



Vaccine Equity References

Get Healthy San Mateo County demonstrates its commitment to building healthy communities by including Racial Equity and Health as one of its key priority focus areas and embedding it into all our health policy and advocacy efforts. With our collaborative of community-based organizations, County agencies, cities, schools, and hospitals working together, we aim to provide timely information and discussion on emerging issues affecting the health of our community. To that end, with the disproportionate impact of the COVID-19 pandemic on communities of color, it is imperative to address the reasons for hesitancy and concerns related to COVID-19 vaccines in these communities. For more information about our efforts applying an equity lens to the COVID-19 pandemic, contact Darryl Lampkin (<mailto:dlampkin@smcgov.org>).

Acknowledging Historical Mistreatment and Current Health Inequities

We understand the history of mistreatment of communities of color and current health inequities within the US medical system have led to distrust and concerns related to new vaccines. A critical step in acknowledging the medical system's role in the persistence of this distrust is naming the many harms that have been perpetrated on these communities.

Following, while not a comprehensive list, are a few highlights of some longstanding institutional practices that have fueled this distrust:

- **Throughout 19th century:** Physicians used enslaved African Americans as subjects of abusive, involuntary medical experimentation for both developing cures and profit. One of the most notorious examples of this abuse was J. Marion Sims, known as the father of gynecology, who developed gynecological procedures and tools by performing surgeries without anesthesia on enslaved African American women.¹
<https://www.history.com/news/the-father-of-modern-gynecology-performed-shocking-experiments-on-slaves>
- **Tuskegee Syphilis Studies:** Conducted during the years 1932-1972, the infamous clinical study conducted at the historically black college, Tuskegee Institute in Alabama by the US Public Health Service, studied the natural progression of untreated syphilis in poor, rural black men. To do this study the black participants were lied to by health officials and provided sham treatments. The participants were also never offered penicillin after it had been approved for treatment of syphilis in 1942. Many of the participants died and suffered serious long-term health effects for themselves and their loved ones.²
<https://www.history.com/news/the-infamous-40-year-tuskegee-study>
- **Johns Hopkins University HeLa Cells:** In 1951, a poor African American woman named Henrietta Lacks sought care for a recurring gynecological medical condition at John Hopkins University hospital, one of the few Baltimore, MD, hospitals to treat poor people. It was discovered that she had a cervical tumor, and upon biopsy, it was

determined that the tumor was cancerous. Samples of her tissue were sent, without her consent, to a researcher who routinely collected tumor cells. Unlike other cells that quickly died, Ms. Lacks' cells reproduced every 24 hours; and, thus were harvested and reproduced for use in medical research that has led to important scientific breakthroughs. Although Ms. Lacks succumbed to her illness, her cells continue to be used today. Her family had no knowledge of the medical communities' use of her cells until the mid-1970s, and they have not been adequately compensated for the continued use of her cells.³ <https://www.nature.com/articles/d41586-020-03042-5>

- **Involuntary Sterilization:** Forced sterilization in the US has targeted people of color, lower income individuals, immigrants, the incarcerated, and people with disabilities well into the 21st century. Most recently, from 1997 – 2010, about 1400 mostly women of color were sterilized in California prisons. Documentation of these procedures included little information on their medical necessity and raised issues about the limitation of consent for incarcerated people.⁴ <https://www.bellyofthebeastfilm.com/>

While the historical accounts noted above may seem a relic of the past, current research reflects the lived experiences of people of color that racism, like in our society, is still baked into the medical system and is a significant factor in ongoing health inequities. Recent research shows that communities of color are more at risk to receive lower quality health services and referrals to specialty care, are perceived by many medical professionals to have higher pain tolerance or to exaggerate pain levels, and often feel that doctors do not listen closely or take seriously their health complaints. Recollection of these experiences over their entire history of experience with US healthcare justifiably remains in the collective consciousness of BIPOC communities.⁵ <https://www.pnas.org/content/113/16/4296>

Repairing the Harm

While no amount of cataloguing these experiences can adequately remedy or explain away harm caused by medical exploitation and mistreatment, open acknowledgment and honesty while elevating these lived experiences can be a healing balm and has galvanized movements toward reform and compensation like some of the actions listed below:

- Federal, state, and local jurisdictions are required to establish independent institutional review boards to scrutinize study designs for safety, ethics, and require documented informed consent from patients participating in research.
- In 1997, President Bill Clinton issued a formal, public apology to research survivors placing the responsibility for the abuse on the US government and medical establishment and provided a grant to establish a center for bioethics and research at Tuskegee University. A civil suit settlement in 1974 resulted in monetary compensation and lifelong care for survivors and descendants.

- In 2020, in the wake of worldwide racial unrest resulting from the death of George Floyd, the Henrietta Lacks Foundation received a grant from the Howard Hughes Medical Institute as a way of reckoning with and making reparations for unethical research conducted on communities of color with hopes to set a precedent for other research institutions to take similar steps.
- In 2018, after years of protests and activism, the New York City mayor ordered the removal of a statue of Dr. Sims from a place of prominence in Central Park. While controversial, this move signaled acknowledgment of the everyday, repeated trauma communities of color experience through public reverence for historical figures who played key roles in their exploitation.

While many governments have often reluctantly acknowledged their role in these acts of abuse, in rare instances governments have begun to address historical injustices through reparations to affected individual victims and families. In addition to those noted above, other acts of reparations to those affected are: Germany's compensation to victims of the Holocaust; South Africa's compensation to victims of apartheid; and, the state of North Carolina's compensation to victims of forced sterilization.

Acknowledging the medical system's past exploitation of communities of color must be coupled with changes in the current context in which healthcare is provided in these communities. This begins with listening to their concerns, providing accurate information, and respecting their health decisions. The following public health strategies, among many others, have resulted in improvements in the healthcare delivery system:

- Medical care providers listening openly in a nonjudgmental manner, providing accurate information, and supporting communities of color in strength-based health decisions making
- Ensuring that people of color are represented in leadership and at every level of healthcare decision-making
- Fostering an inclusive healthcare culture where concerns of marginalized communities are amplified and addressed
- Identifying and engaging members of marginalized communities as trusted messengers to deliver accessible, culturally relevant and linguistically appropriate public health services and messages

The current health pandemic has shed light on the urgent need to better understand how these historical practices and current inequities impact the health of all communities. Furthermore, reckoning with and learning from this shared history can point the way towards creation of systems of care where all people can live long, healthy, and quality lives.