Communities for Immunity: Stories about COVID
The Peale, Baltimore | 2022

Covid-19 and the Black Community

Chrys Seawood: [Slide 1] (00:01) Hello, and welcome to a webinar about COVID -19 and the Black community. I am your facilitator, Chrystal Seawood. I am an educator and artist fellow at the Peale Museum of Baltimore. Many sources were used to design this webinar and can be found on the last slides at the end of the presentation.

Chrys Seawood: [Slide 2] (00:22): Let's look at some COVID-19 Data in the Black Community. According to the Kaiser Family Foundation, Black Americans are more likely to become severely ill or die due to complications of COVID-19 than other populations. In fact, Black individuals account for 15% of COVID-19 deaths in the U.S., though they make up only 12% of the overall population and are nearly three times as likely to be hospitalized due to COVID-19 as white people. (Dec. 2021)

As of Jan. 10, 2022, 54% of Black individuals across a majority of states in the U.S. had received at least one vaccine dose – a lower rate than among white, Hispanic and Asian populations, according to an analysis by the Kaiser Family Foundation. (Jan. 2022)

Chrys Seawood: [Slide 3] (01:13): When researching information about the impact of COVID 19 on the Black community, a common thread emerged: there appears to be a relationship between vaccine hesitancy and a history of medical mistrust. In this webinar, we'll unpack that relationship, explore the contributions Black people have made in vaccine development, common questions about vaccine safety, and the current vaccine trends in the Black community.

Here's our outline of the webinar: We will begin with the History of medical mistrust in the Black community, explore Black pioneers in vaccine development, address vaccine hesitancy in the Black community, explore questions about vaccine safety, and look at current trends in the Black community.

Chrys Seawood: [Slide 4] (02:08): Now let's pry into history, and review how Black people have been subjected to medical abuse in the past. During the formative years of medical colleges, there was a shortage of cadavers, aka "dead bodies," to supply dissections materials to medical students.

Medical colleges were fairly new and there weren't enough legal cadavers to supply the growing interest in this field of study. Well, guess how they acquired cadavers? They stole bodies from Black cemeteries. Everyone from Medical students to janitors of medical colleges, and sometimes professors themselves participated in the practice called, "body snatching," or "grave robbing."

Baltimore became the epicenter of this unethical practice with the invention of the railroad. Bodies were eventually shipped outside of Baltimore, hidden, in whiskey barrels, to hide the smells of the rotting dead bodies— and get this, the same whiskey used to mask the odor, was the same whiskey sold in bars as “stiff drinks”

It wasn’t until 1880 grave robbing made its way to the headlines of the newspaper, highlight the University of Maryland’s central role in this practice. On one night, a Black woman, who had lived in Federal Hill, was awakened by her nightmares.

The story began with Mrs. Elizabeth Joiner’s bad dream. Her niece, Jane Smith, had been buried earlier that evening, and the more the Federal Hill matron tossed and turned, the more she became convinced that grave robbers had stolen the body.
And she was right.

In the morning, Mrs. Joiner made her way to her niece’s grave. She saw that not only was her niece’s body missing, but her niece’s mother, who had been buried next to her, was missing as well.

The culprits, four janitors employed by the university, weren’t convicted, even though the crime was a misdemeanor. Politicians supported this unethical practice in the name of “common good” and police officers just looked the other way—in the name of racial bias.

In 1845, J. Marion Sims, credited as the father of gynecology, began experimenting on enslaved Black women.

Back then, it was considered unsavory and distasteful to operate on female organs. And like most doctors, J. Marion Sims wasn’t interested. One day, he had gotten a female patient who had fallen off of a horse and was experiencing a lot of pain. He soon realized that he needed to look directly into her vagina to assess her injuries. That experience shifted his medical interests instantly.

With little medical training, Sims began experimenting on enslaved Black women—without Anesthesia, because he believed Black people had a higher tolerance for pain. He would temporarily purchase Black female slaves and experiment on them to perfect his practice. One story in particular stands out.

After 30 operations on one woman, a 17-year-old enslaved woman named Anarcha who had had a very traumatic labor and delivery, he finally “perfected” his method—after four years of experimentation, and again, without anesthesia. Afterward, he began to practice on white women, but this time, he used anesthesia, which was new to the medical field at the time.

Perhaps the most unethical medical experiment to take place in American history was the infamous Tuskegee experiment. For 40 years, The United States public health service, now called the department of health and human services, used more than 300 Black men as test subjects to study the effects of syphilis.

They only told these men they had “bad blood” and would be treated for free. To be clear, they lied to them.

Even when it was discovered that penicillin could treat syphilis, they denied them care because they wanted to study the disease's full progression in the body. The impact was detrimental. Patients ended up experiencing blindness, mental health problems, and worse—death.

In 1951, Doctors at Johns Hopkins Hospital took a tissue sample of a cancerous cell from a poor, Black dying woman named Henrietta Lacks. Though her cells have fueled medical breakthroughs, her cells were taken and used without her or her family’s consent. At that time, George Gey, a researcher at Johns Hopkins at the time, was desperately trying to grow human cells outside of the human body in the lab to test how they function and understand how diseases developed, but all of his efforts prior to taking Henrietta Lacks’ cells had failed. All of the cells eventually died. But not Henrietta Lacks. Her cells were the first cells to not die. They were immortal.

Gey named her cells “HeLa” and began to ship her cells to labs all over the world. Her cells were generating millions of dollars. All of this was happening without her family's knowledge. For decades, the Lacks's family was kept in the dark about what happened to her cells. It wasn’t until 1973, the family learned the truth when scientists asked for DNA samples after finding that HeLa had contaminated other samples. Henrietta’s contributions are invaluable to science. We have all benefited from her contributions. Her cells have helped to eliminate polio in most parts of the world, study cancer, HIV, and most recently, COIVD-19. What happened to Henrietta Lacks is no longer legal. Now federal law requires informed consent.

Chrys Seawood: [Slides 5] (08:52): Now let’s talk about Black pioneers in vaccine development.

Chrys Seawood: [Slides 6] (08:57): In 1776, a man named Edward Jenner, not pictured here, developed a vaccine, but it was an enslaved West African man who paved the way. At one point in history, smallpox was one of the most dangerous and deadliest diseases. It had plagued civilizations for centuries. On average, 3 out of every 10 people who got it, died. People who survived usually got scars, which were sometimes severe. In 1721, Boston was fighting a smallpox epidemic. Sickness swept throughout the city, killing hundreds. People were terrified.

Earlier, in 1716, Onesimus had told his owner, Cotton Mather, a preacher who is probably most famous for his heavy involvement in the Salem Witch Trials, that he knew how to prevent smallpox. He shared the ancient practice that's called inoculation. This practice involves rubbing the pus from an infected person and putting it into the broken skin of a healthy person. This practice had already been in use in other parts of the world, like China, Turkey, and Africa.

When Mather began advocating for inoculation, the citizens of Boston criticized Mather for taking medical advice from an enslaved African man, but Mather found a doctor who believed him and who

was willing to test this theory, but only after Mather conferred with other slaves to verify Onesiums' story. This doctor, who believed in Mather, was named Zebdiel Boylston. He first tested the practice of inoculation on his son and the slaves he owned. It worked. Of the 242 people he inoculated against the disease, only 6 died, 1 in 40, as opposed to 1 in 7 deaths before.

Chrys Seawood: [Slide 7] (11:35): Dr. Kizzmekia S. Corbett led the National Institutes of Health team that developed the Moderna COVID-19 vaccine. She is currently an assistant professor at Harvard University's T.H. Chan School of Public Health and was recently named one of Time magazine's 2021 Heroes of the Year. Dr. Corbett uses her viral immunology expertise to propel novel vaccine development for pandemic preparedness. In all, she has over 15 years of experience studying dengue virus, respiratory syncytial virus, influenza virus, and coronaviruses, garnering several prestigious awards, such as the Benjamin Franklin Next Gen Award and the Salzman Memorial Award in Virology. Combining her research goals with her knack for mentorship, Dr. Corbett invests much of her time in underserved communities as an advocator of STEM education and vaccine awareness.
She received a B.S. in Biological Sciences, with a secondary major in Sociology, in 2008 from the University of Maryland–Baltimore County, where she was a Meyerhoff Scholar and an NIH undergraduate scholar. She then enrolled at the University of North Carolina at Chapel Hill, where she obtained her Ph.D. in Microbiology and Immunology in 2014.

Chrys Seawood: [Slide 8] (13:36): Addressing Vaccine Hesitancy in the Black Community.

Chrys Seawood: [Slide 9] (13:39): In the Black community, there are two points of concern about the vaccine. One: The speed at which the vaccine was developed and worries the vaccine might alter DNA. We will read quotes from Sheritta Hill Golden, a medical doctor Vice president and chief diversity officer at Johns Hopkins Medicine

Question two: Were the COVID-19 vaccines developed too fast to be safe? "No," Golden says. "Although people are understandably concerned about how quickly these vaccines were brought to market, and despite the name 'Warp Speed,' we know that there were large trials that were conducted correctly. They did not cut corners.

Question two: Does the COVID-19 vaccine change my DNA? "No," Golden says. "The vaccines do not affect the nucleus of the cells, where the DNA resides. The technologies are not new.

"Dr. Kizzmekia Corbett helped developed the vaccines," Golden adds, referring to the African American viral immunologist at the National Institutes of Health [now an assistant professor at Harvard]. She adds that other leaders from communities of color volunteered to take part in the tests, noting, "Dr. Freeman Hrabowski III, president of the University of Maryland, Baltimore County, was a clinical trial participant."

Chrys Seawood: [Slide 10] (15:02): Is the Vaccine Safe? In short, yes.

Chrys Seawood: [Slide 11] (15:08): Hundreds of Millions of People Have Safely Received a COVID-19 Vaccine. More than 559 million doses of COVID-19 vaccine had been given in the United States from December 14, 2020, through March 28, 2022. To view the current total number of COVID-19

vaccinations that have been administered in the United States, please visit the CDC COVID Data Tracker.

COVID-19 vaccines are safe and effective. COVID-19 vaccines were evaluated in tens of thousands of participants in clinical trials. The vaccines met the Food and Drug Administration's (FDA's) rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization (EUA).

The Pfizer-BioNTech, Moderna, and Johnson & Johnson/Janssen COVID-19 vaccines will continue to undergo the most intensive safety monitoring in US history. This monitoring includes using both established and new safety monitoring systems to make sure that COVID-19 vaccines are safe.

Chrys Seawood: [Slide 12] (16:28): Common Side Effects: After COVID-19 vaccination, some people may feel ill, with symptoms like fever or tiredness for a day or two after receiving the vaccine. These symptoms are normal and are signs that the body is building immunity. Some people have no side effects. Others have reported common side effects after COVID-19 vaccination, such as: Swelling, redness, and pain at the injection site, fever, headache, tiredness, muscle pain, chills, nausea. Serious safety problems are rare.

Chrys Seawood: [Slide 13] (17:10): Why Get Vaccinated?

Chrys Seawood: [Slide 14] (17:14): Getting sick with COVID-19 can have serious consequences. Getting sick with COVID-19 can cause severe illness or death, even in children, and we can't reliably predict who will have mild or severe illness.

You may have long-term health issues after COVID-19 infection. Even people who do not have symptoms when they are initially infected can have these ongoing health problems. People who are sick with COVID-19 may spread COVID-19 to others including friends and family who are not eligible for vaccination and people at increased risk for severe illness from COVID-19. COVID-19 vaccines are effective.

COVID 19-vaccines are effective and can lower your risk of getting and spreading the virus that causes COVID-19. COVID-19 vaccines also help prevent serious illness and death in children and adults even if they do get COVID-19.

COVID-19 vaccination is a safer & more reliable way to build protection. The level of protection people get from having COVID-19 (sometimes called natural immunity) may vary depending on how mild or severe their illness was, the time since their infection, and their age; and there is still not an antibody test available that can reliably determine if a person is protected from further infection.

All COVID-19 vaccines currently available in the United States are effective at preventing COVID-19. Staying up to date with COVID-19 vaccination gives most people a high level of protection against COVID-19.

Chrys Seawood: [Slide 15] (19:11): The upside: Black Americans are changing the narrative.

Chrys Seawood: [Slide 16] (19:15): Black Americans beat back vaccine hesitancy faster than whites. "Early on in the pandemic, though approximately 1 in 5 U.S. counties were disproportionately Black, they'd accounted for 52% of COVID-19 diagnoses and nearly 60% of COVID-related deaths nationally."

"Black individuals have overcome hesitation about getting vaccinated against COVID-19 more quickly than whites, new research indicates, raising the possibility that access barriers may be contributing more to the racial disparity in vaccination rates than mistrust of the medical establishment."

"An analysis of survey results recently published in JAMA Network Open found Black individuals on average were slightly less intent on getting vaccinated than white individuals when COVID-19 vaccines were first introduced in December 2020. But views about the necessity of the vaccine became more positive among Black individuals at a more rapid pace in later months, according to the study, appearing to fuel an increase in willingness among participants to get vaccinated."

This concludes the end of this webinar. Again, resources for how this webinar was put together can be found on the last slides. Thank you.

Chrys Seawood: [Slides 17-20] (20:49): [Links to resources]