

# Vaccine Resistance in the African American Community

There are many reasons people don't want to get vaccinated for COVID-19: their religion forbids it, they don't trust the government, they think the vaccines haven't been tested enough and aren't safe, or aren't safe for them because they are female, male, old, young, Black, Hispanic, Asian, Middle Eastern, immunocompromised.... The list is long.

African Americans have even more issues to address. The United States has a shameful history of thinking that Black people are so different from White people that it is OK to use them as guinea pigs in medical experiments. The worst example of this was the Tuskegee experiments the Public Health Service started in 1932. Black men with syphilis were recruited in Macon County, Alabama, and told they would be treated for the disease if they took part in the study. In fact, the Public Health Service had no intention of treating them: they wanted to see if untreated syphilis did the same things to Black people's bodies that it did to Whites, so they gave the test subjects placebos and watched what happened. Even when penicillin became available in 1943 and was a reliable cure for the disease, they refused to administer it and simply watched how syphilis progressed in their subjects. During this time, the test subjects spread syphilis to their wives who spread it to their children, and created several generations of avoidable tragedies. By the time the study was halted in 1972, almost 100 men had died of untreated syphilis and its complications and had spread it to at least five times that number of people.

Unequal medical treatment based on race and gender is not a thing of the past. During the COVID-19 pandemic there have been numerous reports of Black people being refused treatment at emergency departments and being sent home without even being examined. Dr. Vanessa Grubbs, Associate Professor of Nephrology at the University of California at San Francisco, wrote in an essay for the California Health Care Foundation in August, saying "No available data suggest such implicit bias is happening on a large scale and resulting in worse outcomes; but the lack of data is less a sign that the problem does not exist than a reflection of what data we choose not to gather."

On December 7, 2020, Dr. Susan Moore, a 52-year old Black woman and an active medical practitioner in Indiana, tested positive for COVID-19 and was admitted to the Indiana University Health North Hospital in Carmel, Indiana. As a doctor, she recognized that she was not receiving good care and her concerns were not being taken seriously. She objected and asked for the right treatment, but was discharged later that day by a White doctor in spite of her protests. She was admitted to Ascension St. Vincent Hospital in Carmel 12 hours later when her fever spiked and her blood pressure dropped. She said she received better care there, but she died of coronavirus on December 20. In a video recorded a few days before her death, Moore said, "This is how Black people get killed, when you send them home and they don't know how to fight for themselves."

Moore's 19-year old son Muhammed told The New York Times that his mother had an inflammatory disease called sarcoidosis that attacks the lungs and often needed hospital treatment. "Nearly every time she went to the hospital she had to advocate for herself, fight for something in some way, shape, or form, just to get baseline, proper care."

These are just some of the reasons that deep mistrust of the U.S. medical system fills the hearts and souls of 42 million African Americans to this day. It was not just Tuskegee, but a litany of unethical practices by the Public Health Service, the U.S. healthcare system, and the pharmaceutical industry that has colored the minds of African Americans. The issue of informed consent is a huge step forward, but there needs to be more investment from the public health system, the healthcare system in general, and the pharmaceutical industry to reassure African Americans that they will not be used as guinea pigs in the future.

The deadly consequences of the current opioid crisis clearly illustrate why people do not trust the pharmaceutical industry or the ability of the government to regulate it. Purdue Pharma, one of the largest pharmaceutical companies in the country, encouraged doctors to overprescribe the company's #1 opioid, oxycontin, to treat long-term chronic pain, when it is only certified to treat acute pain on a short-term basis. The government forced Purdue Pharma into bankruptcy by ordering it to pay \$8.3 billion in reparations, and over 100 other companies are now under some form of indictment for the same reason. Between 2015 and 2020, over 450,000 people died as a result of opioid addiction and, according to the HHS, 114 people die of opioid addiction every day and another 6,748 are treated for opioid addiction and overdoses in emergency rooms.

Why should people believe the government when it says the COVID-19 vaccines are safe when the government has a history like that! Because minorities have suffered disproportionately during the opioid epidemic, they are even more skeptical than the general public about the vaccines.

In addition, the COVID-19 vaccines were developed so quickly most people can't believe they are safe. They were delivered so fast because they were created by a different method than any other vaccine in the past, and the new method is much quicker than the old ones. The COVID-19 vaccines were tested just as long and just as carefully as all the older vaccines, they simply took less long to make. In addition, because the pandemic is so dangerous, the FDA speeded up the way it worked so it could get the vaccine to the public as soon as possible. It took months rather than years to jump through all the administrative hoops.

Older vaccines were made from killed viruses and those viruses had to be grown in hosts and then harvested, which was a slow process. The COVID-19 vaccine was made with what is called mRNA technology. A piece of the COVID-19 virus is copied in the laboratory, and then the laboratory makes copies of those copies and our bodies use them to recognize the virus if it tries to infect us. If our bodies recognize the virus, they fight it off. This is similar to what would happen if the vaccines wore a blue jacket with a white arrow on the front, but each jacket had to

be made by hand (the old method of making vaccines) instead of being mass-produced in factories (the new method of making vaccines).

Even though the things that make Black people distrust the system are real and ongoing, we have to convince African Americans to get vaccinated against COVID-19 if we are going to stop this pandemic. And we have to convince them to get vaccinated twice because all the vaccines created so far require a second dose either 21 or 28 days later to be effective.

It will take an army; but luckily, the National Black Church Initiative has an army at its disposal and is prepared to use it.

### **Solutions**

Overcoming people's resistance to getting vaccinated cannot be accomplished with logic or impatience. Dr. Noel Brewer and his colleagues at the University of North Carolina studied vaccine resistance and found that the main psychological barriers to vaccination were fear that a vaccine would not be effective and fear that it would produce bad side effects.

Brewer also found that successful interventions that got people to receive vaccinations did not try to change what people felt or tell them there was no reason to be afraid, they 1) offered evidence that eliminated people's fears, 2) emphasized good intentions like protecting your family or protecting your community, 3) provided plenty of reminders and prompts about getting vaccines by a certain date and where they were available, 4) sometimes provided incentives in the form of rewards or simply buttons or stickers that could be placed on clothing and advertised the fact that the person had cared for others by getting vaccinated, and 5) helped eliminate physical barriers by organizing carpools or giving out bus tokens so people could get to vaccination centers easily.

Suellen Hopfer reported that a combination of peer endorsement and medical expert endorsement motivated university women to get HPV vaccinations. In contrast, a study led by Matthew Hornsby at the University of Queensland in Australia that explored vaccine resistance in 24 countries around the world found that there was a hardcore group of people everywhere who resisted vaccination and whose main characteristics were that they loved conspiracy theories, were very emotionally reactive, hated blood and needles, and preferred governments with definite hierarchies to more relaxed political systems.

**All of the researchers found that showing people who did not want to be vaccinated scientific studies on vaccine safety or results did not change their views, but encouraging altruism, providing personal endorsements about the vaccination experience from peers, and making it easy to actually get vaccinated by providing transportation were very useful strategies.**

The NBCI is uniquely positioned to help the federal government and the governments of each state get Black and Latino people to vaccination centers because of its size and organization. We are a coalition of the 37 major Black Protestant denominations in America, and represent approximately 150,000 churches, all of which have church vans that can be used to help get people where they need to go to get shots.

The thousands of healthcare professionals in our organization are already organized into volunteer groups around the country that can spearhead educational and vaccine compliance drives. These drives have been successful in the past because their leaders are Black and Latino and they use language the Black and Latino communities understand.

Our volunteer corps is training thousands of others in our organization to work with them so we can operate anywhere and everywhere in the United States. We also have experience coordinating our efforts with federal, state, county, and city health departments.

The NBCI's COVID-19 vaccination plan has three parts:

1. **Work with each state's public health system.** Each state has submitted a COVID-19 vaccine distribution plan to the Centers for Disease Control and Prevention (CDC). The NBCI will work with state and local governments and health departments to bring the state's plan to African American communities in a culturally competent way. We will help disseminate critical information about COVID-19 vaccines to our friends, families, church members, neighbors, colleagues, and all of our Black social circles to make sure every African American gets vaccinated.

2. **We have created a comprehensive outreach and education plan about the COVID-19 vaccines tailored specifically for the African American and Latino communities.** Only a meticulous, thoughtful, and culturally relevant outreach and education plan will persuade African Americans and other minority groups to be vaccinated against COVID-19. Older, more traditional plans, or "one-size-fits-all-cultures" plans will not work.

The NBCI will engage both the Black church and the Black media in its efforts, and they will be central to our success. We will use social media, word of mouth, and other marketing tactics to make sure we reach every diverse element of the African American community.

The NBCI's Engagement Plan is written to prevent the traditional cultural competency failures each state can make, even if their chief public health officer is a Black man or woman. One person cannot properly represent a community of 42 million people, no matter how hard they try; but the NBCI's huge resources and expertise are set up to do so and have demonstrated their worth and dependability throughout many health campaigns over the last 25 years. The members of the NBCI are the foot soldiers the states need to ensure that their efforts are successful.

3. **Administer COVID-19 vaccines in an effective, safe, and culturally sensitive setting.** We will volunteer our churches for this purpose in all areas and all zip codes of the country. Vaccine distribution must fit into the life, community, and cultural habits of the most vulnerable populations that need it, including those who work in retail, those who interact with the public on

a daily basis, pregnant women, dependent children, the homeless, and individuals with compromised immunity, especially in areas where the poverty rate is above 30-40%. Most of each state's resources need to be spent in areas with greater poverty levels. No matter how difficult it is, not providing vaccines to these areas and these populations will ensure the spread of the COVID-19 virus. None of God's precious children can be neglected. The NBCI has dealt with all these populations before and we know how to reach them.

No one can keep the institutionalized sexism and racism that pervade the U.S. healthcare system from affecting our efforts to get everyone in the country vaccinated against COVID-19. It doesn't matter. Everyone has a right to live and live well, and getting vaccinated will ensure that they do. The NBCI will do whatever it takes to make that happen.

We have to sit down and listen to their specific fears and give them sound clinical evidence that shows them that their fears have no basis in fact, or that their fears were shared by scientists who took great care to make sure that what was feared would not happen. It will take well-known people getting vaccinated in public and people others trust supporting the safety and value of the COVID-19 vaccines. And it will take removing all the physical barriers to vaccination. People may need help getting to the vaccination center and getting back home again, they may not be able to wait a long time in line or miss work, they may need to take their children to the vaccination center because there is no one to look after them at home, and some people may just need a friend to go with them and hold their hand.

No one can keep the institutionalized sexism and racism that pervade the U.S. healthcare system from affecting our efforts to get everyone in the country vaccinated against COVID-19. If you are a woman, no matter how many degrees you have, your income, or your intelligence, the chance is that you and your concerns will be dismissed or ignored. If you are a Black, Latino, Native American, or Asian man or woman, you may be treated like a second-class (or third-class) citizen. If you are a Middle Eastern man or woman, you may have to deal with both fear and anger when you get your vaccination. It doesn't matter. **You have a right to live and live well, and getting vaccinated will ensure that you do so.**