00:00:06:26 [Jen]: From the California Prevention Training Center in San Francisco, this is Speaking Frankly, the State of Sexual Health. We know good sexual health doesn't just happen, it's created. In this series, we're starting the conversations we should already be having. We'll speak with experts in the field about sex, stigma, and all of the other factors that shape our sexual health and our everyday lives. I'm Jennifer Rogers. Today, we're talking with our own Wanda Jackson national COVID-19 trainer and contact tracing expert for three decades. Wanda's career has been focused

00:00:41:17 on stopping the spread of sexually transmitted infections, but since the emergence of COVID-19, her expertise is being used to onboard thousands of new contact tracers from around the nation to slow the virus. As of December, 2020, California has trained nearly 9,000 individuals to take on their new role as a contact tracer under governor Gavin Newsom's California Connected program, thousands more have been trained throughout

00:01:07:25 the country. Today she talks to us about the ins and outs of contact tracing, tells us about the origins of the field, and suggests ways we can all care for ourselves a little bit more during this challenging time.

Just thank you so much for taking time to be here. [Wanda] You're welcome. I'm glad to be here. [Jen] I'd love to hear about how you got into this field. Up until COVID a lot of people had never really heard of what disease intervention is or contact tracing is. And I would love to hear what drew you to the

00:01:39:16 field and what keeps you here.

00:01:41:24 [Wanda]: I actually stumbled upon this position. I was going to school. I was attending Cal state LA. I was a student professional worker working at LA County. I was going to school for social work. I was working for an orthopedic doctor because at that time I really thought I wanted to go into sports medicine and I was going to be some kind of broadcaster or something. But every time I went to the bank, Jen, to cash my check, it said insufficient funds. This doctor couldn’t pay me. No. Right. So I had, um,

00:02:14:06 a relative that was working at the health department who told me about a position there as a student professional worker, but working in the disease intervention specialist unit. And so I was like, yes, I will take anything. So I took the position and while I was there, I said, wow, this is a lot like, you know, something I would be interested in social work, public

00:02:37:09 health, kind of, you know, the counseling part really hit me. So as I was there as a student, all of the disease intervention specialist just took me under their wing and they began to show me what they actually do. And they started giving me more work and I had to call the medical providers myself and I had an opportunity to see, Hey, this is something I can do. And something that I really would enjoy. So after I graduated, I applied and lo and behold, I got hired and I started working there. And I've been there every, since in this field. I mean, you know, of course

00:03:14:28 I've moved along, but then in the field of the STD and HIV work for many, many years, [Jen] that's a great story. [Wanda] How about that? Huh?

00:03:23:06 [Jen]: We hear about contact tracing all the time. Can you just give us a simple down and dirty explanation of what contact tracing is? What's the purpose and what's the process? What does that look like?

00:03:34:06 [Wanda]: Definitely. Contact tracing is used in public health departments, but now in other agencies really to prevent or, you know, curb the spread of infectious diseases, it involves identifying people who have an infectious disease and people who they came in contact with. And then the contact tracer actually work with them to interrupt disease spread. So in simple terms, it's just talking to people to really find out when and

00:04:06:21 where incidents of infection occurred. And then ensuring that everyone who came in contact with that infected person is notified is examined and, or treated and offer resources that they may have not even known that was available to them that will assist them in helping to care for themselves.

00:04:28:19 [Jen]: Maybe you can speak a little bit to the efficacy of contact tracing in other illnesses that we've seen in the past.

00:04:37:26 [Wanda]: I would say the contact tracing is very effective in STI and HIV work for the most part, but it can be even more effective. And I say that if the person who has the infectious disease is really willing to share, locating and identifying information on people that they potentially expose when people really understand that people can have this and not know it, meaning they could be asymptomatic. People can give this to other

00:05:10:13 people, but not intentionally. And if people really recognize and understand, Hey, I can help someone avoid getting this infection. If I can just let the contact tracer know here's their information and that they're going to maintain my confidentiality, if they are aware of that. And if we work together as a team, it can be even more effective. But in, I would have to say that it has been pretty effective with working in STIs.

00:05:39:04 could be a little bit more effective with working with people with HIV and some other communicable diseases.

00:05:46:01 [Jen]: So just to kind of summarize what you said, contact tracing is really, I always think it's like a human to human interaction. It's talking to people to kind of identify who has the illness who has been exposed to an illness, whether it's COVID or syphilis, for instance, and then how do we help support them from a public agency standpoint to say, what resources do you need so you can isolate, or what resources do you need so we can stop the spread of this illness. Right?

00:06:16:09 [Wanda]: Sounds exactly right. You said it better than I did.

00:06:20:24 [Jen]: You're too kind. So thinking about the challenges, because you said just a minute ago, that, you know, in an ideal world, if people are willing to open up, so if I'm on a phone call and I'm speaking with somebody who may have been exposed to COVID, for instance, how are we in California training these brand new contact tracers who've come from previously being librarians or folks working at the department of fish and game or an accountant for the state of California, what do they need to

00:06:53:22 know to do this job correctly? And to get people to open up and have a strong rapport with them?

00:06:58:20 [Wanda]: Really the bottom line, when we're going into this training, something that I often share with the trainees is treat people how you would want to be treated. So if you were on the other end of that line, so meaning you would want to treat people with compassion, you would want to be empathetic. You would want to have a real good listening ear. You would need to be very resourceful. You would need to also let them know how their confidentiality is going to be maintained because you want to make it a conversation. And you want to be able to help, you want to ask

00:07:32:01 those open-ended questions and really get the person to open up and share. But the first thing is really just letting the person know that, Hey, I care about you. I want to help you. I'm here for you. And building that trust right off the bat.

00:07:47:23 [Wanda]: That is what we train and to let the trainee know, or the contact tracer know that don't feel like you're being intrusive or you're really nosy. And you're trying to pry into someone's business, but there's a reason this person may not know that they actually had it. And if you can catch them before they even get the virus, that's our goal. If you can help them by providing them with some resources and things like that, that's the goal. So those are the type of things that we teach going into this, for

00:08:21:01 that librarian or that person who's never, ever done this job before.

00:08:25:15 [Jen]: Yeah, absolutely. And those are skills that so many of us aren't brought up with or skills that are really not taught in university. And so those are really the soft skills. I don't know that I love that term, but they're really critical skills in this realm. You mentioned contact tracers versus case investigators. So I just want to make sure that I'm understanding it. It seems like a contact tracer is really responsible for calling someone who may have been exposed to the illness. So they're with a

00:08:59:24 friend at a park and perhaps they weren't wearing masks appropriately, one friend tests positive for COVID. And is that reported then to the local health jurisdiction or to the County. And then the County is responsible for calling the other person to say, Hey, you may have been exposed or [Wanda] You have it absolutely right. The contact tracers, they actually get

00:09:26:09 their information about contacts from the case investigators. So I'm a case investigator. I call you to let you know that you have tested positive. I want to ask you if you were aware of your results and you say, yeah, you know, and so I'm going to talk to you about being sure to isolate because you actually have tested positive, but then I'm going to say to you, it's going to be important that anybody that you came in close contact with is notified. So anybody within six feet for the last 15 minutes, you know, so

00:09:58:26 on and so forth. So then you give me the names, you'll say, Oh yeah, that was my sister. And that was my brother. And then we went to this party and my cousin was there too. So those are the three people. I'm going to get their names, their phone numbers, their locating information. And I'm then as a case investigator is going to pass this on to a contact tracer at a local health jurisdiction. So then they'll contact tracers will then call

00:10:25:16 all of the contacts because we don't know if you're actually positive. We're just calling to let you know that you've been exposed. And we want to encourage you to get a test. And we're going to check to see if you have any symptoms and things such as that.

00:10:40:14 [Jen]: Thank you for clarifying that because I definitely think in the media, it's often conflated into everyone's a contact tracer. And so I just want to make sure that folks understood that there is, uh, an important distinction there between those roles.

00:10:55:09 [Wanda]: Yes. Thank you for that there, because there is definitely a distinction

00:10:59:25 [Jen]: Going back a little bit. You mentioned that we were talking about, you know, how do you get people to open up to you? Because these contact tracers and case investigators are calling complete strangers to deliver a message of, you may have tested positive for this illness or come in contact with someone. And that can be a really huge news to them, right? And we're living in such stark times right now with the economy and with the pandemic and the mental and emotional stress that people are

00:11:30:19 under. So it seems like it's really important to handle this conversation with a lot of compassion and finesse, but I'm wondering what challenges are you coming up against where folks may have mistrust of the public health system, especially Black and Brown communities.

00:11:53:19 [Wanda]: That is definitely one concern or a challenge that often comes up. But I would probably have to say the biggest challenge or concern for contacts that we are calling is how did you get my name? And are you really who you say you are living in the world that we're living in with scams going on constantly with the robocalls, with things such as that. People want to know how to, I know you're not scamming me and why do I need

00:12:25:29 to provide you with this information? So we make sure to train new contact tracers as well as case investigators on the concerns that are popping up, such as those, to let them know, to inform the contacts that everything that they discuss is confidential. That they cannot share this information. They are even informing the contacts that they can lose their job if they do

00:12:54:07 share this information.

00:12:55:21 [Wanda]: And that's something that really resonate with folks, especially in times like this, people feel like, you know, gosh, you could lose your job or jobs are scarce. Okay. This is serious. We're telling them to be very transparent with folks and letting them know that this information is just going into a system for us to know where the infections is occurring or the virus is occurring and where we can offer resources by knowing this information, we let them know right off the bat that we are not affiliated with ICE, custom enforcement, the law enforcement or anything

00:13:30:02 like that. So when I call I'm like, hi, Jennifer, my name is Wanda. I'm calling from the health department. I have some very important information that I need to discuss with you, but I'm want to make sure that I'm giving the right person the right information. So just to make sure you're Jennifer, what's your date of birth? And if you're not good with giving me your date of birth, then what's the day and the year. And here's the deal. Jennifer, I'm never, ever going to

00:13:56:02 ask you for your social security number, any Medicare Medi-Cal account numbers, anything like that, that personal information, but because this is regarding health, I want to make sure I'm giving it to Jennifer and not anyone else. So let me know. And that's how we approach it. And so oftentimes that's very helpful to people when you tell them right off the bat, why you're doing what you're doing and give them the reason really why you need that information.

00:14:24:17 [Jen]: Going back to me mentioning ICE. Well, you mentioning ICE also, or the DOJ. How much are we seeing pushback or are we seeing pushback from folks related to a lot of fears? So even beyond confidentialities in some ways, but I'm afraid of being deported. I am afraid of getting back into the criminal justice system. How are those concerns dealt with?

00:14:53:00 [Wanda]: Once again, contact tracers are just really emphasizing that they can't share any of the information that they're not even involved with law enforcement or ICE or anything. And, you know, no one can be deported based on this. Everyone has their right. And they are really emphasizing that to the contacts they actually speak to. Now, some of the contact tracers that I've spoken with and I've asked them, what concerns have you really bumped up against? What has been your biggest challenge, has

00:15:23:09 deportation or that been an issue for you? And a number of folks have said that has not been an issue. A lot of times, as I said, people are just more concerned about, is this a scam in some areas, transportation might be an issue for them, but things such as deportation. I think it might be something more of what we're thinking as we were developing the course. It's just kind of thinking of all of the things that could come up. Sure. Some people probably have bumped up against it, but it hasn't seemed to be

00:15:54:07 a big, big issue for some. And I'm glad to hear that.

00:15:57:22 [Jen]: No, that's good to know. I'm hearing what you're saying in terms of like what a critical role that contact tracers play in the public health field. And certainly public health is so focused in so many ways on interventions, right? Stopping this spread in whatever way that looks like, or when it comes to addictions, how can we intervene? So my understanding is that before please, correct me if I'm wrong, is that prior to COVID-19, there were fewer than 2000 contact tracers in the entire

00:16:27:28 country. Does that sound about right? [Wanda] That sounds about right. [Jen] Given that was that just too few, a little bit about why is that it's such a critical role, help us to understand, you know, why there's so few and kind of what's going on there? Why?

00:16:44:18 [Wanda]: And that's the million dollar question Jen, where we're trying to figure out, it always maybe goes back to budget. Oftentimes, you know, we have the workers, people are hired on, but then the caseload becomes a little bit more, but we're not always funded enough money to hire on more staff. And so you have one staff doing the work of three or four people just because of funding issues and that we really can't afford to

00:17:16:22 pay others. But now with COVID on board and seeing that, Hey, you know, this is a critical position and we need these folks funding will now I think look differently and that we will be able to hire more contact tracers to do this type of work. And also most disease intervention specialists who serve as contact tracers are first responders. So anytime there's an outbreak of any sore, that's who they're going to first. So

00:17:48:05 there definitely is a need. As of now, STI is HIV. It hasn't stopped, but some of our DIS have been pulled to do COVID work and still having to do their STI HIV duties as well. So that has been a challenge for many years, but I think now with COVID being here, they're seeing the importance and

00:18:11:16 that we definitely need a larger workforce than what we currently have.

00:18:16:23 [Jen]: And COVID in so many ways is exposing those gaps that were already there and now it's just shining light on them.

00:18:24:12 [Wanda]: Exactly. Yeah. Most of them.

00:18:27:22 [Jen]: So given that, do we expect STIs to increase during this time or what's the status of that? What do you think

00:18:34:18 [Wanda]: I'm hearing right now STIs are decreasing. However, I've heard that there's a possibility that we may have an increase. With the whole social distancing and people, you know, sheltering in place. Well, people can't tip toe and go to other places and, you know, engage in activities. People can't meet people at the bars and engage in activities. However, some still are. So the verdict is really still out if there's going to be a decrease or an increase. I think because the whole focus

00:19:08:02 right now is just COVID everybody is here. But I think eventually we're going to have to turn our attention back because with anything, when you focus your attention on one thing, other things tend to rise. So I do, even though we do have the whole social distancing and sheltering in place, they, I think people are getting to a place where they're tired and they want to get out and we may start seeing an increase because people will

00:19:36:09 find a way to party to get together, to engage in sexual practices. And once again, STIs will be on the rise. Yeah.

00:19:44:28 [Jen]: Yeah. There's a lot of, I mean, we're seven months in eight months in there's a lot of fatigue and definitely taking folks’ ability to connect physically or intimately. It takes a toll on one's mental health.

00:19:59:09 [Wanda]: Yes, yes. For sure. So stay tuned, so let’s stay tuned.

00:20:04:18 [Jen]: A lot of articles on the parallels between sex and COVID-19. And I'm interested to hear what your thoughts are around the conversations that we're having around testing and the conversations that we're having around safety when it comes to COVID and how those might parallel our conversations around sex or conversations that we haven't been having around sex

00:20:28:16 [Wanda]: Jen, it's the same conversations. And I think if we follow the same practices for COVID for safe sex it'll work, I mean, even as far as the social distancing, really asking our contacts or patients to have sex with just one partner that they live with or limit the number of partners that they have sex with, as well as know those that they come in physical contact with, I think really washing up before and after sex thoroughly washing their hands, washing their sex toys, things like that.

00:21:02:18 All of those things will really aid in minimizing their risk of contracting other STI and HIV and helping them to practice safe sex. But everything that we're saying for COVID is really what we've been saying in the world of practicing safe sex.

00:21:17:28 [Jen]: Somehow it's more acceptable now to speak about it when it comes to COVID you can have the conversation and say, I've been tested lately and this is, is, this is now open conversation, but it's interesting that people, I mean, my hope is that people will, will adopt this type of conversation for sex as well. And I love how you were talking about a risk reduction approach as opposed to an abstinence approach.

00:21:48:20 [Wanda]: Sure. Aha. Yeah. Always, because of course we can't ask people to abstain, you know, from anything. And especially like you said, people are getting pretty fatigued here and something's got to give, you know, people are gonna, you know, start being creative, but at the same time, I like, you, I think those conversations are a little bit easier now and they can happen. And you know, I'm just looking forward to getting back and talking to some of the, uh, STI and HIV clients and saying, okay, you guys,

00:22:19:08 what do you think about wearing a mask when you do it? And you know, okay. Face down and what's up and you know, and yeah, yeah. Really kind of, you know, getting those messages out there and having them to have the discussions with one another, I think it's going to be more acceptable.

00:22:36:24 [Jen]: Right? I mean, that can be one, one positive in an otherwise very dark storm. Um, one lesson learned that can benefit folks down the road, right. Is how do we open up those conversations, more around sex as we have. Yes,

00:22:52:03 [Wanda]: Yes, yes. I Agree.

00:22:54:00 [Jen]: One thing I've been thinking a lot about is everybody has been waiting so intently for a vaccine and that's obviously still a, yet to be determined rollout date, but a lot of folks think that that is the silver bullet ad life will return to normal. And I would love to ask you, what does contact tracing look like post vaccine and how do our lives look post-vaccine based on your experience?

00:23:22:07 [Wanda]: Jen, I personally think that contact tracing will still be in full force. It's here to stay. I say this because as it appears, I don't know if many will really be susceptible to taking the vaccine. I think there's a number of folks that will be skeptical about the vaccine as a cure. I think some people will be concerned if it's suitable for them. I think some are going to want to know what are the long-term side effects? I

00:23:53:11 think the big question for people will be how effective is it? And because of that reason, they may not choose to really take it. So we're still going to have to do contact tracing. We're going to still have to talk to these people, identify them, ask them, you know, who have they been in close contact with? I think that's still going to be the case. I personally think it's unlikely that the vaccine will be a silver magic

00:24:22:25 bullet. I'm hopeful. Yet, I'm realistic. I kind of believe, you know, kind of like the flu shot. It works for some, not always for, you know, others. I do think that, of course, you know, we have to wait for scientific data to see its effectiveness. I am hoping that perhaps one day we'll get this vaccine and people will take it and we'll be able to eradicate COVID. But I honestly feel Jen, my personal, and this is just my personal opinion. I may be wrong, but I honestly feel that we will still

00:24:56:14 continue to wear masks for a while. We're still gonna, you know, practice all of these hygiene methods in social distance is going to be around for a little while. I think it takes a little time to develop this vaccine.

00:25:09:18 [Wanda]: And I think once again, people are going to be skeptical if it comes too soon and they may not be willing to take it. And so that's going to be an issue and hoping otherwise, you know, I hope that it will be something and that people will jump on it. I, I think what, you know, I'm seeing this year, which was interesting, more people in my community is taking the flu shot, whereas they weren’t taking it before. And I thought that's interesting, you know? So maybe that would be the

00:25:42:03 case with the vaccine, but when something comes out too soon for people, they tend to like shy away or have a little skepticism.

00:25:51:25 [Jen]: So I would love to know you are on the front lines of training the folks who are tracking this illness and you are in a pressure cooker it sounds like of trying to do as much as you can. And honestly learn things on the fly. This is an illness that we've literally never seen before. And everybody, the entire country has just had to like respond so fast. How are you taking care of yourself and your team look like

00:26:21:10 [Wanda]: Yeah, self care is: I listen to a lot of music. I listen to a lot of audible books as well as I read. I like dogs, but I didn't like them as much until COVID hit. My stepdaughter. She found a little stray dog and that dog is my friend now. So taking him for little walks is helpful. And so whenever I get an opportunity to kind of meditate or, you know, do

00:26:56:09 what's relaxing, I do. So that's allowing me to take care of myself. How about you?

00:27:02:16 [Jen]: Oh, thank you for asking. Um, I feel like there's a lot of that in my life, too. A lot of meditation, a lot of definitely fatigue in living and recreating and working at home. I am naturally a very social person and, and that feels challenging. And I know that I'm, I'm feel very lucky to be employed. I mean, getting to talk with folks like you and thinking about so many folks who, um, there's just, it's a compounding,

00:27:34:12 right? That's a compounding of the economic factors of the mental health factors of all of these and the illness itself. It's just compounded in a way that I feel like I've certainly never experienced before. Um, but I am definitely very curious to see how in, in three months, six months, six years, how this illness and this time in our history is going to affect mental health care. What would you like everyone to know about contact

00:28:03:12 tracing or COVID-19 that just isn't being talked about or that most folks wouldn't, wouldn't think about.

00:28:10:08 [Wanda]: You know, contact tracers really aren't trying to be intrusive or trying to pry contact tracers are not there to harm anyone or to hurt anyone or to hate on anyone, but merely to help. And if everyone would recognize that and we could work as a team that we really can make a difference and we could put a stop to this. I know there's a lot of scammers and everything, but when a person calls you and say, I'm calling

00:28:43:04 I'm from, you know, this health department, I have some important information that I want to discuss with you. I want to make sure that I'm talking to the right person and everything that we talk about is private. That they really believe that and be willing to help themselves as well as help others, knowing that helping themselves is helping someone else. So if people can really recognize that and come together and we work to do our part as a team, I think that we can really make a difference. And

00:29:12:18 that's something that I would just really, really want to emphasize.

00:29:16:06 [Jen]: It's a partnership, it's a, it's a collaboration, you know, whether it's resources to get food or to have food delivery, or how can you help your elderly parents if you can't see them, or how do you can get medical care, how you can get medical care, if you don't have insurance currently, those are all resources just to name a few, right? Yes,

00:29:38:07 [Wanda]: Yes, yes. And contact tracers are there to help them with all of that. And so just knowing that and being open to that and, you know, not having this mistrust and, you know, mistrust with the government and, you know, but really knowing that there are people who are out there who really want to help them. I think that's the key that we need to keep emphasizing. [Jen] Well, thank you, Wanda and awesome speaking with you. [Wanda] Well, thank you, Jen. Likewise.

[Jen:]A special, thank you again to our guests, to Wanda Jackson, national

00:30:10:28 COVID-19 trainer and contact tracing expert from our own California prevention training center. Speaking frankly, is a production of the California prevention training center in San Francisco, California. It's produced by me, Jennifer Rogers and Laura Marie Lazar, and is edited by Nils Myers at one 152 West Productions.