**Editorials by Chris Gentilviso**

[**Feb. 13, 2021**](https://richmond.com/opinion/editorial/editorial-setting-better-vaccine-expectations-requires-full-transparency/article_0bac938b-82ce-507d-8bf7-8a14f0692ccf.html)

**Editorial: Setting better vaccine expectations requires full transparency**

Two weeks into February, Virginia’s COVID-19 vaccination process has been nothing short of remarkable.

On the bright side, it’s remarkable to see [**more than 1.2 million doses**](https://www.beckershospitalreview.com/public-health/states-ranked-by-percentage-of-covid-19-vaccines-administered.html) administered in less than two months. It’s a testament to the extraordinary work of the medical community: the researchers and scientists who paved the way for a solution, and the health care providers who are working to deliver it.

Yet, criticism is everywhere. For too many Virginians, it’s remarkable that getting a lifesaving shot feels more like a lottery ticket than a doctor’s appointment.

State leaders know this is a high-stakes affair. But the problem has not been the science. The issue is the erratic, unreliable messaging that raises hope beyond the realm of current possibilities. To set better vaccine expectations going forward, the commonwealth needs to be fully transparent.

On Jan. 6, Gov. Ralph Northam announced several steps to [**“accelerate COVID-19 vaccination efforts”**](https://www.governor.virginia.gov/newsroom/all-releases/2021/january/headline-891080-en.html) amid a slow rollout. He walked through the pyramid of priority groups 1a, 1b and 1c, and the math was challenging from the start: 17 million shots, two doses for all 8.5 million Virginians.

Nonetheless, “Virginia’s vaccine delivery plan is transparent,” said a corresponding release [**posted on the Prince William Health District webpage**](https://www.vdh.virginia.gov/prince-william/virginia-governor-releases-covid-19-vaccine-plan-now-know-phases-1b-1c/). “The public will know details about the commonwealth’s vaccine supply and dosage delivery. There is a clear prioritization for the vaccine schedule, with those most at risk receiving the vaccine first.”

The trouble, at times, was that commonwealth leaders didn’t even know the details themselves. At that point, implement rule No. 1 of good service: If you don’t know the answer, don’t guess and don’t lie. Admit you don’t know, and commit to improve the situation within the realm of what is possible.

In the urgency of this pandemic, state leaders had to forge ahead with vaccinations, and we supported Northam’s push to use every step necessary to get shots in arms. That’s why Virginia ended Friday ranked No. 9 in state vaccination rates, not No. 50.

What we don’t support is the fraying of the prioritization schedule and the lack of responsibility for setting expectations that have not been met. It’s unfair to criticize state leaders for the speed of the vaccination process when the number of doses fell short of their expectations. But it’s perfectly fair to single out communication issues that put vulnerable communities through anxiety for weeks on end.

As [**dozens of CVS pharmacies across Virginia**](https://richmond.com/news/state-and-regional/govt-and-politics/not-an-ideal-rollout---cvs-brings-more-vaccine-to-va-amid-confusion-concerns/article_813c94ac-eefe-59a9-b352-1e9cabde60ee.html) began administering thousands of doses this past Friday, it was another week of jubilation (or frustration) depending on your luck. If you got your shot, you were thrilled and, in many cases, you had a seamless experience.

But if you’re on a local health district waitlist, or unable to confirm if you’re on one, all while spending hours in a CVS virtual waiting room (only to find no appointment is available), you’re struggling to see a transparent delivery plan. You’re seeing a prioritization pyramid that is haywire, not clear.

On Thursday, an email sent by a local health district to one RTD reader only compounded that cluttered, helpless feeling. The message thanked the person for preregistering and for being patient. But after weeks on the waitlist, there were two important admissions by the health district, highlighted below in italics.

“Since your information has been successfully collected, you may have already received a call from VDH to schedule your COVID-19 vaccination appointment(s). If not, do not be alarmed — it may still take weeks or even months for VDH to be in contact about scheduling your appointment(s), depending on both the availability of the vaccine and your phase eligibility (which is based on your submitted information).”

Is that messaging indicative of speed and/or efficiency? Further down in the email, the news was more distressing. As CVS and Walgreens prepared to deliver shots this past week, Virginians on local health district waitlists wondered how they could (or better yet, should) receive priority over new patients seeking a shot.

“Please note that your VDH waitlist information does not transfer to the Federal Retail Pharmacy Program; to schedule an appointment at a CVS or Walgreens location, follow the directions available on the [**CVS COVID-19 Vaccine page**](http://r20.rs6.net/tn.jsp?f=001KEVU_UGh459VCBQe6GFTCW7eEkYo95A17e-aSN_-whT7S2apWgJIlRqi63vJMssZY7OpwixEf66Hf-j0ClHuMwHDzgcVa1PGJ-80r2RHw4Qaw21guLQR39wsImXSKll4IFj7z0KSkKC9LAHp55AY_PTcxRvI-5mygfRs3WxfPgfm-D9aDgpSxw==&c=cxcQsiFk36ndG8-IfDbdLgWxKXVIKbt1DKeqaYpDLxR4Hz6mp8nv2A==&ch=y2RdJrj2JNbZvs0UD6X8lMDPy9iyjMj8tOd1-90lBsbjn8QG-5VKlA==) and the [**Walgreens COVID-19 Vaccine page**](http://r20.rs6.net/tn.jsp?f=001KEVU_UGh459VCBQe6GFTCW7eEkYo95A17e-aSN_-whT7S2apWgJIla-1jWRG5LlysF-XCugQhR0IOsq5WdhIM2mYgcDQTj9snhpNdPp1gycLd99n42Bnc3OypChYzrzAT6d0gUxq24NyIdBXX3bA-gPwfS2tb_yvqICyul_2B0xXZipzmhB1hxDk-vYYZi5Jv6y_pVv7V90=&c=cxcQsiFk36ndG8-IfDbdLgWxKXVIKbt1DKeqaYpDLxR4Hz6mp8nv2A==&ch=y2RdJrj2JNbZvs0UD6X8lMDPy9iyjMj8tOd1-90lBsbjn8QG-5VKlA==).”

This exactly is what we feared when local health districts set up stacks of interest forms. At the bottom of the email, Virginians also were urged to avoid vaccination scams. Warning signs include being asked to “pay out of pocket to get the vaccine” or “to put your name on a vaccine waiting list or receive early access.”

If officials took one step back, they would realize that asking people to put their name on a local health district waiting list, only to see others grab appointments at a nearby pharmacy, also feels like a scam. It’s now or never to clean up these miscues, practice transparent communication, establish capable infrastructure and get shots in arms without the lotterylike anxiety.

Solutions are in motion. We’re thankful that the General Assembly recently stepped up in nearly unanimous bipartisan fashion to pass House Bill 2333 and [**Senate Bill 1445**](https://lis.virginia.gov/cgi-bin/legp604.exe?ses=211&typ=bil&val=SB1445). [**This legislation expands**](https://www.nbc29.com/2021/02/02/bill-add-covid-vaccination-sites-expand-vaccinator-eligibility-require-race-reporting-advances-general-assembly/) who can administer the COVID-19 vaccine and where shots can be given. [**A larger pool of people and facilities**](https://heraldcourier.com/news/virginia-general-assembly-approves-expanding-covid-19-vaccinations/article_0b5fed60-6a5e-11eb-9fa6-c725aa8d8b4e.html) makes it more likely that Virginians can get this shot close to home, without such headaches.

And the Biden administration recently purchased [**200 million additional doses**](https://www.npr.org/2021/02/11/967194072/biden-announces-deal-for-200-million-more-covid-19-vaccines), giving hope that the supply will not fall short of the capacity to vaccinate and, most importantly, the interest in the community.

The time for excuses is over. With fuller transparency, the commonwealth can set better expectations in the months ahead, and the story can be the heroic work that ended this pandemic, not the missteps that kept it going.

**— Chris Gentilviso**

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[**March 25, 2021**](https://richmond.com/opinion/editorial/editorial-let-localities-lead-and-implement-solutions-when-and-where-they-can/article_2409b5ae-1985-51ec-8df3-aea195bf4faf.html)

**Editorial: Let localities lead and implement solutions — when and where they can**

With March nearing a close, Virginia has reached another milestone in the race to get COVID-19 shots in arms.

As of Thursday afternoon, the Virginia Department of Health (VDH) [**vaccine dashboard**](https://www.vdh.virginia.gov/coronavirus/covid-19-vaccine-summary/) showed roughly 1 in 4 people in the commonwealth (2.18 million) have received at least one vaccine dose. More than 260,000 of those people live in the city of Richmond, and the counties of Henrico, Chesterfield and Hanover.

But some of the stories behind where and how people are getting vaccinated continue to be beyond imagination. The state has to let localities lead and implement solutions — when and where they can.

Health care should be a local endeavor built on trusted relationships with community institutions. That notion came to life in January, when Henrico County Manager John Vithoulkas, Westwood Pharmacy and Richmond Raceway [**joined forces**](https://richmond.com/news/local/govt-and-politics/improvement-touted-at-mass-vaccination-clinics-at-richmond-raceway-in-henrico-but-more-supply-needed/article_9a38a310-6ff0-5267-bbc4-ea24f60c318b.html) to turn the NASCAR track into a mass vaccination site.

At the time, state officials were reeling from a [**slow vaccination rollout**](https://richmond.com/opinion/editorial/editorial-amid-a-game-of-catch-up-virginia-must-further-localize-its-vaccine-efforts/article_062c516f-ac97-5c70-a64a-d368950fe60c.html). There were severe supply shortages and fragmented local health district efforts to gather interest in vaccines. In two months, the raceway has emerged as a truly successful case study of how to get shots in arms in warlike fashion — 700 per hour.

“As we have been reminded many times over the past year, this pandemic requires coordination and cooperation of every segment of our community,” Vithoulkas said in a [**January county news release**](https://henrico.us/news/2021/01/covid-19-vaccinations-underway-for-regions-public-safety-public-schools-employees/). “Local governments have accomplished more by working regionally with the support and assistance of state and federal agencies.”

Recent events make us wonder: Could the state do more to accelerate that principle?

For some localities, state and federal aid — such as new [**Community Vaccination Centers (CVCs)**](https://www.vdh.virginia.gov/blog/2021/03/16/vdem-and-vdh-open-community-vaccination-centers-statewide/) in Danville, Petersburg, Portsmouth and Prince William County — might need to be the largest, steadiest hand steering the vaccines. But other localities appear hamstrung by the current system, especially ones living week to week with massive waitlists, greater capacity to deliver shots and yet supply levels that fall far short of what’s possible. We need less software and bureaucracy, and more local relationships that maximize efficiency.

Some parts of Virginia have suffered unacceptable supply-and-demand imbalances. The [**Northern Virginia Regional Commission**](https://www.novaregion.org/8/About-NVRC) — a council of 13 local governments in the Washington, D.C. suburbs — [**recently issued a letter**](https://twitter.com/JeffreyCMcKay/status/1373025364033802247) to Gov. Ralph Northam pleading for more doses to keep pace with swelling waitlists. As of March 19, more than 340,000 Virginians across the city of Alexandria, and the counties of Arlington, Fairfax, Prince William and Loudoun, were registered but still waiting.

Other parts of the commonwealth are seeing geographic mismatches. Henrico is [**paying for operations**](https://www.henricocitizen.com/articles/henrico-officials-to-state-give-us-the-shots-period/) at Richmond Raceway, but serving people from across the commonwealth. And some Virginians who live minutes away from a suitable location have had to travel unnecessarily long distances.

“We’ve got people that live next to the raceway that have been told ‘Go to Petersburg’ to get your vaccine,” Vithoulkas told RTD Opinions earlier this week.

“I was hearing from John Doe next to one pharmacy, which was within walking distance of his home,” Joe Casey, Chesterfield County administrator, added in a recent interview. “His appointment with a pharmacy was on the complete other side of Chesterfield and vice versa.”

Finally, there are areas where demand issues have disrupted the prioritization structure. Earlier this week, [**rumors floated across social media**](https://www.wric.com/health/coronavirus/lucky-walk-ins-are-no-more-at-community-vaccination-centers-in-virginia/) that the new Danville CVC had an oversupply of vaccines. To avoid expiring doses, the site reportedly began accepting walk-ins, with [**University of Virginia students**](https://www.cavalierdaily.com/article/2021/03/students-drive-hours-for-walk-in-vaccinations-officials-urge-waiting-for-appointments) among the beneficiaries.

The Blue Ridge Health District (BRHD), covering the city of Charlottesville, and Albemarle, Fluvanna, Greene, Louisa and Nelson counties, [**pleaded with Virginians**](https://twitter.com/HealthyBRHD/status/1374753531379511306) to follow the eligibility parameters.

“We ask everyone to respect VA’s guidelines for getting vaccinated,” BRHD tweeted on Wednesday. “The phases were created to ensure people at greatest risk of COVID-19 get a vaccine first.”

That same day, the VDH and the Virginia Department of Emergency Management issued a joint statement, urging people not to travel to CVCs “without an official appointment or invitation.”

“Fluctuating registration numbers in the initial stages of site operations have allowed for walk-ins in some isolated instances, but this is no longer the case,” [**the release said**](https://www.vdh.virginia.gov/news/vdem-and-vdh-urge-individuals-to-not-travel-to-community-vaccinations-centers-without-an-official-appointment-or-invitation/). “Each clinic in Virginia has a plan for how to administer any unused doses at the end of the day, so that eligible individuals are prioritized.”

Our questions are: Who is managing these plans and how well are they working?

Don’t make seniors drive 40 miles. Call Chesterfield County Fire & EMS and ask how its [**Mobile Integrated Healthcare team**](https://www.chesterfield.gov/CivicAlerts.aspx?AID=1948) is giving shots to people in the comfort of their homes.

Don’t make people drive past their local community institution. Delegate some of the logistics, especially to localities like Henrico that made sound moves early on to help the state’s broader cause.

Don’t fail to learn from any mistakes that contributed to what happened in Danville, and then led to moral conflicts over wasted shots versus the ethics of going out of turn.

Getting vaccinated is the right thing to do. Throwing out a dose is the wrong thing to do. Letting localities lead and implement solutions — when and where they can — will help make the process more efficient.

**— Chris Gentilviso**

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[**Aug. 28, 2021**](https://richmond.com/opinion/editorial/editorial-to-build-trust-and-get-more-shots-in-arms-we-have-to-reach-into/article_a4f0e874-ba98-5bbd-af5c-f11cf37085c3.html)

**Editorial: To build trust and get more shots in arms, we have to reach into the community**

PETERSBURG

On a sweltering Wednesday afternoon, U.S. Sen. Mark Warner, D-Va., walked into Tabernacle Baptist Church Community Life Center and wiped some sweat off of his brow.

The weather was only part of the perspiration. The latest COVID-19 storylines were a source of great worry: record-high deaths in Florida; no intensive care unit beds available in Alabama or Arkansas.

Warner was forthright about his frustration. He was equipped with two key forms of protection against COVID-19 — being fully vaccinated and wearing a mask indoors. He struggled to come to terms with images like one that happened minutes earlier down the street: A young Black man walked into a convenience store without a mask — and perhaps without a vaccine, too

“I don’t know how many more times we have to hear from people who said they didn’t get the vaccine and now they’re in the hospital and saying, ‘Oh my gosh, I wish I would have gotten it,’ ” Warner said.

In Petersburg, [**6 in 10 people**](https://www.progress-index.com/story/news/2021/08/25/gda-covid-19-vaccine-2021-08-25-va-npri-51730/118468350/) are at risk of having that regret — not fully vaccinated, despite free shots and plenty of federal resources. Katrina Saphrey, senior epidemiologist for the state’s Crater Health District, said cases in the city also keep rising, with a positivity rate of 10.5% as of Wednesday.

During a 90-minute roundtable, more than a dozen community leaders made clear why: To build trust and get more shots in arms, we have to reach into the community.

Del. Lashrecse Aird, D-Petersburg, recalled a conversation she had a day earlier with a young man about his hesitancy to roll up his sleeve. “Distrust of the vaccination,” she said. “Distrust of government and distrust of its ability to protect him.”

At that juncture, there are two roads a vaccinated friend or family member could take: Apply pressure or exude patience.

“We think, ‘What is going on? This is easy for you to do. You should get a shot.’ ” Aird said. “But we cannot be impatient. We have to be patient with the population of people who feel hesitancy right now.”

The data showing the vaccines’ efficacy is clear. Per Saphrey, as of Aug. 14, more than 4.7 million Virginians had received their shots. Of those people, 0.2% developed COVID-19, 0.009% were hospitalized and 0.0018% have died. But as the microphone made its way around the table, the individual attendees’ talking points quickly became trends.

Inconsistent messaging and conflicting information online were undermining their ability to persuade their neighbors. Political divides over masks and vaccine safety were difficult to overcome. Fears that the health care system will mistreat Black patients were pervasive. And even among young people and their families, agreement and progress have been hard to come by.

“Some of them do not want their child to get the vaccination,” said William Lawson, athletic director for Petersburg High School. “Some don’t even want them to get tested.”

Aird asked Lawson if he felt the need to push when people object. “We really have to go into their community for them to really understand and appreciate the message that we’re giving,” he responded.

The question is how, but the room was not without solutions. Anna Bradley, social action chair for Delta Sigma Theta sorority, pressed health officials and elected leaders to dig deeper.

“Are there specific neighborhoods?” Bradley asked. “Are there specific demographics here in Petersburg that we need to target?”

During recent 2020 census outreach, Bradley organized a car caravan in tandem with census workers and local police to go door to door for six hours. Why couldn’t that kind of grassroots effort be replicated?

And even when the outreach really is one-on-one, has the verbal and written communication been fully scrutinized? Bruce Brown, chair of the National Panhellenic Council of Petersburg, pointed to one of the fliers handed out at the gathering. One section read: “When will I be fully protected?”

“ ‘Fully protected’ is the wrong word,” Brown contended, moving to a separate segment of the literature that explained how no vaccine is 100% effective. “Now you have conflict,” he added.

Would the messaging be better if it said you’re protected to the fullest extent possible? How about more detail on how certain health conditions put some people at higher risk of illness than others?

As Warner listened, it’s worth highlighting the three questions the senator told the group he hoped to get clarity on: Who should be the right messenger? What should be the right message? Is there a different form of communication they should use?

But the answers are not that simple, and they vary from situation to situation, said the Rev. Evalina Huggins of AME Zion Church. While based in Maryland, Huggins works throughout the church’s Mid-Atlantic district and serves as project manager for a grant that dispatches people into Virginia communities to work on the vaccination issue. She said her team has been able to inoculate 50 to 60 people per day.

“You’re not going to do it with the Health Department,” Huggins said. “You’re not going to do it with a local church because there are ‘un-church’ people.” If we “reach into the community” — people we know — she said the vaccinated can secure unvaccinated neighbors’ “undivided attention” in everyday settings like the salon or the barbershop.

In March, federal, state and local officials had high hopes that a [**new mass vaccination center**](https://www.nbc12.com/2021/03/17/its-relief-thousands-line-up-covid-vaccine-vsu-clinic/) at Virginia State University in nearby Ettrick would reach scores of people and serve vulnerable populations. While the facility [**provided more than 92,000 doses**](https://www.wtvr.com/news/local-news/empty-vsu-mass-vaccination-center-closes), it lasted just under 75 days, WTVR reported.

What if officials had built networks of respected faith and community voices, or student leaders like [**VSU’s K’risha Chesterfield**](https://twitter.com/VSU_1882/status/1369046695309438976)? Chesterfield told the panel about distrust she encountered among her college peers, while also seeing vaccine approaches like email blasts and website updates fall flat.

As an inaugural fellow at VSU’s [**Hill Leadership Institute**](https://www.vsu.edu/tlp/becoming-a-leader.php), Chesterfield came to school two weeks early. She attended trainings on how the COVID vaccine works and how to get the message out.

“It starts first in your circle,” she said — connections through social groups, residence halls and more. That creates relatable support bases where students lean on familiar faces for more information or even a partner to walk to a clinic with.

If we fail to listen to and work with people feeling vaccine hesitancy, we run the risk of more grief. The Rev. Robert A. Diggs Sr., pastor of Tabernacle Baptist Church, welcomed Wednesday’s group with a heavy heart.

In recent weeks, Diggs suffered two losses: his sister and his administrative assistant of 20 years, Zilphia Harris. He shared the story of how Harris suffered a blood clot and tried to seek care at not one but two local emergency rooms. “She literally could not get seen,” he said. The crowd gasped.

“Nothing would be worse than if we were reconvening here in 30 days and all of the beds are gone in our local hospitals,” Warner stressed.

The time is now to empower local leaders on the front lines of vaccine hesitancy. To build trust and get more shots in arms, in Petersburg and elsewhere, we have to reach into the community.

**— Chris Gentilviso**