Black Americans are nearly 2 times as likely to die from COVID-19 and nearly 3 times as likely to be hospitalized from COVID-19 than White Americans. Despite this, White Americans are being vaccinated at rates of up to three times higher than Black Americans. The goal of this newsletter is to shed light on the systemic reasons Black Americans have less access to the COVID-19 vaccine, as well as traumatic experiences that may discourage a person of color from receiving the vaccine when the opportunity is available. It is important for us as healthcare providers to increase our understanding of these barriers so that we may empower our clients in making medical decisions that may be rooted in trauma.

Data on how many Black Americans have been offered the vaccine versus how many Black Americans who have received the vaccine would help us understand how much of the low vaccination rates in Black Americans is due to access versus hesitancy. However, this data has not yet been collected. Given the presence of racism in healthcare (and all social systems), it is easy to assume that the decreased vaccination rate in Black Americans is at least partially due to lack of access. Examples of this include: wealthy White Americans in Los Angeles obtaining vaccine slots meant for Black and Hispanic Americans, requiring a computer/smartphone to make an appointment for a vaccine, and reduced access for individuals with lower education and higher-risk work.
VACCINE HESITANCY

Not only are there disparities in healthcare for Black Americans to receive the vaccine, but given a long history of discrimination and unethical medical experiments, Black Americans may be more hesitant to get the vaccine when the opportunity is provided. In a survey conducted in November of 2020, 42% of Black Americans indicated they were inclined to get the COVID vaccine in comparison to 63% of Hispanic and 61% of White Americans. These findings show the hesitancy that some Black Americans face in trusting the government and medical community after experiencing harmful exploitation in medical experiments (Tuskegee Study) as well as discrimination and neglect (the infant mortality rate is 2.2 times higher in Black populations, Black Moms are 3 times more likely to die in childbirth, and Black Americans are less likely to have access to healthcare etc).

WHAT CAN WE DO?

- Have conversations with our patients about their comfort/discomfort with receiving the COVID-vaccine
- Practice empathy and validate concerns BEFORE providing information to patients/clients
- Seek to understand hesitations in getting the COVID-19 vaccine and validate those hesitations in the context of that person's life
- Provide transparent information about what we do and don't know about the vaccine
- Remember that having a positive relationship with our patients built on trust is more important than dismissing discomfort and persuading patients to get the COVID vaccine

"I don’t know if it’s useful to try to convince someone that the government did not create HIV to kill Black people, However, I think it’s worthwhile to acknowledge the hundreds of years of institutional racism that make someone think that.”

-Jessica Jaiswal, Ph.D.