

State University of New York at New Paltz

A Vicious Cycle: A Written Summary

The Implication of Communities Considered Vaccine-Hesitant During the Covid-19 Pandemic

Sheyla Torres

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Dr. Kenneth Nystrom

Inequality has been a hallmark of the COVID-19 pandemic in the United States, especially in the sharply disproportionate impacts among people of color where higher case rates, more deaths, and more severe economic effects were prevalent.<sup>1,2,3</sup> Analyzing initial COVID-19 vaccine data across various racial and ethnic groups indicates that communities previously identified as vaccine-hesitant—particularly Black and Latinx communities—continue to lag behind in the percentage of individuals who have received at least one COVID-19 vaccine dose.<sup>4</sup>

In discussing vaccine hesitancy, it should be noted that the definition of "vaccine-hesitant" varies among sources, ranging from an uncertain attitude toward vaccines to outright refusal. The Centers for Disease Control (CDC) considers those who responded “definitely not” or “probably not” to the question “Once a vaccine to prevent COVID-19 is available to you, would you...get a vaccine?” as vaccine-hesitant; while the World Health Organization defines it as an overall delayed acceptance.<sup>5</sup> Some other sources consider it as “a state of indecision and uncertainty that precedes a decision to become (or not become) vaccinated.”<sup>6</sup> However it is defined, there is a broad consensus on its significance, with the World Health Organization (WHO) categorizing vaccine hesitancy as one of the ten threats to global health in 2019, emphasizing its association with diminished vaccination coverage and an increased risk of frequent outbreaks of vaccine-preventable diseases (VPDs) worldwide.<sup>7</sup>

In explaining the disparities in early COVID-19 vaccine uptake between communities, many officials and the overall media at the time began to apply a blanket statement that these communities were merely vaccine-hesitant. However, a close analysis of the likelihood of receiving the COVID-19 vaccine during the same time period (January 2021-April 2021) shows that these groups do not vary so greatly in accounting for the disparities of those who have and

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<sup>1</sup> Nambi Ndugga and Samantha Artiga Published: Apr 21, 2023. (2023, May 24). *Disparities in Health and Health Care: 5 Key Questions and Answers*. KFF.

<https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/>  
<sup>2</sup> Tai, D. B. G., Sia, I. G., Doubeni, C. A., & Wieland, M. L. (2022). Disproportionate Impact of COVID-19 on Racial and Ethnic Minority Groups in the United States: a 2021 Update. *Journal of racial and ethnic health disparities*, 9(6), 2334–2339.

<sup>3</sup> Lu, R., Lu, R., Gondi, S., Martin, A., & 12, A. (2021, April 12). Inequity in vaccinations isn't always about hesitancy, it's about access. AAMC. <https://www.aamc.org/news/inequity-vaccinations-isn-t-always-about-hesitancy-it-s-about-access>

<sup>4</sup> Mathieu, E., Ritchie, H., Rod  s-Guirao, L., Appel, C., Giattino, C., Hasell, J., Macdonald, B., Dattani, S., Beltekian, D., Ortiz-Ospina, E., & Roser, M. (2020, March 5). *Coronavirus (COVID-19) Vaccinations*. Our World in Data. <https://ourworldindata.org/covid-vaccinations>

<sup>5</sup> Centers for Disease Control and Prevention. (n.d.). Vaccine hesitancy for covid-19. Centers for Disease Control and Prevention. <https://data.cdc.gov/stories/s/Vaccine-Hesitancy-for-COVID-19/cnd2-a6zw/>

<sup>6</sup> Larson, H. J., Gakidou, E., & Murray, C. J. L. (2022). The Vaccine-Hesitant Moment. *The New England journal of medicine*, 387(1), 58–65. <https://doi.org/10.1056/NEJMr2106441>

<sup>7</sup> Garcia, G., Meyer, J., Edwards, A., & Cameron, D. (2023). Factors Associated with Receiving an Initial COVID-19 Vaccine Among Alaskan residents: results from an online cross-sectional survey. *International journal of circumpolar health*, 82(1), 2252604. <https://doi.org/10.1080/22423982.2023.2252604>

have not received the vaccine.<sup>8</sup> In most cases, the percentages for those responding "definitely not" and "probably not" between white communities and communities of color are similar.<sup>9</sup> Moreover, these communities surpass the white population when considering vaccination rates or those "inclined" to get vaccinated from the early stages to April 2021.<sup>10</sup> It should be stated that a complete overlap between those 'inclined' and those who are actually vaccinated is likely never to occur, but the disparity is more considerable within these communities, and since it has already been established that these communities are not strongly opposed or significantly more hesitant than the other populations, one should be exploring why they are being referred to as hesitant and the implications of assigning such a label on their health.

Awareness of and compassion regarding these driving factors is essential in sensitively addressing issues of hesitancy, with literature highlighting the risk of further stigmatization through singling out minority groups as 'vaccine-hesitant' in the media and vaccination campaigns. While vaccine hesitancy is often cited as a driver of these disparities in vaccination rates, it does not fully explain the way vaccines are distributed, and applying unsupported beliefs that these communities are vaccine-hesitant brings risks to overlooking access barriers that perpetuate the cycle of health disparities.<sup>11</sup> And that is the main thing: the cycle that occurs when we incorrectly apply a blanket statement to these communities.

Numerous studies have explored the connection between vaccine hesitancy and the historical and medical mistrust within the black community. The 1932 Tuskegee Syphilis study is frequently cited as climactic to this mistrust. In this study, researchers failed to obtain informed consent from participants and neglected to provide treatment. Among the 399 men involved, 128 succumbed to syphilis, 100 experienced related complications, 40 of their wives contracted the disease, and 19 of their children were born with congenital syphilis.<sup>12</sup> Given this horrific history, many scientists assumed Black people would want nothing to do with the medical establishment again, particularly clinical research. Over the next three decades, various books, articles, and

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<sup>8</sup> Nambi Ndugga, L. H. (2022, July 14). Latest data on COVID-19 vaccinations by race/ethnicity. KFF.

<https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-by-race-ethnicity/>

<sup>9</sup> Liz Hamel, A. K. (2021, February 17). *KFF COVID-19 Vaccine Monitor: January 2021 - Vaccine Hesitancy*. KFF.

<https://www.kff.org/report-section/kff-covid-19-vaccine-monitor-january-2021-vaccine-hesitancy/>

<sup>10</sup> Lu, R., Lu, R., Gondi, S., Martin, A., & 12, A. (2021, April 12). Inequity in vaccinations isn't always about hesitancy, it's about access. AAMC. <https://www.aamc.org/news/inequity-vaccinations-isn-t-always-about-hesitancy-it-s-about-access>

<sup>11</sup> Njoku, A., Joseph, M., & Felix, R. (2021). Changing the Narrative: Structural Barriers and Racial and Ethnic Inequities in COVID-19 Vaccination. *International journal of environmental research and public health*, 18(18), 9904. <https://doi.org/10.3390/ijerph18189904>

<sup>12</sup> Dembosky, A. (2021, March 23). Stop Blaming Tuskegee, Critics Say. It's Not an "Excuse" for Current Medical Racism. NPR. <https://www.npr.org/sections/health-shots/2021/03/23/974059870/stop-blaming-tuskegee-critics-say-its-not-an-excuse-for-current-medical-racism>

films repeated this assumption until it became gospel. Fast forward to the COVID-19 pandemic, and journalists, politicians, and health officials, including New York Governor Andrew Cuomo and Dr. Anthony Fauci, invoked the infamous Tuskegee syphilis study to explain why Black Americans exhibit more hesitancy than their white counterparts when it comes to receiving the COVID-19 vaccine. However, as Karen Lincoln, a professor of social work at the University of Southern California and founder of Advocates for African American Elders, points out, relying solely on this historical event can oversimplify a complex issue. “We make these assumptions that it’s Tuskegee. We don’t ask people...It’s a scapegoat...It’s an excuse [as] it almost absolves you of having to learn more, do more, involve other people — admit that racism is actually a thing today...If you say ‘Tuskegee,’ then you don’t have to acknowledge things like pharmacy deserts, things like poverty and unemployment,” she said. “You can just say, ‘That happened then ... and there’s nothing we can do about it.’”<sup>13</sup>

While acknowledging historical context can often be helpful, in the context of low COVID-19 vaccine uptake, ‘vaccine-hesitant’ hides a community's challenges in accessing COVID-19 vaccinations, which are multifaceted and extend far beyond individual beliefs. Factors such as convenience, language, immigration status, transportation, internet access, and overall accessibility illuminate the intricate web of challenges contributing to vaccine uptake disparities.<sup>14</sup> When these barriers hinder these communities from accessing vaccines, we inadvertently allocate fewer resources to address the underlying disparities, perpetuating stereotypes that sustain the cycle.

The main question is how do we overcome these barriers and break this cycle? Our collective responsibility is to move beyond the constraints of 'vaccine hesitancy' labels, ensuring that resources are allocated effectively to tackle these broader challenges. To break the cycle of disparities, we must implement high-touch practices, particularly in Black and Brown communities, while fostering trust through acknowledgment of historical context.<sup>15</sup> It is time to empower individuals with the authority of their medical education and knowledge, centering our efforts on achieving vaccine equity, not just equality. The path forward requires listening, taking

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<sup>13</sup> Dembosky, A. (2021, March 23). Stop Blaming Tuskegee, Critics Say. It's Not an “Excuse” for Current Medical Racism. NPR. <https://www.npr.org/sections/health-shots/2021/03/23/974059870/stop-blaming-tuskegee-critics-say-its-not-an-excuse-for-current-medical-racism>

<sup>14</sup> Njoku, A., Joseph, M., & Felix, R. (2021). Changing the Narrative: Structural Barriers and Racial and Ethnic Inequities in COVID-19 Vaccination. *International Journal of Environmental Research and Public Health*, 18(18), 9904. <https://doi.org/10.3390/ijerph18189904>

<sup>15</sup> Balasuriya, L., Santilli, A., Morone, J., Ainooson, J., Roy, B., Njoku, A., Mendiola-Iparraguirre, A., O'Connor Duffany, K., Macklin, B., Higginbottom, J., Fernández-Ayala, C., Vicente, G., & Venkatesh, A. (2021, October 1). Covid-19 Vaccine Acceptance and Access Among Black and Latinx Communities. *JAMA network open*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8515205/>

responsibility, showing accountability, and no longer making excuses. By doing so, we can build a more equitable healthcare system that respects the diverse needs of all communities.

## Bibliography:

- Balasuriya, L., Santilli, A., Morone, J., Ainooson, J., Roy, B., Njoku, A., Mendiola-Iparraguirre, A., O'Connor Duffany, K., Macklin, B., Higginbottom, J., Fernández-Ayala, C., Vicente, G., & Venkatesh, A. (2021, October 1). *Covid-19 Vaccine Acceptance and Access Among Black and Latinx Communities*. JAMA network open.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8515205/>
- Bayati, M., Noroozi, R., Ghanbari-Jahromi, M., & Jalali, F. S. (2022, August 30). *Inequality in the Distribution of COVID-19 Vaccine: A Systematic Review* - International Journal for Equity in Health. BioMed Central. <https://doi.org/10.1186/s12939-022-01729-x>
- Dembosky, A. (2021, March 23). *Stop Blaming Tuskegee, Critics Say. It's Not an "Excuse" for Current Medical Racism*. NPR.  
<https://www.npr.org/sections/health-shots/2021/03/23/974059870/stop-blaming-tuskegee-critics-say-its-not-an-excuse-for-current-medical-racism>
- Centers for Disease Control and Prevention. (n.d.). Vaccine hesitancy for covid-19. Centers for Disease Control and Prevention.  
<https://data.cdc.gov/stories/s/Vaccine-Hesitancy-for-COVID-19/cnd2-a6zw/>
- Garcia, G., Meyer, J., Edwards, A., & Cameron, D. (2023). Factors associated with receiving an initial COVID-19 vaccine among Alaskan residents: results from an online cross-sectional survey. *International journal of circumpolar health*, 82(1), 2252604.  
<https://doi.org/10.1080/22423982.2023.2252604>
- Giselle Corbie-Smith, M. (2021, March 25). Vaccine hesitancy is a scapegoat for structural racism. JAMA Health Forum. <https://doi.org/10.1001/jamahealthforum.2021.0434>
- Kricorian, K., Civen, R., & Equils, O. (2022, December 31). Covid-19 Vaccine Hesitancy: Misinformation and Perceptions of Vaccine Safety. *Human vaccines & immunotherapeutics*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8920251/>

Larson, H. J., Gakidou, E., & Murray, C. J. L. (2022). The Vaccine-Hesitant Moment. *The New England journal of medicine*, 387(1), 58–65. <https://doi.org/10.1056/NEJMra2106441>

Lu, R., Lu, R., Gondi, S., Martin, A., & 12, A. (2021, April 12). Inequity in Vaccinations Isn't Always About Hesitancy; It's About Access. AAMC. <https://www.aamc.org/news/inequity-vaccinations-isn-t-always-about-hesitancy-it-s-about-access>

Mathieu, E., Ritchie, H., Rod s-Guirao, L., Appel, C., Giattino, C., Hasell, J., Macdonald, B., Dattani, S., Beltekian, D., Ortiz-Ospina, E., & Roser, M. (2020, March 5). Coronavirus (COVID-19) vaccinations. Our World in Data. <https://ourworldindata.org/covid-vaccinations>

Momplaisir, F., Haynes, N., Nkwihoreze, H., Nelson, M., Werner, R. M., Jemmott, J. (2021, November 15). *Understanding Drivers of Coronavirus Disease 2019 Vaccine Hesitancy Among Blacks*. *Clinical Infectious Diseases*, 73(10), 1784–1789. <https://doi.org/10.1093/cid/ciab102>

Nambi Ndugga, L. H. (2022, July 14). *Latest Data on COVID-19 Vaccinations by Race/Ethnicity*. KFF. <https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-by-race-ethnicity/>

Nambi Ndugga and Samantha Artiga, Published: Apr 21, 2023. (2023, May 24). *Disparities in Health and Health Care: 5 Key Questions and Answers*. KFF. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/>

Njoku, A., Joseph, M., & Felix, R. (2021). *Changing the Narrative: Structural Barriers and Racial and Ethnic Inequities in COVID-19 Vaccination*. *International Journal of*

Environmental Research and Public Health, 18(18), 9904.  
<https://doi.org/10.3390/ijerph18189904>

Laurencin, C. T. (2021, June). *Addressing Justified Vaccine Hesitancy in the Black Community*.  
Journal of racial and ethnic health disparities.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8009077/>

Razai, M. S., Osama, T., McKechnie, D. G. J., & Majeed, A. (2021, February 26). *Covid-19 Vaccine Hesitancy Among Ethnic Minority Groups*. The BMJ.  
<https://www.bmj.com/content/372/bmj.n513.long>

Sina-Odunsi, A. J. (2021). *Covid-19 Vaccine Inequity and Hesitancy Among African Americans*.  
Clinical Epidemiology and Global Health.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8529900/>

Streefland, P., Chowdhury, A. M. R., & Ramos-Jimenez, P. (1999). Patterns of Vaccination Acceptance. *Social Science & Medicine*, 49(12), 1705–1716.  
[https://doi.org/10.1016/s0277-9536\(99\)00239-7](https://doi.org/10.1016/s0277-9536(99)00239-7)

Tai, D. B. G., Sia, I. G., Doubeni, C. A., & Wieland, M. L. (2022). Disproportionate Impact of COVID-19 on Racial and Ethnic Minority Groups in the United States: a 2021 Update. *Journal of racial and ethnic health disparities*, 9(6), 2334–2339.  
<https://doi.org/10.1007/s40615-021-01170-w>