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Commentary

Systemic racism and overcoming my COVID-19 vaccine hesitancy

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On December 19, 2020 I received my first dose of the coronavirus 2019 (COVID-19) vaccine. I had decided only about 10 days before to take the vaccine in the first round, if given the opportunity. My hesitation may come as a surprise to some. As a physician, scientist, and epidemiologist, many may have thought that I would be ready, with my sleeve up, as soon as the Phase 3 clinical trials began. **However, long before I was a physician or a scientist, I am a Black woman**. As a Black woman, I have borne witness to **the very system that says it is ready to protect me with a vaccine, systematically disempower my community, putting many at risk of comorbidity and death**. How could I in good conscious then agree to take a vaccine, developed, under an administration that has been nothing short of oppressive to people of color, without reviewing the data myself? Once the trial data became available, I spent several days buffing up on my immunology so that I could better understand mRNA technology. I listened to panel interviews that included physicians of color with expertise in infectious disease. I read the trials' inclusion and exclusion criteria. I looked at every line of Table 1 to ensure there were people in the trials that looked like the people in my family. I combed over the efficacy data and every adverse event. **After my immunology and vaccinology immersion, I walked into that room to be vaccinated with less trepidation in my heart.**

More than 1 in 470 Black residents have died in Michigan and New Jersey from COVID-19; more than 1 in 410 Latinos in New York; more than 1 in 200 Indigenous people in New Mexico [1]. The medical community recognized the racial disparity in COVID-19 mortality early in the pandemic. **However, it should be clarified that the COVID-19 virus does not discriminate; but our systems have and do**. The virus amplified and exposed for all to see structural racism—institutions, laws, policies, and regulations that lead to uneven distribution of education, job opportunities, and criminal justice between races. Structural racism and unequal distribution of the social determinants of health in turn leads to social need—housing and food insecurity, deficits in literacy and social networks. This failure leads to crowded homes, lack of private transportation, and less health care access. These unhealthy environments contribute to disease risk factors like obesity, diabetes, and hypertension which put those subjected to systemic racism at risk for death from COVID-19. The racial disparity in COVID-19 mortality **has nothing to do with race and everything to do with structural racism.**

So despite over 10 years of medical education, I walked in to get my vaccine with some uncertainty in my heart. **If you cannot comprehend how my experience of structural racism can overpower a decade of medical education, then you will have a hard time understanding vaccine hesitancy in communities of color**. For communities of color to have significant vaccine uptake, it is going to take more than a few photos of medical professionals on social media getting the vaccine. As a medical community we need to have our ambassadors acknowledge our failures in gaining their trust. Unfortunately, this lack of trust is not just the result of residual pain from past atrocities like the Tuskegee experiments. On December 20th, Dr. Susan Moore, a Black physician died of COVID-19 after video recounting her experience with racism at my own institution. Many patients of color, including myself, can describe present-day experiences in the health care system where we have been discounted, ignored, and devalued. As a medical community we need to acknowledge our wrongdoing and commit to training our current workforce to do better in the future. A commitment by our governments and the medical community to distribute the vaccine quickly and equitably to the most devastated communities of color first would go a long way towards relationship building. **To continue to highlight the disparities in mortality from COVID-19, yet make no concerted effort to mitigate that disparity is a counterproductive strategy, and will not move relationships with communities of color forward**.

On January 19th, I was among the privileged, who recieved their second dose of the vaccine gaining 95% protection from this deadly virus. We have lost so many. We must and we can do what is needed to get this vaccine to the vulnerable communities that need it the most.

Declaration of Competing Interest

The author has no conflicts of interests or disclosures to report.

Reference

[1] The color of coronavirus: 2020 year in review. https://www.apmresearchlab.org/ Accessed December 2020.

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