

Melissa Hall Oral History  
April 9, 2021

Behind the Mask

Lyons: I'm Michele Lyons at the office of NIH History and Stetten Museum. Today's April 9, 2021, and I am talking with Melissa Hall, who is the Chief Information Officer at Calvert Health Hospital in Prince Frederick, Maryland.

Hall: Hi, Michele, how are you today?

Lyons: I'm fine. How are you?

Hall: Good, thank you.

Lyons: We're really excited to have you talk with us today as a participant in the Moderna vaccine trial. And first of all, we kind of want to know what all the letters after your name means. Because Melissa has an RN, a BSN, an MSN and an FNP.

Hall: I do, I do. So I have my Bachelor of Science in Nursing, which of course gives me the RN. And then I went and got my Master's in nursing with a concentration in family nurse practitioners. So I have worked as a family nurse practitioner in the past, a little bit before I got into Information Services or technology. And then after my Master's, it's not on there, but I have more letters. I actually got my postmasters certificate in nursing informatics, so I just haven't added it. Let's just put it that way.

Lyons: Now what does the Chief Information Officer do for a hospital?

Hall: For Calvert, the CIO, or the Chief Information Officer is primarily responsible for the technology strategy of the organization. So I and my team oversee all of technology at the hospital, pretty much every application, every network, every device, everything is maintained or supported in some way by my team. And then as the Chief Information Officer, my job is just to make sure of our strategy of how we're going to move forward and keep the organization secure. From the cybersecurity kind of world, I am responsible for that.

Lyons: So I'm glad you explained that because to me Chief Information Officer would be the one who was dealing with the public and, you know, putting information out about different things.

Hall: There's a little bit of that with, especially with the employees of the organization, you know, it's my job to bring things to their attention, just to kind of help ensure that they are aware of what's happening out there. The other thing that we try to do is we try to educate them so that they have a better understanding that just clicking that link that comes in your email at work could be a risk if you don't know where it comes from. So, you know, there's a lot of these little things that you have to do.

And as a clinician who's now the CIO, I have this clinician brain that's trying to learn technology and make sure that we continue to support in the best way we can. So it's actually an interesting conundrum that I'm in, let me put it that way.

Lyons: So how did you hear about the Madonna trial?

Hall: I actually heard about it on the radio while driving to work back in, I want to say it was June or July. And I just kept hearing it on the local radio station. And I had actually been talking to a friend of mine, here at the hospital. And we were both like, you know, we really want to do that. And so finally, I went and did it, I signed up. A radio station gave you the link and you just submitted your stuff and you waited to hear if you got it or not.

Lyons: Wow, what radio station was that?

Hall: WTOP? I think it was.

Lyons: Oh, really? Okay. Yeah, that seems like something that they would do.

Hall: Yeah, for sure. For sure.

Lyons: So when you clicked on that link, what was the next thing that happened? How did they present the clinical trial to you?

Hall: It was just an application on the web page at, I think it was University of Maryland, to be honest, the University of Maryland system. And it was a while ago and I've been trying to remember what it looked like but I'm failing. But it just really had us answer some questions—you had to answer a little bit of health questions. And then your desire to be in it. So you just had to answer some questions, and

then it's submitted it, and it told you, "Thank you. And we will get in touch." And actually, I applied twice, because the first time I never heard back after the initial email saying thank you for your submission. So then I submitted again, and thought, "What the heck, I'm gonna do it again and see what happens" I applied twice. Now I know. And it was the second one, I think, that actually got me into it. I think maybe because they had a lower number of applicants at that time, so I wasn't kind of lost in the crowd. And I'm thinking that's probably how they found me and asked me to confirm that I could be in the trial. So after that, they contacted you. Everything was done by email—directions, everything. And then you had to go onsite. And my first one, my first onsite visit was, I think it was the last Saturday in August. They actually called me and set up a date for me to go on. And at that time, they were doing Saturday visits. So I actually had to drive all the way to University of Maryland, in Baltimore, from Calvert County, so it's like, almost an hour. And I went there on a Saturday morning, and it was—actually I take that back. It was a Saturday afternoon, it was one o'clock, and they told us on the phone, they told me on the phone, oh, it'll take about three hours, maybe, for your first visit. And I was there four and a half.

Lyons: What did they do all that time?

Hall: Well, they took your temperature, they screened you, then they showed us four or five videos about being in a trial. And you know, it was all narrated by the head doctor. And the entire theme, though, on every video was "This is voluntary, you can get out at any time, you don't have to do this, you know, you just need to understand this is what it is."

And so it explained what an mRNA vaccine is, that you're not getting the actual virus, that you're trying to mount resistance to it when exposed and all that. And then they did a full head-to-toe physical, they did a system review, they did a medication review, and they took a ton of blood—they probably must have taken 10 vials of blood—and tested me for COVID and then waited. Because the you had to pass; I think they had to get the results of the COVID test. Maybe. And I'm kind of not too sure on that because they don't really tell you what they were doing. They just did it. And then I found out though that we waited probably a good hour and a half for the shot to come. So then you just had to hang out and wait for the shot.

And it was probably about six people in my cohort. A lot of health care people. There was only maybe one or two people that were not in health care. I mean, it was providers, it was technicians. It was people that all worked in health care. I didn't talk to anybody who wasn't. And I found out that they had to, they actually kept the drug or the shot stuff [secret], whether it's going to be placebo or the actual drug, because it was double blind. Nobody knew what you were getting, and you didn't know what you were getting. And they had to do that in another area. That's like a 10-minute walk from where we were. And so the pharmacy had to mix it up, defrost it, do all the stuff they had to do, then they had to bring it over to us. And then they give us the shot and then we had to hang out for half an hour. Now you hang out for 15 minutes after you get these vaccines. We had to hang out for half an hour. And then they took our vital signs again before we left.

Lyons: They let you drive home by yourself?

Hall: Yep. So they weren't that concerned. I'm trying to think if they even escorted us out. They might have escorted us out the first time. Now they don't escort us in, and they don't escort us out. We just kind of take ourselves in and out. It's kind of funny. But yeah, so that's what they did the first time.

And I learned the second time, when I had to go back a month later, I made sure to do my appointment earlier. I didn't want to be there so late. And I actually had a different group of people with me. But we were only there about three hours that time. And most of the time is waiting. It's waiting for that shot to come. And for them to, you know, kind of stagger you, so that you all get your shots.

Lyons: And then you all go waiting in one big room or did you?

Hall: Yeah, there were, I think, there were eight tables set up. And each table had one person at it. And I forgot to say that the first session, they made us sign up for with an app so that it could send us questions. So the first shot that we got, every day after that, we got a questionnaire pushed to us from the app that asked us how we were doing, we had to answer some questions. And then you had to take your temperature, you had to do a few things, you had to talk about whether or not you had any reaction from the vaccine or anything. And then that was the first week. And then it was every week thereafter. After that, they would call you to see how you were doing, just to make sure if you'd been exposed to COVID, if you're having any COVID symptoms, or having any effects from the vaccine, all that.

And then the second shot went a little faster, like I said, but they still took a ton of blood from you. They still did a physical exam, a very minimal physical exam, but the doctor still examined you just to see how you were handling the shot. They wanted to know if you're having any reactions, if you had any residual effects, and all that. And then they swabbed you again; you got swabbed, I got swabbed almost every time I went there. I was talking to one of my employees the other day, and she's like, she actually got COVID and then got the vaccine. And she was talking about how many times she's been swabbed, and she's realized she's now tied with me. And I'm like, "Yeah, I've never had COVID. But I've been swabbed more times than most people. I understand what you're going through."

And they did all that. And then they give you the shot, make your hangout for half an hour again, take your vital signs, and then send you on your way.

Lyons: You got the first shot the end of August, and then you waited 28 days for the second shot. But now you're still going in? How often do you go in?

Hall: In the beginning, I was going in once a month. And they pulled us in as an extra visit in January, because the Moderna [vaccine] was released. And I know they were getting a lot of pressure from all of us that were in the study, saying, "Hey, we need to know if we got it. You got to tell us because you know, our employers, all of us are working in health care. Our employers are getting the shots; we need to know are we protected?" You know, there are some things that you know are going to come down this pike and we need to be able to plan our lives. And so finally, finally in early January Moderna allowed us to be unblinded. They may have started a little earlier. I was in early January. And I went in—they scheduled me for a three hour visit in the middle of the day, and I had to go to work. And I was like, I had actually called and complained. And so when they told me that my appointment was the next Wednesday at like two o'clock in the afternoon, I told her, "Well, I can't say no, can I? Because I'm calling to complain. So obviously, I've got to come when you tell me to come, so yes, I will be there." And so, it was just because, you know, as a leader of a department, I couldn't encourage my staff to do it because I couldn't tell them what I'd had. I was in the study, but I couldn't say, "Look at me, I got it, and nothing happened to me, you know, I'm fine. You will be fine. You'll be okay." And so, that was really why I called and complained. And so yeah, they scheduled me for three hours. I think I was there 45 minutes; they took some blood, swabbed my nose, and said, "Do you still want to be unblinded?" And I said yes.

And they turn the computer around and said, "There you go, you got both shots." And I was like, "Okay, so you don't have to touch me anymore today, right?" And she was like, "That's right." Because if I hadn't gotten [vaccine], if I'd gotten a placebo, they would have given me the shot. And then I could have stayed in the study, or I could have gotten it from my hospital or somewhere else and gotten out of this study. So even though I'm unblinded and I know I got Moderna, I am still in the study, they still let us stay, they still want to find out how we all do with it, and how long the protection lasts, right? Yeah, they're trying to find out what's going to happen.

So, now I went in March, and I won't go again until September. So I think it's September, somewhere around there. But they still call me once a month to check in on me, I still have to do a weekly diary, where they asked me two questions, which are: Have you been exposed? Anybody have COVID? And have you had any symptoms of COVID? And that's all you do. And it comes up on the app, you fill it out, you're done.

You know, I didn't when I first started to do this, I didn't know what I was getting into. But this has actually been the easiest thing I've ever done in my life.

Lyons: That's good. Did you have any reactions?

Hall: I had a little bit. The first shot, I had arm soreness, my arm was sore. I felt like I had a lump on my arm. And but I was also reading—I went and did research because you know, it's the nurse in me, I can't help it. You know, saline [solution—the placebo] can give me a lump in my arm, can make my arm hurt, you know, and so I was like, "I didn't get it. I got the placebo, I know it."

And then my second shot, I had a little more. My arm was definitely sore, but it was much quicker. It was like, so I went in at 10 am [and] got the shot probably about 11-11:30. And by five or six o'clock that night, I was tired. And I had joint stiffness, but I didn't put it together with the shot. I had to put it together. And the next day I was definitely still a little sore, just a little bit. But when I went in, in October or November, I still had a lump in my arm where the shot was. And when I got the flu shot in October because it's required. I had to wait like two weeks before I could get the flu shot. When I got it, I actually had no symptoms. I didn't even get arm hurt. Usually your arm hurts with the flu shot, at least mine does. And I didn't even get that, I had nothing, nothing from it and so the doctor at the study said, "It sounds like you might have gotten it [the placebo]."

We were trying to figure it out. You know, you're trying to figure out what you got because my symptoms were so mild compared to somebody else I talked to in my cohort. He was out for two days—it took him out. And I said, "Oh, you must have gotten it [the vaccine]." I said, "I didn't get it then because I didn't have any of that."

I was mild. I didn't even take any Tylenol—nothing. I thought about it, but then I was like, "I'm not taking anything. I'll be fine."

Lyons: So were you happy to get it [the vaccine]?

Hall: Yeah, very. You know, the funny thing is once I found out I got it, my husband let up on me completely—no pressure about me having to go out to work or anything. He just said, "You know, you're like our canary in the coal mine. Now let's see how well this works." 'Cuz you know, I went to work every day. Even though sometimes my people were working remote, I still went in. I went into my office every day. I still do—I don't work from home. But yeah, it let my husband let up on me and not be so concerned about what was going on.

Lyons: And that was one of my questions: What was your family and your friends' reactions when you told them you were going to do this trial?

Hall: My husband was very supportive, very. He didn't even argue it at all. And I have one of my younger brothers who lives with me and he was fine with it. The funny thing is my other younger brother, his twin, thought I was crazy. He was not supportive at all and he is not getting the shot and he actually got COVID, but he got a very mild case of it. But he was very lucky. Let's just put it that way. But he made comments about, you know, my DNA being modified. And he made a lot of—you know, things that your siblings would say to you. So, it was pretty funny that even to this day, after he got COVID, he was COVID positive, he's still against the vaccine, and he's in healthcare, he works in healthcare. So I just tell him, he astounds me with his thinking, but I'm like, everyone's granted their opinion. I don't begrudge him that. But I just told him, I said, "Why would you not want it, if you have a chance to protect your family? Why wouldn't you do it?" I did it with the idea to help my community, my family. This is

something that kills people. And I have the ability to do something to help. So why wouldn't I do that? Why would you hold that against me? So he doesn't really hold it against me. He just likes to make fun about it. But you know, it was weird that in some of my friends, actually nursing friends, they didn't agree with it, either. So it was kind of very interesting how people reacted to it.

Lyons: It's a new technology and maybe not that well understood. What about the Johnson and Johnson? Because that's based on an older technology?

Hall: Yeah, he doesn't like that one, either. He's just totally against it. But it he's great. His opinion. I mean, you can have it, it's okay. But you know, I'm not coming near you until my entire family is protected. So my husband has now been vaccinated, and my brother that lives with us has one more shot to get, and he is not allowed to go out of the house until he finishes this round, because we're worried that he'll bring it home and my husband has got an autoimmune disease. And we're worried about him bringing anything home that could cause problems. So in order to keep everyone safe, my brother has been in the house since November. I have not taken him anywhere, hardly at all, maybe one or two places. And so, he's feeling the restraints completely. So when he had the opportunity to get the shot, all we had to tell him was get in the car.

Lyons: I think you were very brave because it is a trial of a totally new technology. It's a first in human trial. And you were one of the first humans to get it. And then the rest of us are kind of in the trial. Some of those reservations, maybe I can understand. But I think being the first one to volunteer, I think that's really brave.

Hall: Oh, thank you. I just thought it would be something different to do that I've never done before. Let's be honest, I've never done a trial before. And I like I said, I just felt like I'm not out there delivering health care, because I'm on the back end now. And so it just felt like a way to help improve the problems that we were having at the time. And since that time, since I've been unblinded, I actually assist with the vaccination clinics that my organization is doing. And I've been administering the vaccine almost once a week it seems like, so I've been trying to help where they need help, where they need people to help give shots. That's not a problem. I give shots all day long. That's something that if you need help, I can do so. I've actually been doing that. I did that for like the whole month of January, one or two days a week, and then kind of backed off a little bit and then picked it up again the last couple of weeks helping with the primary care doctors giving it.

Lyons: I was thinking that you looked familiar; you might have given me my shot.

Hall: So who knows? Who knows? It's crazy the number of people that I got to see. It could be, you never know.

Lyons: Oh, thank you for talking to us today. And we'll stop recording now unless there's something else you'd like to add.

Hall: No, I'm good. Thank you very much.