

# White Coat Radicals

## The First to Mandate Vaccines: A Hospital System's Story

PODCAST 16



**00:13**

**Dr. Jane Caldwell:**

Welcome to *On Medical Grounds*. Our guest for this episode of White Coat Radicals is Dr. Marc Boom, here to talk with us about vaccine mandates, politicized medicine, and the radicalization of medical professionals during the COVID pandemic.

Dr. Boom is president and CEO of Houston Methodist, part of the largest medical center in the world. He achieved attention in the media in 2021 when Houston Methodist became the first hospital system in the country to mandate the COVID-19 vaccine for employees and physicians. This put him at odds with Texas governor Greg Abbott's executive order banning COVID-19 mandates in that state.

Hello, Dr. Boom, and welcome to *On Medical Grounds*.

**Dr. Marc Boom:**

It's good to be here.

**01:00**

**Dr. Jane Caldwell:** Let's discuss the reasons you supported the vaccine mandate.

**Dr. Marc Boom:**

Well, Houston Methodist, we were the first hospital system anywhere to mandate the vaccine for our employees, for our physicians. We did so because ultimately, we have a sacred obligation to keep our patients safe.

It was very consistent with who we are as an institution, our values, our faith basis, our focus on science and medicine and the evidence, and ultimately putting patients at the center of everything we do and protecting those patients. And we knew that these vaccines are safe. We knew they were widely available at the point where we made that decision, and we knew that they could keep our employees safe and thereby keep our patients safe.

And so I'm very proud of the fact that we made that decision. We didn't make it in a vacuum and we did not make this, you know, lightheartedly. We actually were very, very purposeful. I can trace back to June of 2020, so three months into the pandemic, where we were talking about the science and talking about the work that was being done on vaccines.

And we literally showed our chief academic officer, literally showed a slide of here's what needs to be accomplished and needs to be understood before we get vaccines widely available utilized for this, et cetera, et cetera. And as early as September of 2020, we were telling our employees that look, when we know they're safe, first and foremost, when we know they're widely available, meaning we wouldn't be taking, you know, vaccine from somebody really highly vulnerable to give to an employee who maybe wasn't frontline. And when we've then, you know, sorted out some of the other logistics, we will mandate, and we will do that very consistent with what we've done for 12, 13 years with a flu shot for the very same reasons, which it's all about keeping our patients safe. And so we continually laid that groundwork and that ultimately culminated on March 31st, over a year ago now, or about a year ago now, March 31st, 2020, us being the first institution to announce a vaccine mandate. And that went into effect on June 7th. And you know, here we are, obviously, you know, nine, 10 months later.

**03:21**

**Dr. Jane Caldwell:**

Well, thank you for that timeline. It seems that 99.6% of all the employees were vaccinated under this program. That means that practically all of the system's 26,000 employees got vaccinated, but 153 of them either resigned during a two-week suspension period or were terminated on June 22nd, 2021, for lack of compliance.

What were some of the reasons given for refusing the vaccination?

**Dr. Marc Boom:**

You know, it's unfortunate that we lost any employees. Obviously, I would have liked to not lose a single employee, but to put that in perspective, that was a very, very, very small fraction of, you know, 26,000 people who stepped up and did the right thing.

When we issued the mandate on March 31st and announced it, we were already at 85% compliance. We were probably 30% ahead of your average hospital in the country, let alone Texas, at that point, because of that six months plus of purposeful laying the groundwork and all the things we'd done, including a bonus program that was not explicitly for the vaccine but was linked to it. So getting the vaccine was one of the things that was required to receive that bonus. So, you know, we knew that it would be very possible to get a very high percentage of our individuals vaccinated, but, unfortunately, not everybody. You know, I think you take 26,000 people, you're looking at a microcosm. I mean, I often have this conversation with my wife. You know, 26,000 people, if I just go with first degree relatives, so spouses, you know, parents, siblings, children, I mean, that is the equivalent of not just a small city, but a decent-sized city of people. And so you will see people from every walk of life, with every, you know, belief system, with every definition of diversity. You will see things happen within that group that are wonderful things. You'll have things happen that are sad things. When you talk about, you know, a town of a hundred thousand people, if you have all the first degree, and so, you know, the fact that there would be some small percentage that felt strongly enough they might want to leave or take a job somewhere else, you know, it wasn't shocking although it was very disappointing. And I think it's emblematic of the dialogue happening in the community. You know, we heard from those employees, a whole host of things now, you know, the vast, vast majority of our employees. As I said 85% had already gotten vaccinated when we announced it, the vast majority of the rest of the 15% just stepped up and said, "Okay, now that it's mandated, I might've had some doubts.

I might've been waiting to hear a little bit more about the science. I've been listening to some people out there who say I shouldn't do it, but I'm going to step up. I understand my responsibility. I understand the science; I trust the institution." And then there were a small group of people who, unfortunately, you know, I think fell prey to much of the misinformation that is out there.

And there is a lot of misinformation and there's a lot of very cynically targeted misinformation, particularly around vaccines, but we've seen it in other aspects of this. And so that last group of people, for the most part, we're not, you know, the people who sat there and said, "Hey, I just have some doubts or I'm reading a lot of things. I'd really like some reassurance here." We were able to work with those people and have town halls and go through the science and have our clinical scientific team help them through that. Most of the people who kind of were left at the end, kind of dug in and said, "Listen, I don't care what you tell me. I don't care what you claim the science says, I don't believe it. I'm going to listen to some of these other voices out there." And, you know, at the end of the day, it's a free country. We respect that. That was their choice. We always said we weren't forcing anybody to be vaccinated. We were just making it a requirement of employment and doing that in order to protect our patients and to fulfill that sacred obligation, to protect our patients.

And so we were very disappointed to see them leave, but at the end of the day, most of those people probably culturally fit somewhere else better than with our culture of putting the patient first.

**07:30**

**Dr. Jane Caldwell:**

So you had town halls. Tell me how the town halls were conducted.

**Dr. Marc Boom:**

Well, we ended up, I mean, we had a whole series of events. So, you know, we armed our managers and directors with information because oftentimes they were sitting with their group of employees and walking them through this. You know, the beauty of virtual now is you have a virtual town hall. And so we would put together virtual town halls and we would have, you know, various experts speaking to either our management group or employee group, who could talk to them about the science behind this, who could talk to them about the legality and the ethics and, you know, the reasons behind it and things like that. You know, when we sat down in mid-March discussing when the right timing would be, we said, okay, you know, as I said, we have to have safe vaccine, we have to have widely available vaccine that we're not taking from someone else. And Texas was opening up at that point to where almost anybody at the end of March could get a vaccine. You know, we were already starting to see a little bit of a slowdown in uptake, so we knew we weren't taking away from anybody.

We knew they were incredibly safe and incredibly effective. And so then it was really a question of, okay, let's, let's make sure we've crossed all our Ts. So, you know, the first question after knowing it's safe, it's effective, you know, can we do this ethically? And so we looked at the ethical issues. Actually, one of our faculty members said that she actually just gave a talk the other day at, at Harvard, you know, asking her to talk about this and where they applauded us for being the first in the country to do this. And we looked at ethical principles around this and firmly concluded that ethically it was the right thing to do to put our patients first. We looked at the legality and so our legal team working with some external legal help looked at this very early on, long before we mandated to say, look, this is not going to be an issue. It's very clear guidance from the EEOC and others, uh, regarding this issue.

And then we looked at logistics, right? We knew we had to get everybody vaccinated. You can't do this at a point where so few are vaccinated that you're never going to get over the hump, and you're going to have too many people not do it. We knew we had, we might have to hire some people if we had some people leave.

We actually, to be honest, thought we would have a higher number leave than we ultimately did. So we were prepared to do that. We had the logistics of how do you do this? All the, you know, the medical and religious exemption process and all those kinds of things. And once we did all that we knew we could move forward and that's what we did.

**09:46**

**Dr. Jane Caldwell:**

You mentioned legal ramifications. I understand a lawsuit was filed by a nurse who was joined by over 100 other employees. Can you describe the suit and where it now stands?

**Dr. Marc Boom:**

Sure. Yeah. It's you know, now you get the benefit to look at this in hindsight, and boy, I think at the end of the day, the individuals who filed that actually did the world and our country a big favor because we got clarity legally, relatively quickly.

We were convinced with our legal analysis that this was 100% within our legal rights, both as an employer, and most importantly as a health system where, you know, we're not just any employer, we're an employer that takes care of the incredibly vulnerable. By definition, almost anybody who's admitted to one of our hospitals is medically vulnerable, right? And so to protect them is our sacred obligation; obviously, not everybody agreed and a small number of the people, you know, really kind of, I guess, coordinated with a very small group of the individuals who were upset about this and decided to file suit. That as I said, ended up being a very important case.

The judge, in this case, Lynn Hughes, you know, basically ruled in our favor very rapidly with the motion to dismiss. And if you read his commentary and his decision, I mean, it's scathing because, honestly, if you look at what they filed, it was so rife with onerous and kind of hideous misinformation, it was sort of a, you know, a compendium of all of the misinformation and very offensive language that was utilized that you oftentimes saw across the internet. And so Judge Hughes, ultimately, as I said, pretty scathingly chided the people who did this and found in our favor that will wind its way through various appeals. But of course, it's like nine months later and that's still sort of slowly winding its way through and I have absolute a hundred percent confidence, you know, that we'll continue to be upheld because again, legally, ethically, morally, this was the right thing to do for a healthcare institution to protect these vulnerable patients.

**12:03**

**Dr. Jane Caldwell:**

I see, were any of the employees considered exempt from vaccination due to an underlying medical or religious issue?

**Dr. Marc Boom:**

Yeah, there are very legitimate medical issues and a small number of legitimate religious exemptions. And so, we very much in compliance with EEOC, same things we'd done with the flu vaccine in the past, had a

process, a very impartial process that we have a multidisciplinary committee that included clinicians, legal, ethics, and others, to really take, HR, of course, to really take a look at people who filed for an exemption. We did grant a several hundred exemptions to employees, and they would be found in compliance.

They may, they might have to have enhanced mask-wearing requirements or other things. You know, there are, uh, absolute contraindications to these vaccines. Somebody who's had anaphylactic reaction to a similar injectable was an absolute contraindication. You can't give the vaccine to an individual like that, for example, and so those were granted very appropriately following those processes along the way.

**13:08**

**Dr. Jane Caldwell:**

Houston Methodist has been described as one of the top hospitals, not only in the U.S. but as a leading institution in healthcare worldwide. I know you must employ dedicated, highly trained, and educated medical professionals. Why do you think we now see a disconnect in the minds of some professionals between science and compliance?

**Dr. Marc Boom:**

Yeah, that's a wonderful question. And I will say if, you know, if there's one major disappointment for me during this pandemic, it's been the degree to which medical professionals, including my own profession as a physician, some individuals have kind of fallen prey to some of the misinformation, some of the politicization of the process, people who have, you know, instead of following the data where the data goes, which is what we've always pledged to do. Which sometimes means you follow it, and today it goes one way, and two months later, it may say something else as more data emerges, people who have, you know, decided they had a particular viewpoint and then sought out data, sought out social media, sought out the press, sought out, you know, people who thought similarly and kind of created this kind of echo chamber in fact.

You know, unfortunately, we saw this, you know, in physicians, we saw this in nurses, we saw this nationally in respiratory therapists, et cetera, where, you know, a very small, it's a small percentage, but it's not, it's not a meaningless percentage, who've really embraced some ideologies and some thoughts that really are very far out of the mainstream of science and really don't follow the data.

Now, let me be clear, you know, in science and medicine, I talk about following the data where the data leads. Part of the scientific process is competing hypotheses. And physicians and scientists too, you know, may test a hypothesis. I can go back to April of 2020, and we have, I mean, I remember this slide vividly, I've shown it a gazillion times, and it was the viral replication slide, like I've got, you know, essentially a graphic or cartoon of the replication of the virus and all the potential places you could have that all the drugs that had some theoretical reason to work for that, including a couple of very politicized drugs later, hydroxychloroquine, and later ivermectin. And they had some theoretical reason they might work. And so, you know, very appropriate that people debated that discussion, that put together the trials, you know, et cetera, et cetera, where things went off the track is where when the data clearly didn't point in a direction, where we ended up with sort of a political nature to those issues, and it sort of became a well, if I feel this way politically, then I must espouse, you know, ivermectin or hydroxychloroquine, or if I feel this way politically, I can't espouse those when the right question and the right answer was ultimately to say, we need to study them. We need good trials and then we'll follow the data where the data leads. Now in both

of those cases, very well-done studies over time, basically, showed they don't work and they don't work in the ways that people hoped they would work.

And that people, you know, espoused as sort of almost religion at some point in time there, really is one of the disappointments to me at this point.

**16:22**

**Dr. Jane Caldwell:**

Do you think they will be consequences for healthcare providers who spread misinformation or prescribe unproven treatments?

**Dr. Marc Boom:**

I sure hope so. You know, there's obviously a gradation there. I want to be really clear, scientific method says there'll be competing hypotheses. Scientific methods says we will follow data where data leads. The scientific method says there will be trials. Physicians are able to prescribe things off label, but where people knowingly, willingly, promoted false information and touted false information and drove false information, and practiced using false information, there need to be consequences. We as a profession need to police ourselves and that should be physicians policing physicians. It should be medical boards making some of those decisions and we have to hold people accountable where they have, you know, sort of viciously maliciously spread misinformation.

**17:25**

**Dr. Jane Caldwell:**

So how do you, as a highly visible medical professional, battle misinformation and quack medicine on a daily basis?

**Dr. Marc Boom:**

You know, again, I've kind of alluded to this and mentioned this, you know, one of the great disappointments of this pandemic, no question, has been the misinformation. And we societally have to ask ourselves a lot of questions about why that is.

We as a medical profession have to ask ourselves a lot of tough questions about why that is. You know, when we first put together some sort of guiding principles of how we would function and act during COVID, we had eight, well, ultimately, you know, over a couple of months developed eight guiding principles.

One of those guiding principles was, you know, "Remain apolitical and data-driven." Another of those guiding principles was, "Take a stand when it matters." There are many others as well, but those two really drove a lot of our decision-making along the way in that "follow the data" piece of that be data-driven and apolitical.

We're not going to take a political view. We're going to follow the data. Most often, the data is somewhere between both ends of the political spectrum, sometimes not; sometimes it goes to another end. And sometimes when we pushed what we saw as the science if it was inconvenient to one side or the other politically, they might think we're being political, but we really aren't, in our definition of that, we're focused on the science, focused on the data of where things go.

Unfortunately, we live in a world where, you know, it's very easy to spread misinformation. There's a lot of reasons potentially to spread misinformation and unfortunately, sometimes, you know, small numbers of people who were very vocal with misinformation could easily get picked up by others, unknowingly, unwittingly, confusingly, and unfortunately, put a lot into the mix. So vaccines, you know, would be a prime example of that, where we've dealt with vaccine misinformation, you know, especially over the last 25 years or so in our society. And, you know, the COVID vaccines ended up being the golden opportunity for the anti-vaccine groups to, you know, sow more misinformation, more mistrust, in vaccines when actually they are one of the greatest scientific advancements ever, and, you know, responsible along with potable water, antibiotics, and antimicrobials, as saving more lives and changing life expectancy more in the last century than we've ever seen in any century of humankind before. And yet here we are now with people, in a very organized fashion, spreading misinformation about that.

And that's ultimately really, really sad, but unfortunately, the way the internet is structured, the way our press is structured, you know, a little bit of human nature and a few other things in there, we've gotten ourselves into that unfortunate position.

**Dr. Jane Caldwell:**

Dr. Boom, we appreciate your efforts to educate others and make sense of a troubling issue.

Thank you so much for taking time from your busy schedule to speak with us.

**Dr. Marc Boom:**

It's my pleasure.

**Dr. Jane Caldwell:**

And thank you for listening to the *On Medical Grounds* podcast. We know your time is valuable. The resources that were referred to in this podcast can be found at [onmedicalgrounds.com](http://onmedicalgrounds.com). Please be sure to click the subscribe button to be alerted when we post new content. If you enjoyed this podcast, please rate and review it and share it with your friends and colleagues.