

RICHARD: If you've had the shots against COVID-19, how do you feel about people who didn't get the vaccine? If you're holding off, what's your view of those who are telling you to get it?

ASHLEY: It's the subject of fierce debate as COVID-19 continues to rage in the U.S. Many people who've had the vaccine are angry and frustrated, berating the unvaxxed as selfish, stupid, or both. But our guest on this show says there is a better way. This is Let's Find Common Ground. I'm Ashley Milne-Tyte.

RICHARD: And I'm Richard Davies. Dr. Jay Baruch has worked with COVID patients throughout the pandemic. He's an ER doctor and Professor of Emergency Medicine at Brown University's Alpert Medical School in Providence, Rhode Island. He's also a writer.

ASHLEY: Recently, he wrote a piece for STAT, the news site about health, medicine, and the life sciences, that went viral.

RICHARD: Jay would love everyone who can be to be vaccinated, but he says there ought to be more empathy for those who haven't been. Jay Baruch, welcome to Let's Find Common Ground.

JAY: Thank you so much. It's really an honor to be here.

ASHLEY: So, Jay, you are an ER doctor, and I think a lot of people would at least expect you to roll your eyes when you encounter unvaccinated patients in the ER with COVID. How do you actually feel when you meet these patients?

JAY: Well, I think that inclination to eye-roll is something that I wish I was a better person to say I'm resisting. I have the urge to roll the eyes, but I also have learned in my... I've been an ER doctor going on 28 years now, and what I've discovered, Ashley, is that oftentimes we come with certain opinions and certain biases and certain judgments. And when you talk to the patient, which is really just a person struggling, you sort of understand where they're coming from, I've often felt that people's reasonings were very complicated and very complex, and oftentimes very justified from their perspective.

So I don't want to come off saying that I don't roll my... that I don't have that urge to roll my eyes. I'm a human being. However, I think I've gotten better at trying to sort of maybe stop the roll halfway around my socket and trying to understand a little bit why, that question of why.

RICHARD: You've said that you don't judge people who have high blood pressure who come into the ER with a medical emergency. I guess there are lots of reasons why people end up in the ER, and many are related to unfortunate lifestyle choices.

JAY: Yeah, and when we talk about that, I think it's really important to point out that oftentimes what we consider choices are not really choices that certain populations, certain people in our communities have. Their choices are often between two bad choices.

RICHARD: Can you explain?

JAY: We could talk about poorly controlled diabetes. Diabetes is really a terrible disease, and we're seeing devastating consequences of people with uncontrolled diabetes. And oftentimes, they can't afford their insulin. The quote/unquote "noncompliant" patient someone who is trying to save her insulin dosages because she can't afford it or because the insurance company, if they have insurance, has changed, and the pharmacy somehow doesn't have the medication that it's supposed to have, or they can't afford to have the foods or they don't have in their neighborhood a place where they can readily get healthier foods, and they have to take a bus. They might not be able to ambulate and get around as well as they should or they might not have the social support.

ASHLEY: So what do you hear from patients who come to the emergency room with COVID?

JAY: Well, I'll ask, "Have you been vaccinated?" Sometimes they say no, and then I'll ask, "Why?" And very rarely is it a strong political statement. Sometimes it's just shrug. Sometimes it's, "I don't trust the vaccine. I don't trust the healthcare system. They developed this thing too quickly." No one in their family has gotten it. "I haven't gotten around to it," this apathy thing. "Yes, I want to get it." It very rarely gets a response that is this very fervent, heated response. I would lump it under the topic of distrust of information, distrust of the healthcare system.

RICHARD: Jay, perhaps is there another factor playing out here, which is that it's easy for us who have a comfortable, middle-class lifestyle to ignore this. But for a lot of folks, they're just struggling day by day to get by, and it's not a question of planning or making the right choices. It's just dealing with whatever stuff comes their way. And they're overwhelmed, and maybe that's a reason why they didn't get vaccinated.

JAY: One of my favorite novels is "Let the Great World Spin" by Colum McCann, and he has a line in it, which I'll paraphrase poorly, which is something to the effect of, "It takes so much courage to live an ordinary day." And I try to remind myself of that with the patients that I take care of because so many of my patients are struggling with so many other responsibilities and obligations. And, yeah, I agree. The COVID vaccine issue is not a vaccine issue alone just like the COVID problem is not a COVID problem alone. It think it was the added pressure. It was the constant pressure in any sort of really complex story which really unveiled or revealed challenges in health care and delivery of health care that's been there all along. It's no longer capable of being ignored.

RICHARD: Following up from that, you had a beautiful thought in an article you wrote recently for STAT, which is the health and bio tech news site. You said, "We humans are beautifully flawed creatures with inexplicable needs and impulses that run counter to our best interests." Discuss that.

JAY: All of us have our challenges that we're facing, big problems, small problems, and I think it's very easy from the outside to say, "Listen, you shouldn't do this. Don't do that." An example that I use is, just the other day, I was talking with a patient who came in who had a very bad opioid problem, who's been in and out of treatment and has been leaving against advice. It's not an infrequent issue that we see with many of our patients. And obviously, the easy thing for me to say is, "You should not do that." But I just realize that the hardest thing to do is to stop or to cut down.

As I'm telling you this, I'm someone who drinks way too much coffee, and I've been trying to cut down coffee for 20 years. But I also realize how hard it is to stop something that is ingrained into your life and why we necessarily do the things that we do. But I do feel like we're privileged to have a choice, to be able to say, "Listen, I'm going to do this," and just recognize that certain people have stories where their choices are... A sense of having control and to have an autonomous choice and to make a change, even that assumption is one of privilege, especially for a lot of the patients that I take care of who really had a tough time right from the get-go.

ASHLEY: Some people listening to us talk about this might say... They might hear what you're saying about your patients and say, "Okay, I understand something that I perhaps didn't understand before, but hang on a minute, these choices or whatever you want to call it, the people who aren't getting vaccinated, they're selfish because they are putting other lives at risk." How do you respond to those people?

JAY: Yeah, Ashley, I understand exactly what you're saying, and what motivated me to write the piece for STAT had a lot to do with the discourse we were having around vaccinations. I believe 100% you should get vaccinated. My job has become a very different job. I see the impact of the choices. I see unconscionable waits, and I see how health care and delivery of health care is being impacted.

You need to get vaccinated. I want everyone vaccinated, or I want as many people as possible who are able to vaccinate to vaccinate for COVID. However, how we get to this point, how we get those people to that decision, I feel that we had a narrative crisis. I feel we were focusing so much on the science and so much on the numbers when people were distrusting the numbers and they were distrusting the science.

ASHLEY: The headline of your article was "It's Easy to Judge the Unvaccinated. As a Doctor, I See a Better Alternative." What kind of response did it get?

JAY: I got hit from people on the Right, which I expected. I also got hit by people on the Left, which I did not expect. But I had a lot of people who emailed me and reached out and a lot of people who aren't vaccinated who reached out. Of course, there were some people who were like, "You're a terrible doctor," and were kind of unkind, but I had so many people who were explaining why they're not vaccinated, really lucid explanations. They had to do with, "I live in a certain part of the country. I don't have a doctor. I don't know who I can trust. I go on the internet. I read X, Y, and Z sites, and I hear one thing. Then I go on to other sites, and I hear other things, and I don't know what to believe," people who are wearing masks and doing all the right things but aren't getting vaccinated because of a fear or the fact that they don't trust pharmaceutical companies. I had a lovely email, a long, beautiful email from someone who's done research and says, "I just think it went through too quickly, and I distrust it." And these people were saying, "I'm not political. I'm not taking a political stand. This is why I'm not getting vaccinated."

It seemed like they were grateful that I was leaving a space for that. I'm open to the fact that there are other reasons why people are choosing not to get vaccinated. I also had a lovely correspondence with an old colleague of mind in another part of the country who said that she shared the article with their mother, who hadn't been vaccinated and was reluctant to do so. It led to a discussion, and they got vaccinated.

So I have this idea about respectful engagement, trying to understand the other person's perspective, not just trying to fill their information tank with what you believe is the good data, but actually try to engage with them and try to understand why. Why? Because I don't think it's a numbers issue, whether it's an identity issue, whether it's a trust issue. But I don't feel like we're getting there by raising our voices.

ASHLEY: You think there's a better way to go about this. How do we do it?

JAY: Well, part of it is: can we create these authentic spaces where engagement truly is the goal? Because I feel, when people say, "Let's have a dialogue," it's like, "I want to get you here so I can take my hammer and hit you over the head with what I believe." And we know that people are never the thing that we think they are. They're usually something deeper, but we just don't bother to dig. We don't bother to ask the right questions. And I feel like we're so... Right now, as a populace, we're so focused on, "We have this vaccine. We wanted to get this vaccine. Now we got this vaccine, and now everyone just get this vaccine and let us move on."

So I get it. I see where people perhaps are trying to trust. Even if they are looking to trust, they can find reasons that, "Listen, I don't know. Then there's this new technology that I've never heard about before." We should've controlled the discourse and told the story and really made space for why people might not want this.

RICHARD: I think you're pointing to a problem with how we talk and listen to one another, which is that we're an either/or society. Either it's good or it's bad, and we confuse discussion with debate. Perhaps we need more discussion and less debate.

JAY: Yeah. That requires something, that we're always listening. When I mean listening, I don't mean just sort of shutting up. I once heard this definition of listening as a willingness to have your mind changed. That's not just not talking. That's actually really trying to be in the moment, listening to the person, trying to see where they're coming from, bouncing that off of what you're thinking because these are hard things to voice. It's hard to articulate some of these really deep-seated issues, things that people are going through.

I think what makes some of these discussion particularly hard is it forces us all to be vulnerable, and, "I'm going to be open with you about why I chose not to get vaccinated, what I'm scared of." I mean, it really is what I'm scared of. What am I fearful for? That's not just a different type of discussion. That's a different type of openness that I think we're moving away from but which, I think, is desperately needed right now.

ASHLEY: You're listening to Dr. Jay Baruch on Let's Find Common Ground. I'm Ashley.

RICHARD: And I'm Richard. We'd like to hear what you think of our show. It would be great if you could just do one of two things, or maybe both. First, rate and review us wherever you listen to podcasts. That helps other people find us.

ASHLEY: And drop us an email. We're always open to your feedback, and we'd love to hear your ideas for future shows. You'll find us at podcast@commongroundcommittee.org. Now back to our interview with Jay Baruch.

It was interesting when you mentioned that at least one person wrote to you and said, "Look, I don't know a doctor. I don't have a doctor." I think, again, there's an assumption among many that everybody has a doctor, and of course you trust your doctor.

JAY: Right. When we get out of this, and I have my fingers, my hands, my toes, my legs crossed that we get out of this and soon, I feel like the next major step has to be a strong focus on what I think is the most important part of health care today, which is primary care. We need stronger primary care. We need to get more people going to primary care. We've got to have people have physicians, and obviously there's a health insurance issue. This points to larger deficits in our healthcare system that need to be addressed.

If there's ever a wake-up call, this is it. People are dying as we're having these discussion, and people are leaving medicine and leaving health care as we're having these discussions. I feel like there's an imperative to leaders, whether they realize it or

not, that if they think that we're going to go back to normal after this, people might be in for a very big surprise.

RICHARD: Jay, let's learn more about your work in the emergency room and about your colleagues. During the height of COVID, you must've been scared or perhaps even terrified about all the suffering that was going on.

JAY: At the time, what was really strange, Richard, and I wrote a little bit about this, is that I think I was more scared of COVID-19, this thing that we really didn't know what it was, when I wasn't in the hospital, when I was home. I was worried more for my family. I was worried more for my friends. And despite the fact that a lack of PPE... PPE was a big issue. The fact that we didn't really understand this disease, that was a big issue. But it was a sense of like, "This is why we're in medicine. This is why we all signed up to be in medicine."

What I realize is that I felt safest when I was actually in the ER because I was working with people who I really respect and I trust. I don't just mean the doctors. I mean the doctors. I mean my nurses. I mean the techs, secretaries, the people that we've been through... The ER staff is... It's a strange thing. We work together, and we see extremes of experiences day in, night out, all the time. They've seen me at my best. They've seen me at my worst. I trust them. We've been through this. I trusted them inherently, and that sense of trust and the sense that they were going to look out for me, they had my back, and I was going to have their back, I mean, we came together.

So maybe that's why I can't use the word, necessarily, terrified because I think we were just focusing on what we needed to do, washing our hands, getting through the shift with our N-95 if we were able to get them, whatever mask and our face shields and gowns, trying to listen through all that stuff. It was just focusing on just getting through the shift.

RICHARD: And now what's happening with the people who are coming into the ER today after all these months of dealing with COVID?

JAY: People are sick. The people I'm caring for, I never cared for as many people who have been universally sick with multiple problems, with medical problems on top of social problems. So it's been escalating over 17, 18, 19 months. Even though there was a little bit more anxiety about it at the start, the pressures now are something that, personally, for myself, I've never encountered before. And then staff are leaving. Nursing's leaving. So it's hard.

ASHLEY: How do you feel when people call you a hero for the work that you do?

JAY: There are not a lot of people calling us heroes now, and even when they were, at the first wave, I think I speak for many of my colleagues, we didn't feel like heroes. We were just doing the work that we were always doing. We'd always ask each other, like,

"How you doing?" And one time a nurse that I love, she goes, "Hey, Jay, how you doing?" I'm like, "All right. How you doing?" And she goes, "Okay." And there was this silence, and then she looks at me and says, "You realize that when people say they're doing okay, they're not doing okay." And I go, "I know."

We laugh about it, but part of what we were trying to do is create some of these spaces where people could truly talk about these things. I think we all have our defense mechanisms. We laugh a little bit. Some of us have a little bit of gallows humor, so to speak, but I think for many of the experiences of my colleagues, they didn't laugh about it. I think they cried all day.

ASHLEY: Going back to the question of the unvaccinated, what can we do about this? Jay, you say we need to create spaces where we can hear each other's stories. What could that look like?

JAY: That's such a great question. I'd love to hear from listeners, how they envision this may go. I feel like the question that you asked, Ashley, requires us to address a few things. One is that I think people really come into many different issues with their opinions, and being able to set the parameters for like, "Listen, this is about having a different type of discussion," and being open to that. What I have discovered is that oftentimes when we enter these spaces, people come in with a certain preconception of how it's going to unfold because there really aren't a lot of models for these types of discourse.

I think certain people get it. Certain people understand, and I think people on the Left and on the Right. There are people who hold certain views, I don't think it's a Left or a Right thing, who really want to understand what the other sides are thinking, and they're willing to entertain what other people are thinking and maybe not agree but say, "I respectfully disagree. I understand what you're saying, why you're saying it."

So how do we go about doing this? I think, one, it has to be modeled. I think we're making an assumption that people necessarily know how to do it. Especially now, when amplification and voices and likes are polarized, it's not really a good thing to elevate yourself as someone who loves the messy middle. I love the messy middle. I think that's where we have such really interesting discourse.

What I learned, at least from the people who have responded to me, many of them, majority of them were essentially like, "I'm so glad you're inviting us into the messy middle." It would be great if there were just opportunities that people have with their family and their friends and say, "Listen, let's do this. Let's talk about this," because I have learned that there are families where there's anger or just polite discord because some people are vaccinated and some people are unvaccinated. And they live together. There are actually multigenerational homes, which I've learned. I think if we, first of all, give permission to people to say, "Listen, this is okay, to have this discussion." We're just not having that. So one is giving permission to people.

Two, how can we model that, and how can social media, how can podcasts like Common Ground, an organization like Common Ground serve in supporting this type of discourse? But also, how do you get people who perhaps are not thinking this way to actually enter this space? But I love it when people are trying to make a gesture, the idea of struggle. We don't have the answer. I'm struggling to try to understand this because we have to do that. So, one is, I think, local level, families, the kitchen table, local community organizations; two, actually modeling that whenever possible. And that can happen at a local level or a larger level.

Three, I think social media has to find a way, and part of it is going to be in the algorithms, what it feeds us because it feeds us the things that we want to hear. But I think there has to be a different way in which we create a different arena where perhaps it feeds different things around the same topic that will allow us to see different perspectives. But the spirit has to be one of openness, and you truly, truly, truly want to know what people are thinking and what they're saying, and you're not just trying to do a bait and switch, which is, "Come here, and I'm going to hit you over the head with numbers and data, and I'm not really trying to understand why, why you're not getting vaccinated."

ASHLEY: Jay Baruch, thank you so much for joining us on Let's Find Common Ground today.

JAY: Oh, this was an absolute thrill, and I thank you very, very much for having me.

RICHARD: It's good to have the doctor in the house.

ASHLEY: Exactly.

JAY: Thank you, Richard. Thank you, Ashley.

RICHARD: Jay Baruch. On our website, we'll link you to the article he wrote for STAT that led to this interview. You'll find it commongroundcommittee.org/podcasts.

ASHLEY: Let's Find Common Ground is a production of Common Ground Committee. Our team includes Erik Olsen, Bruce Bond, Donna Vislocky, Mary Anglade, and Isabella Moore. Our producer is Miranda Shafer. I'm Ashley Milne-Tyte.

RICHARD: And I'm Richard Davies. Thanks for listening.

ANNOUNCER: This podcast is part of The Democracy Group.