

Race And The Roots Of Vaccine Skepticism

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• • • December 20, 2020 5:13 PM ET
Heard on [All Things Considered](#)
6-Minute Listen

- <https://www.npr.org/2020/12/20/948614857/race-and-the-roots-of-vaccine-skepticism>
accessed January 20, 2021
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NPR's Michel Martin speaks with science writer and medical ethicist Harriet Washington about the factors that contribute to vaccine skepticism among communities of color and ways to address them.

MICHEL MARTIN, HOST:

We are devoting this entire hour to sharing information about the new COVID-19 vaccines. And now we want to focus on why these vaccines are evidently being perceived so differently by different groups. According to the Pew Research Center, for example, only 43% of African Americans said they would get a vaccine if it were available to them. That's the lowest of any racial group they surveyed. And public health officials are aware of this. In cities across the country, Black health professionals were among the first to get vaccinated, in some cases publicly, at events open to the press.

We wanted to talk more about the roots of the skepticism and ways to address it, so we've called the award-winning writer and ethicist Harriet Washington, who's written extensively about these issues, including in her book "Medical Apartheid." And when we spoke, she said to understand the skepticism, you have to focus on more than just what Black people do.

HARRIET WASHINGTON: If you only focus on African American behavior, it sounds like a pathological response by African Americans, when in reality, we've got a health care system that needs to be interrogated as well. We have to look at these two phenomena together in tandem rather than just one group's behavior. But certainly, there's a rich historical basis for the reticence shown by many African Americans. And that - when I say history, I'm referring to last week's history as well as what happened four centuries ago. We've got four centuries of abuse in the medical arena. And we also have - in context with the COVID vaccine determination, we also have very recent history.

It was only in April that two French doctors caused a furor when they suggested that ethically troubled research be conducted in African venues where people don't have access to health care and were more likely to grasp at the straws of medical research. They talked about experimenting on African prostitutes. And there was a lot of pearl-clutching and outrage, as it should have been,

in response to that, but it's nothing that I haven't been reading consistently in medical journals over the past decade. It's something that's periodically raised, that the developing world is the proper site for ethically troubled research. And this, of course, was publicized in this country, sometimes to publications that were more likely to be read by African Americans, like the Final Call, Muslim population.

So African Americans are aware of this. As I point out in "Medical Apartheid," there was no sphere of American medicine in which African Americans were not - did not have their bodies appropriated or their body tissues appropriated or were forced into research, research that was often quite crude and harmful. And the failure of the history of medicine canon to acknowledge this has only made the situation worse.

MARTIN: Well, let's talk about some of the efforts being made to encourage people to take the vaccine. I mean, Dr. Anthony Fauci, who's the country's most prominent infectious disease expert, has appealed to a civil rights group, and he's spoken publicly and made a point of speaking publicly about how a Black scientist helped to develop the vaccine. Is there something - are these good steps? And are there - is there something more that you think public health officials should be doing?

WASHINGTON: I think this is a good thing to do because I think this vaccine looks as if it's going to be safe, efficacious - just what we need. So anything that's done in terms of encouraging African Americans to benefit from it, too, I think is a good step. However, it's not a substitute for reforming the health care system. If we don't reform the system, if we don't make real, large steps toward addressing the inequities that cultivate distrust, then we're going to have to do this every time we have a new health initiative. That's a complete waste.

One of the things I point out in "Medical Apartheid" is the history of medicine is carefully curated to elide most mention of African Americans. We have to be written out of the history. If we hadn't been, people might be better aware that we owe our knowledge of vaccines to a African. An African slave named Onesimus owned by Cotton Mather was the first person in this country to teach doctors how to do a variolation - early vaccinations. It was commonly done in Africa and commonly done in China, and he taught people in this country how to do the vaccinations.

But, you know, I think if people had a better appreciation that not only do we know about smallpox variolation because of an African, it was an African American, Dr. Louis T. Wright, who, during World War II, revolutionized smallpox treatment. So we actually have the treatment of this serious disease, the vaccinations - they are due to the work of African Americans. We have a long history of African Americans doing research and developing drugs but then being written out of history. So I think it's a very good move to let people know that an African American was key to development and - but also let them know that this has historically been the case. This might change the mentality of many African Americans who view medical research as a white province and find that one other reason not to trust it.

MARTIN: How do you reconcile the fact that many people have distrust of this vaccine with the fact that a number of the communities that have the distrust are also the same people who are hardest hit?

WASHINGTON: Well, the distrust stems, again, from the fact that the health care system is flawed, deeply flawed, and treats African Americans differently. Many report - and I'm not sure there are good data on this yet - but many reported that their symptoms weren't taken seriously. They were sent home, although ill. And so we know that this is certainly the case with many other important illnesses in African Americans. Their reports of pain and symptoms tend to be discounted more often than are whites'. So their access to health care is severely limited by these factors.

And these are the things that should have been, you know, major targets for us in terms of intervening. And I don't see that they were. So I think that - since unfortunately, I don't expect this will be the last infectious disease outbreak we have in this country, I think it's really important to begin addressing these factors now. And so the same factors that create vulnerability have not changed. And until they do change, until our health care system does a better job of protecting people, we're going to keep seeing these ethnic patterns of disease that affect people of color, marginalized ethnic groups, much more heavily than whites.

MARTIN: Harriet Washington is an award-winning science writer and medical ethicist. She's the author of "Medical Apartheid: The Dark History Of Medical Experimentation On Black Americans From Colonial Times To The Present." And she has a forthcoming book on informed consent. Harriet Washington, thanks so much for talking to us.

WASHINGTON: Thank you so much for having me.

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