

White Coat Radicals

How One Nurse Called the Shots



PODCAST 18

00:13

Dr. Jane Caldwell:

Welcome to *On Medical Grounds*. Our guest for this episode of White Coat Radicals is Melody Butler, here to talk with us about the vaccination advocacy community.

Ms. Butler is the founding executive director and president of the Nurses Who Vaccinate organization. A registered nurse and infection preventionist, she is currently serving as a member of the National Vaccine Advisory Committee. Hello, Ms. Butler and welcome to *On Medical Grounds*.

Melody Butler:

Thank you for having me here today.

00:44

Dr. Jane Caldwell:

In 2011, you founded Nurses Who Vaccinate. What made you decide to form a nurse driven organization to promote vaccinations?

Melody Butler:

Well, that's a great question. So back in 2011, that's where we actually became an organization, but I want to rewind it a little bit and kind of give the setting as to why this came about. So during the 2009/2010 H1N1 flu outbreak, I was working as a registered nurse on the pediatric floor, and I was currently pregnant with one of my children.

During this point, New York State, where I work, had made it a mandatory law that all healthcare workers needed to receive the required H1N1 influenza vaccine. And it was either you get the vaccine or you would be fired and terminated. So as a pregnant mother, I thought I was doing my due diligence and doing some research about this brand new vaccine. And some of the information that I was coming across was actually quite alarming. Some websites were explaining that those who had participated in the clinical trials were experiencing adverse reactions; that there was a military base that had been involved and everyone who had gotten the vaccine on this military base was very sick and in the hospital and they were keeping it hush, hush, and long story short, everything I read scared me away from getting vaccinated. So I made the decision at the time to not receive it. And I was willing to face the brunt of being terminated. I thankfully had a clinical nurse educator who was very patient and very straightforward and great at explaining science who found out that I was afraid and going to refuse the vaccine.

So she asks me, and this is a conversation that took place over a couple of shifts, right? So it's not like this is a one one-time deal conversation. So over the course of the conversations, she had asked me for the

websites I was basing my decision on. So I brought up the websites, we discussed them and she was able to show me, how even though these websites were portraying themselves to be health websites run by medical experts, when we really dug deep, we found out that these websites did not have the credentials that they claimed to have. They were being promoted or ran by nutritionists, chiropractors. They were being run as if they were run by a doctor, they were a doctor who specialized in nephrology, right? None of them were all just infectious disease doctors, vaccines specialists or even pediatricians. So once she gave me a clear picture as to why these websites were promoting false information and how we really couldn't take what they were saying. And when we dug down into their sources, it was, there was nowhere to be able, you know, it was debunkable.

She then led me to what the CDC was saying, and the current research and the evidence that showed that as a pregnant mother, I was most at risk for complications for H1N1. If I continued to refuse the vaccine, I'm putting myself and my child at risk, possibly even, you know, at risk for a possible miscarriage ending up in the hospital or even death.

So after this, you know, conversation, this discourse of workup of a couple of shifts, I finally felt comfortable to get the vaccine.

04:24

Dr. Jane Caldwell:

That's a really interesting personal history. So you have a dog in this fight, as we say.

Melody Butler:

Yes. Yes. So once I received the vaccine, I was very grateful I did. I don't know if you remember this, but New York state ended up recalling the mandate because they ran out of enough vaccines.

So here we were at the point where now people who were refusing the vaccines now found themselves, they couldn't get it. I had a friend who was pregnant with me. Sometimes when you're pregnant, you find similar pregnancy buddies. Right? And you collab, you know, you guys talk with each other and you know, you kind of keep each other up to date with, how are you feeling? How's everything going with you? She lived in upstate New York. And in her region, it was actually very difficult to find the H1N1 vaccine. By the time she was able to receive it, it actually was too late. She had already caught it. Actually, on her appointment date for the vaccine. She ended up being in the hospital and she was pregnant with twins at this point. Unfortunately, due to the virus, she ended up losing one of her twins and she suffered a miscarriage and to see my friend go through this horrific loss and then know that I could have willingly put myself in such a dangerous situation, because I was basing my decision on the misinformation was something that always stuck with me and I've never lost.

So, you know, I carry that with me. I don't want to say guilt, but just that feeling like, oh my God, you know, they could have been me.

05:53

Dr. Jane Caldwell:

Sure, sure. Well, that's a heartbreaking story.

Melody Butler:

Yeah. And it's, and it's so eye-opening. Here I was, a college educated nurse, a professional, a healthcare professional who had been swindled and scammed by these anti-vaccine websites and organizations.

So then fast forward a couple of months later, I am on Facebook and I came across a Facebook group on a page that was called Nurses Who Don't Vaccinate or Nurses Against Vaccines. I think it was Nurses Who Don't Vaccinate, it's something of that nature. And they were sharing the same type of misinformation that I had previously seen with the flu season, outdated websites, purposely misconstruing facts, you know, cherry picking data and statistics. And I thought I was doing the right thing, just like my very compassionate and compelling nurse educator, clinical educator had done to me when she reached out to me to help guide me. I thought I would extend the favor and reach out to these fellow nursing colleagues.

And I wrote to them explaining, hey, just wanted to let you know what you're sharing is misinformation. It's outdated. Here's what the science really says. You know, I think it's our due diligence as healthcare professionals, professionals to make sure we share accurate and up-to-date information. And their response was my first encounter with how vile and entrapped some of these anti-vaccine individuals could be, and it was not met with much reception actually. I got a lot of hate mail and threats and from there it kind of snowballed. And instead of running away and being afraid, I saw this as an opportunity to counter all this misinformation. So I, at that moment, created Nurses Who Vaccinate. We started as a very simple Facebook page and from there, we turned into a group and now we are a membership organization.

We have thousands of members, members from all over the world. We range in the nursing spectrum from pediatrics to geriatrics, to wound care, and home care and nursing home. You know, you name it. We have a nurse who works in that field as part of our organization.

08:15

Dr. Jane Caldwell:

So you're saying you cover not just vaccinations, but medicine in general, depending on the interest of the nurses involved.

Melody Butler:

Well, our primary focus is vaccines, but what you come to realize is as a nurse, no matter what your role is in nursing profession, there's always an opportunity to advocate for vaccines. So every type of nurse has a platform. No matter what, you don't just have to be a pediatric or school nurse to care about pediatric vaccinations.

You know, when you're working with the older adults, the elderly population, they have grandchildren. So it's important to advocate for your patients to make sure that their grandchildren are up-to-date on their vaccines. For example, there's so many different types of opportunities for nursing, for vaccine advocacy within the different fields of nursing.

08:59

Dr. Jane Caldwell:

I see. So how does Nurses Who Vaccinate fight COVID-19 misinformation and quack medicine?

Melody Butler:

That's a great question. What we learned is, one, to be ahead of the game and be proactive. We want to make sure we're putting out the latest and greatest research that's happening, being transparent about the clinical trials and the process that's involved with the vaccine studies and the vaccine science and making sure that we are available for questions and concerns. So what we have found is we'll put the information out there, but what really works best is one-on-one education with the patients and their families. And that can be hard. So there's many different avenues we in the organization can take. So we help to position nurses to become champions for vaccines in their workplace, in their community and on social media. And it's so important that we are on these forefronts because that's where our patients and our community members are, and that's where everyone's looking for information. So if we're not there, you're going to have this gap that's being filled by individuals promoting misinformation. And it's so important that we, as nurses, are making ourselves available to be there, to stop misinformation and provide the evidence-based research.

10:19**Dr. Jane Caldwell:**

So you mentioned the workplace. What advice do you have for a fellow nurse who might find themselves in a situation with a colleague who is spreading misinformation?

Melody Butler:

So there's a lot of different techniques you can take. If the colleague is talking among themselves among other colleagues about myths and rumors, you can ask, you can interject and you can correct them right there on the spot. But of course, when people are being challenged with their views and whatnot, they're going to be defensive.

So that's not going to be always the most conducive environment. So what you're going to have to do is you're going to have to maybe try to talk to that nurse one-on-one, you know, because when you're talking in front of a group, that person's going to be in a defensive position. So it's so important that you're, you're not putting them in that position where they feel like they can't learn.

Like my clinical nurse educator, she approached me individually. It wasn't in front of the whole group. It wasn't in front of the team. She came to me and she came to me out of a place of concern. She was worried about me and she was worried about the baby. You know, that's something that always stuck with me and that's something that we need to make sure we share with our colleagues when we're approaching them. It's not that we're trying to reprimand them. Because we feel we're there we're right and they're wrong. It's because we care about them. Right? We don't want them to go home sick or bring home that disease to their family, or, you know, potentially put their family and patients at risk. So that's needs to be on the forefront; the fact that we're trying to share with them the proper information, because we care about them. And then, you know, from there, then it leads to maybe a more in-depth conversation.

12:04**Dr. Jane Caldwell:**

So what if this person that's spreading misinformation is, say, your physician or someone that is over you. Is the approach different?

Melody Butler:

Are you asking, like, in terms of a supervisor?

Dr. Jane Caldwell:

What if your supervisor or your boss that is spreading misinformation?

Melody Butler:

You know what, you know, I really do feel, and this may be something that maybe not everyone feels in the nursing field. That granted, while you may have supervisors and managers on paper, we're all one big team. I've never felt like anyone was really ever above me. Someone may have more experience. I may go to them as a mentor, but I never have been in a situation where I feel like I couldn't approach that person and give them, you know, maybe provide some information that I felt they needed to have.

Maybe that's something I've developed during my nursing career to be the outspoken, say something, if something's wrong kind of person. And that's maybe an attitude we can maybe help generate among the nursing profession to not be afraid to approach and coach, right. That's a nice term to use.

You're helping someone regardless of who they are, like, for example, I work as an infection preventionist as my full-time job. I run Nurses Who Vaccinate in my quote-unquote spare time as much spare time as a mother of four can have. Right? So during my role, as an infection preventionist, I have to go up to anyone and everyone in the house, who may or may not be complying with infection prevention policies. So that may be approaching a head surgeon who maybe did not wash their hands for a full 20 seconds after coming out of a room patient's room who has *C. diff*, right? I can't be afraid because if I don't, if I don't stop that line of potential transmission, I'm putting not only that physician at risk, but all the other patients they're going to see for that day at risk. Right? So I need to feel, with myself and in my knowledge base to go up to that physician and say, "Hi, my name is Melody Butler. I'm an infection preventionist and I observed  you did not wash your hands for the full required 20 seconds for the hand hygiene." And most of the time they're receptive.

Maybe they were distracted or they didn't realize what the correct technique was. And they go back, they rewash their hands and go about their day. And everything's good. So the same kind of technique needs to be used if we have a supervisor or a physician who's sharing misinformation. You go up to them, one-on-one, you need to feel comfortable with yourself and have an established base of expertise. So if someone's saying something that's questionable, but you're not entirely sure, you know, you can do your own research and, for example, reach out to Nurses Who Vaccinate, or other healthcare or immune vaccine advocacy organizations to equip yourself with the proper information and then reach out to that particular individual, and let them know that, you know, I thought about what you said that particular day, when you were saying such and such about vaccines. And I went ahead and I looked into it and I would like to let you know, as a colleague, that what you're saying is outdated, misinformed, incorrect, whatever the case may be. We cannot be afraid of anyone if they're sharing misinformation.

And that just, it really, it comes with experience and it comes to building confidence. And the best way to do that is to educate yourself and stay up-to-date on all the latest updates and stay up-to-date with the current information. And it's hard. It can be absolutely hard, especially if vaccines is not your specialty. Like maybe you're a maternal child nurse, and you need to stay up to date with new competencies for delivering babies for example. But it's also our due diligence to stay up to date on these preventative medicine techniques.

16:03

Dr. Jane Caldwell:

What were you hoping that I would ask you today?

Melody Butler:

So I was hoping that I would be asked ways that nurses can use all this great information and be better vaccine advocates in their communities, workplace in social media.

16:21

Dr. Jane Caldwell:

All right. How about a nonprofessional? How about a family or friend who is seeing a doctor who is an anti-vaxxer or is dealing in misinformation? How would you talk to them and educate them to make them safe?

Melody Butler:

That's a good question. So, everyone has their specialty, right? Perhaps that patient, that family member is seeing a cardiologist or a plastic surgeon, and maybe that individual is really good at what they do. Maybe they're a fantastic cardiologist. Maybe they're at the top of their game at surgery, but unless they're an immunologist or a vaccine specialist, they may not be up to date on vaccine research and that's okay. They don't, it may not be on them to correct them because that family member may not feel comfortable with that.

But as long as they know where to go for the right information, it's going to make all the difference. So it's important that your family members, your friends, your community members, they know that you can be that source of information. If they hear something questionable from whoever it is, maybe it's their chiropractor, maybe it's their massage therapist, maybe it's a doctor who specializes in something outside the realm of vaccines, but if they hear something, they know that they can come to you to either help better explain the situation or they know that you can help them do the research to find out what the answers are to their questions.

Dr. Jane Caldwell:

Ms. Butler, we appreciate your efforts to advocate for vaccinations and educate others. We will have a link to your website available on our podcast site. Thank you so much for taking time from your busy schedule to speak with us.

Melody Butler:

Thank you.

Dr. Jane Caldwell:

And thank you for listening to *On Medical Grounds*. We know your time is valuable. The resources that were referred to in this podcast can be found at 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 it and review it and share it with your friends and colleagues. This podcast is protected by copyright and may be freely used without modification for educational purposes. To find more information or to inquire about commercial use, please visit our website OnMedicalGrounds.com.