brunson:

The project is called CommuniVax. It involves a set of researchers from across the country that are coming together to specifically address this issue of equity. So we have experts in vaccinology and public health, across the social science disciplines, people who have been involved doing participatory action, research, community engagement, and leading community organizations. We have local teams in six areas across the US going from California in the west to Alabama in the south to Maryland in the east. And they're working on local levels with black and Hispanic communities to both perform research to understand what are people's hopes and fears in regard to COVID-19 vaccination, and then to begin developing those community engagement activities to once again, with the goal of producing lasting change. So it's a huge project, but it's an exciting one. And we're hoping, we just released a report a few weeks ago, but we're hoping to release additional guidance that would exist at a national level for increasing equity among black and Hispanic and other communities of color and that should be coming out in the next two months or so.

Dan Seed:

It sounds like a fascinating project and one that has much been needed for quite a long time. And not to be glib, but to build off that as somebody who has studied this, you've built your career on this. For you personally, to be involved in this and to be active and alive at this time, that must be something that you, not enjoy, because none of us enjoy a pandemic clearly, and what's happening, but it must be something that really truly, you feel like, boy, I'm at the right place at the right time to do this.

Dr. Emily Brunson:

Oh, absolutely. My entire career has been around well vaccination, but then health care access and decision-making, communication during crisis situations. So I've been talking for more than 10 years at this point about what we needed to do if we had a moment like this and it feels surreal to actually be in that moment. And it's professionally been exhilarating in some ways, but at the same time, I would happily give all that up if we could be out of the situation.

Dan Seed:

Of course. Yeah, of course. It's that idea of what you've been preparing for your whole life and now here it is, it's here and you get to test it and put it through a real world use in that sense. I understand too, that you're working with undergraduates here at Texas State on vaccine interest or vaccine concerns or whatnot. Could you talk about that a little bit?

Dr. Emily Brunson:

Yeah. So I did some research with Texas State undergraduates in the fall, and we're continuing with a different piece of that this spring. With COVID-19 vaccination, even the university is interested in what's going to happen here with our students, how can we get back to something that looks more normal in terms of in-person classes, in terms of football games and other social activities that the students very much want to get back to. So I did some survey research in the fall in relation to that. Most of our students are willing to get vaccinated. Some of them do want to wait and see what will happen to other people who get vaccinated.

Dan Seed:

Which is only natural though, right? That's a normal kind of thing that you might expect to see?

Dr. Emily Brunson:

It's fair. Yeah. It's fair. The same trends that exist in the national polling existed in our data too. So once again, women, Republicans, minority students, especially blacks were less likely to want to be vaccinated. But the one thing that I really liked and that I think speaks well to our students is that the number of them, and over 90%, were saying that they were willing to do things that didn't necessarily benefit themselves like wearing masks and potentially even taking a vaccine that even if they have concerns, if it would benefit others. But they are thinking about their peers, their professors, the broader San Marcos community, and they're willing to do what's needed to make life better for everyone. And I think that speaks very well to our students here.

Dan Seed:

Yeah, I would agree. And I've been face to face, as close as you can be in the fall and this semester. And I have been just so impressed with how everybody has been staff, faculty, students with masks, respect to social distancing, very concerned about that coming into last fall and those concerns quickly went away. In the classroom, the students have done a great job and they're really respectful of their peers and taking that moment back and saying, "Hey, I have a question. Can I come up and ask you this?" Everybody has been very good about that. So you're right, it speaks very well to our students.

Dan Seed:

So final question with Dr. Emily Brunson. We've gone through all this. We're now at the point the vaccine is rolling out. What is next? What's the next step here?

Dr. Emily Brunson:

So very quickly, it is highly likely that we're going to have more vaccines approved and that's really going to open up vaccination for more people. So Dan, you will get your chance to stand in line and get your vaccine.

Dan Seed:

I hope.

Dr. Emily Brunson:

Possibly late this spring, early in the summer. And then the next phase, once we get through most of the adult vaccination, we'll be getting children vaccinated, if that is the direction that we end up going. Clinical trials are undergoing now with age groups, they're continually going down in age to test the vaccine, but that will likely be coming up potentially as early in the fall, although that may not start until next year. So is vaccination a solution to the COVID-19 pandemic? Yes, it is definitely, at this point, our best way out of the situation that we're in, that we all very much want to be out of.

Dr. Emily Brunson:

Is it going to solve things tomorrow? No. This is going to be an ongoing issue for the next at least nine months, but we just need to be patient with this and give this time to play out.

Dan Seed:

Dr. Emily K Brunson, thank you so much for joining us. Very interesting talk.

Dr. Emily Brunson:

Thank you for having me.

Dan Seed:

And thank you all for joining us on this month's episode of Big Ideas. We hope you'll join us next month. Until then, stay well, stay healthy and stay informed.

Speaker 3:

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