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Faith, Fears, and Facts:

African Americans, Vaccinations, and the Fierce Urgency of Now for BIPOC Communities

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with Rev. Charles Mock, Pat Cuneo, Gary Horton,
James Sherrod, and Ben Speggen

There is a Black colloquialism that states, “when white folks catch a cold, Black folks catch pneumonia.” In this idiom “a cold” can represent any medical, ecological, economic, or political calamity that befalls most Americans. The “pneumonia” reference attempts to qualitatively express the disparity, distance, and debilitating effects of the calamity concerning white and Black folks. We see this in real terms with the COVID-19 pandemic, as the Centers for Disease Control and Prevention (CDC)[1] reports that hospitalizations and deaths related to COVID-19 are considerably and disproportionately higher in African American communities and those of Black, Indigenous, and People of Color (BIPOC).

At the time of this writing, more than 525,000 Americans have died from “the cold” that plagues America; the COVID-19 coronavirus.

Early in the development of our United States, issues of racism and racial disparity created the need for the phrase “Black Lives Matter.” This catchphrase, now recognized by nearly the entire world, has presented a metaphysical paradox for white and Black Americans to wrestle with its meaning. American sociologist, educator, and author W.E.B. DuBois[2] offered an urgent and prescient prediction that race would be the problem of the 20th century. Writer and activist James Baldwin[3] amplified the reification of Black people stating, “The Negro is a social and not a personal or human problem; to think of him is to think of statistics, slums, rapes, injustices, remote violence; it is to be confronted with an endless cataloguing of losses, gains, skirmishes; it is to feel virtuous, outraged, helpless, as though his continuing status among us were somehow analogous to disease – cancer, perhaps, or tuberculosis – which must be checked, even though it cannot be cured.”

Black Lives Matter defies taxonomy. The phrase is simultaneously a ubiquitous query and a defining statement; a proclamation shrouded with subtle suppositions and various commodious interpretations. The perplexing question that confronts most African Americans and other people of color, under the real threat of COVID-19, is “Do Black Lives Matter in medical communities?” How that question

is answered provides the foundation for the more urgent and salient question, “Should I take the vaccine?” These and other relevant questions have guided the construction of this essay entitled, “Faith, Fears, and Facts: African Americans, Vaccinations, and the Fierce Urgency of Now for BIPOC Communities.”

The authors would like to first convey to all leaders who assist or work within communities of color, the enormous moral, social, and ethical responsibilities we all face in this moment. In the manner of Dr. Martin Luther King, Jr.[4], we are promoting change in our politics, our perception of poverty, and in our service provision; from an inertia of rest to an inertia of motion: “We are now faced with the fact that tomorrow is today. We are confronted with the fierce urgency of now. In this unfolding conundrum of life and history, there "is" such a thing as being too late. Procrastination is still the thief of time. This is no time for apathy or complacency. This is a time for vigorous and positive action.”

Fueled by the faith in Dr. King’s belief of the “beloved community[5],” we are issuing a clarion call to action to local religious and spiritual leaders. The public perception of and expectations for religious institutions is to become or remain those safe spaces where people gather for refuge, relief, comfort, and communication. The church, synagogue, mosque, or temple continues to be a place where God’s love is transmitted through concentric hearts; from agents of hope, whose hearts are filled with compassion, to those individuals whose hearts are empty of hope.

Moreover, we are encouraging all leaders to listen with concentric hearts and address the history of fear and distrust articulated by African Americans and other groups of color. The distrust of medical institutions exhibited by African Americans did not occur in isolation or in a vacuum. These fears and distrust were created by the experimentation and exploitation of African Americans found in historic and modern-day medically racist practices (Washington, 2006).

To the untrained, stating African Americans are still oppressed and fearful of a system of medical colonization and medical apartheid seems absurd and unbelievable. However, author and film critic J. Hoberman (2012)[6] affirms, “(T)he colonial and apartheid analogies are useful because they convey the stigmatized status, the dependency, the vulnerability, and the degree of estrangement from the social mainstream that remain a significant dimension of the African American experience in general and the basis of the [current] African American medical condition (p. 149).”

Our goal is to acknowledge and identify the medical adversaries of African Americans; the physicians and researchers who designed and implemented medical research and interventions that recklessly and capriciously violated the covenants found in the Hippocratic Oath, specifically, do no harm to the patient. While acknowledging and identifying the medical adversaries we also want to instill hope in current medical research and researchers. African Americans have contributed enormously to the discovering, testing, and determining the efficacy of the COVID-19 vaccines.

In an age of misinformation, disinformation, and “straight up lying,” we intend to provide the most current factual medical information regarding the discovery of the vaccine(s), the efficacy of the vaccination for people of color, and offer a global, national, and local prognosis of the coronavirus and the COVID-19 variant mutations[7]. The information regarding this novel virus frequently changes;

however, there are several facts that have not changed for African Americans and other people of color: (1) There is a disproportionately higher rate of infection, illness, and death related to COVID-19. (2) There are social, environmental, and economic risk factors, such as crowded living spaces, working in essential fields without proper Personal Protection Equipment (PPE), and limited access to adequate health care that increase the risk for COVID-19[8].

We are convinced we cannot wait. There are too many community members who are dependent upon and therefore explicitly waiting to hear from their community leaders. It is vitally important that people are provided with the necessary information and resources to make informed decisions. We recognize the decision to be vaccinated is not ours, but yours. One objective of this essay is to gather and present the most recent data concerning the coronavirus and the vaccine. With data and sound exegetical theology and allegorical interpretation we hope to enlighten and educate our Erie community.

Faith: Trusted People, Trusting Places
by Rev. Charles Mock, DDiv.

In an information age, buoyed by biased communications, purchased agendas, and politicized self-centered ambitions, determining where to cast one's vote with respect to receiving a COVID-19 vaccination is more than a notion. Who is right? What information can I trust? Which of the four Gospels of the Christian faith tradition can we rely on to help us make this important decision? Regardless of one's personal faith or spirituality, we are all confronted with the same question: Whose interpretation and information do I trust to drive my decision? Diverse informational sources, political and scientific accusations and deep state conspiracy theories do not make it easy to decide which fork to take in the COVID-19 vaccination road.

Due to recent question-and-answer conversations with individuals who are fearful and undecided on taking the vaccine I have engaged in thoughtful reflections of my attitudes and beliefs regarding vaccinations against the coronavirus. Their thought-provoking questions challenged me in a way to cause critical reflection. Some of the more piercing questions were the following:

Pastor Mock, are you trying to convince me to take the vaccine ***before*** you listen to me describe my fears? Aren't you interested in why I am hesitant to take the vaccine? Will you listen to me first?

I was quickly reminded of the necessity of building trust first because trust matters! It matters who you see, who is sharing the information, where you go, and is the facility a trusted place. Harriet Washington (2006) also reminds us in her book, "Medical Apartheid," "To gain trust, we must first acknowledge the flagrant abuses of the past and the subtler ones of the present. … Mainstream medical scientists, journals, and even some news media fail to evaluate these fears (African American fears of the medical research) in light of historical and scientific fact and tend instead to dismiss all such doubts and fears as antiscience (p. 386)."

What, if anything, does one's faith have to say about such an important decision? Since the centerpiece of faith is trust, let us look at this question from the perspective of trust. "In God we trust" is the official motto of the United States and predates its use on the American dollar bill. Trust is an important factor in the

purview of God. Scripture elucidates this point: “But blessed is the one who trusts in the Lord, whose confidence is in him. They will be like a tree planted by the water that sends out its roots by the stream. It does not fear when heat comes; its leaves are always green. It has no worries in a year of drought and never fails to bear fruit.”[9]

As an African American Christian pastor and community leader, I had to take a leap of trust informed by education and investigation. My decision to take the shot of Salvation – Baptism in Jesus' name – is based on the testimony of Jesus' trusted friends. Right or wrong, I decided to believe their report because they were very well-versed followers of Jesus' teachings and practices. The disciples witnessed the truthfulness of Jesus' teaching and certified, “He was moved with compassion for them, and healed their sick[10]".

I believe the report of the friends of Jesus regarding the sacrifice of His sinless life as the saving solution to death and sin. Their decision to follow Jesus was backed by personal sacrifices that led to their own loss of life. They were willing to die so they, their family and others would live. "Greater love has no one than this, stated Jesus, than a man who lays down his life for his friends.[11]" Most Faith traditions believe God is love. Love is related inextricably to trust. We trust God because of God’s demonstrated love.

In the age of COVID-19, I identify my worldview as pro-life. When I decided to take the vaccine, it was an informed decision. I operated out of the best of motives. It is important to reveal that I was not vaccinated to save my own life, or just for the sake of my family. I took the shot because I belong to the family called humanity. The decision-making process for taking the vaccine is a decidedly social, enormously sacred, and an inextricably spiritual endeavor!

I also turned to scripture to assist me in the decision-making process. Throughout the bible, both Old Testament and New Testament, God has healed humans of disease and illness in a variety of “unusual ways.” In 2 Kings 5, at the instruction of Elisha, Naaman was cured of leprosy by submerging himself seven times in the Jordan River. In the same book, Isaiah told Hezekiah to put a lump of figs on his boils (2 Kings 20). Obviously, figs do not have curative powers. Several times Jesus used saliva (spit) to cure blindness and restore hearing (Mark, Chapters 7, 8, & 10). On numerous occasions Jesus just spoke “a word” and people were healed. Divine healing by its very nature cannot be understood by human intellect and therefore it becomes presumptuous for anyone to assume how God will intervene in the affairs of men.

Ultimately, I entered the decision-making process to take the vaccine with the same reverence and forethought as I did with marriage. My decision was based on the covenant clauses found in the marriage vows: for better or for worse and in sickness and in health. Like marriage, my decision is based on love and in love. Love is my central motivation and faith is how my love is transmitted. When I made the decision, I did not know for certain what the future held for me in that present time. However, by faith, I said “yes” to the vaccination, confident in what only time could reveal and that is the substance of my hope. My hope is for a healthy and prosperous community free of the painful consequences of coronavirus.

Fears: Etiology Rooted in Medical Racism

There is a Nigerian proverb that declares, “Don’t let the lion tell the giraffe’s story.” Unfortunately, in medical literature and research journals it has been the lion’s narratives that have shaped how people of color are perceived, valued, and treated within the medical community for more than a century (author H.A. Washington, 2006). The attention on the fears of American communities is misguiding. Our concentrated efforts, according to Washington, must be continuously directed toward the untrustworthiness of American medical research. The story of the giraffe has only recently been told and still to be fully believed. Modern-day revelations of medical malpractice with African Americans have contributed significantly to the perception by people of color that many white medical practitioners are procurators of deeply rooted racism and therefore are untrustworthy. Cited repeatedly by African Americans as reasons for their participation hesitancy or stout refusal to be included in clinical trials are the Tuskegee Study of Untreated Syphilis in the Negro Male[12] along with a long and shameful history of medical experimentation, exploitation, and abuse of black and brown bodies (Washington, 2006). The histories of Blacks, Indigenous, Hispanics, and immigrants from southeastern Europe; their lived experiences and their interpretations of American medical history, has been intentionally excluded, invalidated, or minimized (authors M.K. Asante, 2003; C. West, 1993).

The coronavirus, vaccines, and vaccinations are more than *“public health”* issues. African Americans have lost faith and trust in many of the *“public help”* institutions. African Americans have historically experienced repeated and egregious violations of their basic human, civil, and legal rights by individuals and groups charged with protecting those rights. The demonstrated distrust of healthcare providers and medical research can readily be observed in African American’s distrust of law enforcement agencies and judicial institutions (writer D.P. Schariff, et al, 2010).

The causes of African American distrust of healthcare providers are systematic, institutional, and well founded. The established distrust for healthcare providers is related to a broader issue. To effectively address the public health issues, such as COVID-19 containment and vaccinations, medical professionals must first satisfactorily address the distrust African Americans harbor for healthcare organizations. To successfully reach African American communities “trust is a must!”

Before the infamous Tuskegee Study of Untreated Syphilis there were scores of heinous medical experiments conducted with African Americans that had no therapeutic value. Slaves and free Black men alike were exploited indiscriminately and repeatedly, generally without the patient’s prior knowledge or consent and subjected to dangerous and painful medical research. In fact, slavery could not have existed without the mutual contributions of and collaborations between medical doctors and slave owners.

To establish trust in communities where the principle of *“do no harm to the patient”* has been so casually and carelessly violated will be a daunting task. For Black patients, the “Hippocratic Oath” in practice represented “the Oath of Hypocrites.” To accuse white physicians and other medical experts of intentionally causing harm to black and brown patients was thought disingenuous, duplicitous, and could have been dangerous or life-threatening for the accusing patient. Professional autonomy protected physicians from societal scrutiny and reduced their level of accountability for medically unethical conduct with African Americans. They understood all too well that no one would believe their oral accounts of

abuse over the medical chronicles of trained physicians (Schariff, et al, 2010).

During Antebellum, the Civil War, and the Reconstruction periods, the relationship between white doctors and Black patients was suspicious, combative, confrontational and, at times, hostile. In the turn of the 20th century, Margaret Sanger and American eugenics movement supported the 1927 *Buck v. Bell*[13] Supreme Court ruling that upheld that compulsory sterilization of the unfit was allowable under the Constitution. States did not need informed consent to conduct medical procedures such hysterectomies and a "Mississippi Appendectomy" (involuntary sterilization). This ruling, along with Sanger's exploitation of Black stereotypes and national racism, opened the door for eugenic control of and a medically directed assault on African American reproduction rights.

The improper use of research and science; to promote the perpetuation of racial prejudice and discrimination, is best illustrated in Richard Herrnstein and Charles Murray's book, "The Bell Curve: Intelligence and Class Structure in American Life" (1994). The central ideas of the book (fraught with errors and faulty assumptions identified by expert reviewers) was to endorse the idea that America was divided between the "cognitive elite" (white people) and people with average or less intelligence (Black people). Herrnstein & Murray argued Black people were genetically inferior to whites and that economic investment in Black people was a waste of valuable resources.

The authors of this essay recognize we cannot convey the extensive exploitation and abuses of African Americans and members of BIPOC communities across centuries in America. We recommend the following literature for those interested in learning more about the history of medical malpractice against Black and brown people and the correlated response of cynicism, anger, and apprehensiveness: "The History of the Negro in Medicine," by Herbert Morais; "Bad Blood," by James Jones, "The Immortal Life of Henrietta Lacks," by Rebecca Skloot, and "Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present," by Harriet Washington.

Our goal in the next section is to present the most current facts regarding the development of multiple vaccines and the efficacy of each in preventing coronavirus infection. We will also address the issues of vaccine availability and distribution across America and in Erie County.

Facts: The Numbers, The Myths

As the Center for Disease Control and Prevention, a federal agency and the nation's public health institute, notes, COVID-19 "is a new disease with new vaccines," adding, "information is rapidly emerging about how vaccines can help us stop the pandemic."

COVID-19 vaccines are designed to prevent death and serious health complications by helping the body's immune system fight off the virus if it were to come into contact with it. According to the CDC, the safety and effectiveness of the Moderna, Pfizer, and Johnson & Johnson vaccines in clinical trials and limited observation of those vaccinated have far surpassed expectations.

While vaccines are effective at keeping individuals from developing symptoms, which can be life-threatening, and have shown to be especially effective in reducing hospitalizations and death, what remains unknown is how effective the vaccines are in preventing person-to-person spread. That is, not enough

information is available to determine whether a vaccinated person may still contract the virus, and while remaining asymptomatic, pass the virus along to another person. This means that there is still assumed risk that a vaccinated person may act as a vector, with a potential to pass along the virus to both vaccinated and non-vaccinated people, which experts refer to as “asymptomatic infection.”

“Many scientists are reluctant to say with certainty that the vaccines prevent transmission of the virus from one person to another,” notes Angela L. Rasmussen, Georgetown University virologist, in the New York Times, Feb. 23. “This can be misinterpreted as an admission that the vaccines do not work. That’s not the case. The limited data available suggests the vaccines will at least partly reduce transmission, and studies to determine this with more clarity have begun. There should be more data within the next couple of months.”

Rasmussen adds that “until then, precautionary measures like masking and distancing in the presence of unvaccinated people will remain important.”

Key facts, according to the CDC

Currently, three vaccines are authorized and recommended to prevent COVID-19:
·Pfizer-BioNTech COVID-19 vaccine
·Moderna COVID-19 vaccine
·Johnson & Johnson COVID-19 vaccine

COVID-19 vaccines teach our immune systems how to recognize and fight the virus that causes COVID-19. It typically takes about two weeks after vaccination for the body to build protection/immunity against the virus that causes COVID-19. That means it is possible that a person could still get COVID-19 and become symptomatic just after vaccination because the vaccine has not had enough time to provide protection.

The CDC recommends steps to take to protect yourself until you can get vaccinated. Even after you get vaccinated it is important to continue using all the tools available to help stop the pandemic as researchers learn more about how COVID-19 vaccines work in real-world conditions.

With or without vaccine protection, the CDC urges:
·Wear a mask over your nose and mouth.
·Stay at least 6 feet away from others.
·Avoid crowds.
·Avoid poorly ventilated spaces.
·Wash your hands often.

People may have side effects after vaccination, but these are considered normal as the body builds protection. Side effects include sore arm, chills, headache, or tiredness, and may affect the ability to do daily activities.

The CDC also released guidance on March 8 for fully vaccinated people suggesting:
·Visit with other fully vaccinated people indoors without masks or physical distancing;
·Visit with unvaccinated people from a single household who are at low risk for severe COVID-19 disease indoors without wearing masks or physical distancing; and

·Skip quarantine and testing guidelines following a known exposure, if they're asymptomatic.

The CDC still says those who are vaccinated should wear a face covering in public, and it still discourages non-essential travel. It also says that, for now, vaccinated people should continue to avoid medium- and large-sized gatherings, and they should use prevention measures like masks and distancing when around unvaccinated people from multiple households.

The Numbers

The number of official COVID-19 cases in the nation since the onset of the virus is 29,132,600 million, according to the New York Times as of 10:30 a.m. March 9, though researchers suggest the total number of cases could be three-times that number since March 2020. Number of deaths is 525,467. For Pennsylvania, 955,000 cases; 24,409 deaths (average of 2,413 confirmed cases and 47 deaths per day over the past 14 days). For Erie County, 17,696 cases; 444 deaths. Erie County cases: 52, March 5, 6, 7; 29, March 8; 51, March 9.

Number of Americans who have received vaccinations is 60 million, according to the Washington Post tracker as of March 8 at 6:55 p.m. 31.3 million have been fully vaccinated (9.4 percent). In the past week, an average of 2.16 million doses per day were administered, a 24 percent increase over the week before.

Number of Pennsylvanians receiving at least one dose: 2,289,199, or 13.3 percent of state population. Number represents 49.3 percent of priority population (mostly essential workers, seniors). Fully vaccinated: 1,042,073; at lease one, 2,289,199 (43.8 percent of prioritized population).

Number of Erie County total vaccinations through March 8 (Erie Times-News) 22,917 one dose; 17,078 fully vaccinated. Erie News Now reports on March 9: Erie County, 6.33 percent fully vaccinated; Crawford County, 12.31 fully vaccinated; Warren County, 6.96 fully vaccinated.

The Myths

Myths, misinformation, and disinformation have followed the vaccine story from its beginning. According to Aaron Carroll, professor of pediatrics at Indiana School of Medicine, among these mistruths were
1. Vaccines can damage fertility.
2. That you can resume life as normal – without masks – immediately after receiving a vaccine.
3. Once we achieve herd immunity, the epidemic will be over.
4. Side effects for COVID-19 vaccines are worse than for any other vaccine.
5. The trials were rushed.
6. The vaccines are more dangerous than the virus.
7. If a vaccine is just 70 percent effective, it’s useless.

These statements are wrong. Categorically. According to Carroll, whose work appeared in the Feb. 13 New York Times, fear and mistrust underlie these false claims, yet they persist.

Vaccines developed by Pfizer and Moderna have shown around 95 percent effectiveness against symptomatic Covid-19; Johnson & Johnson, 72 percent (in

moderate and serious infections in tests that included Brazil, South Africa and the United Kingdom during periods in which virus variants were detected). J&J has been completely effective in trials for serious illness and death. But even if future vaccines prove somewhat less effective, they could still be potent public health weapons that could help bring the epidemic to an end. Polio vaccine, for example, was between 80 percent and 90 percent effective, “and it changed the world.”

Addendum: The Johnson & Johnson single-dose vaccine

On Wednesday, Feb. 24, Food and Drug Administration (FDA) scientists reported the Johnson & Johnson single-shot vaccine to be safe, clearing the way for the final decision of approval for what would be another agency-approved vaccine to be used in combating the COVID-19 pandemic. The FDA confirmed a 72 percent effectiveness of “preventing moderate to severe COVID-19, and about 87 percent effectiveness against the most serious illness,” according to the Associated Press.

The key difference between the now-FDA approved J&J vaccine and both Pfizer’s and Moderna’s is that it would not require a follow-up shot after the initial shot has been administered.

It remains unclear how effective the J&J vaccine works against each variant of the COVID-19 virus.

The J&J vaccine, because of its lower efficacy numbers for stopping the transmission of the disease, has raised some suspicions that need to be recognized, according to a CNBC article on vaccines (Berkeley Lovelace, Jr., March 10). Sending J&J’s vaccine "to poorer ZIP codes in big cities and rural communities risks allegations of discrimination, health experts say," it reported. Though considered a highly effective shot, the J&J vaccine is perceived by some Americans as inferior to the Pfizer and Moderna. As a result, health experts urge "state and local health officials to clearly communicate the benefits of J&J’s vaccine and why it may be distributed in a certain way."

Trusted People and Trusted Places: Black Doctors COVID-19 Consortium and the Minority Community Investment Coalition

The necessity of establishing trusting relationships as part of any healthcare intervention strategy cannot be overstated. Here are several examples of “trusted people, trusted places” in Pennsylvania and the methods each organization used to earn community trust. The first is the Black Doctors COVID-19 Consortium (BDCC)[14] in Philadelphia, Pennsylvania. The mission of BDCC, an initiative of “It Takes Philly, Inc (501 c3 nonprofit organization),” is the provision of education and advocacy for African Americans to reduce the incidence of disease and death from coronavirus. BDCC has a mobile COVID-19 testing and vaccination unit to provide an alternative to the institutional and geographic barriers present for people who reside in high-risk communities. Presently, BDCC has tested approximately 23,000 and vaccinated 10,000.

The success of BDCC is related to its founder, Dr. Ala Stanford. Dr. Stanford recognized early in the pandemic that the deaths in her community were primarily Black and brown people. To reduce the multiple barriers, lack of personal care physicians, transportation and no money for testing, Dr. Stanford and her husband used personal financial resources to rent a van and drive door-to-door with PPE and testing kits. They also opened “pop-up clinics” in the parking lots of

Black community churches. From the name of the organization to methodology of reaching members of her community Dr. Stanford insists on creating trust and delivering compassionate healthcare (Jaklevic, 2020).

Here in Erie the Minority Community Investment Coalition (MCIC) has become one of the trusted places and their staff have become the trusted people. MCIC is composed of the Booker T. Washington Center, Martin Luther King Center, and Urban Erie Community Development Corporation. The mission of MCIC is to alleviate the effects of poverty by offering services to low-income residents. Some of the services offered have been rapid testing for the community residents and to those individuals consider essential workers. The three community center directors, Shantel Hilliard, James Sherrod, and Gary Horton agree, “We are in this together!”

Each director is a native of Erie and has demonstrated ongoing dedication and commitment to the welfare of their communities. MCIC works with numerous healthcare providers, such as LECOM, Hamot, Allegheny Health Network, and the Erie County Department of Health, along with Dr. Anthony Snow, Dr. Andrea Jefferies, and Dr. Annette Wagner. The objective of MCIC is to mitigate fears through the provision of education and hope.

According to Sherrod and Horton, “We have become the trusted places and trusted people because the community interacts directly with us daily. Our mission is accomplished by making time to relate to each individual personally. It is important to make time, to not be in a hurry. To build trusting relationships takes time; time to explain and answer questions.”

MCIC has become one of Erie’s vaccination centers. The goal of MCIC is to expand its efforts to test and vaccinate increased numbers of Black and brown residents by working with community churches and other local groups.

Conclusions

The coronavirus pandemic has, in a very crude and unusual way, presented humankind with another opportunity to correct the sins of racism and hegemony. The cruel penalties of the coronavirus disproportionately affect Black and brown continents, countries, and communities throughout the world. The solution to combatting the spread of the virus requires a unity of spirit, collaborative efforts (mask wearing and social distancing), and the unabated distribution of resources (various vaccines). Historians have chronicled that hegemonic control of the necessary resources to meet basic human need and the distribution of those resources, primarily to the elite and privileged hurts the oppressor as well as the oppressed. On March 31, 1968, Dr. Martin Luther King, Jr. delivered an address at the National Cathedral in Washington, D.C. that speaks to our nation and to all mankind. His message is as relevant now as it was in 1968:

“Through our scientific and technological genius, we have made of this world a neighborhood and yet we have not had the ethical commitment to make of it a brotherhood. But somehow, and in some way, we have got to do this. We must all learn to live together as brothers, or we will all perish together as fools. We are tied together in the single garment of destiny, caught in an inescapable network of mutuality. And whatever affects one directly affects all indirectly. For some strange reason I can never be what I ought to be until you are what you ought to be. And you can never be what you ought to be until I am what I ought to be. This

is the way God's universe is made; this is the way it is structured."

Recommendations

1. Design interventions that help Erie County healthcare providers address the distrust of the vaccine in BIPOC communities.

2.Empower organizations like MCIC, AACC, NAACP, the United Clergy of Erie and the Housing Authority of the City of Erie with the necessary resources to establish vaccination centers that the community considers it a trusted place with trusted people.

3. Assist the vaccination centers to provide information and outreach regarding the efficacy of vaccine(s), and to model vaccination compliance.

4. Hold healthcare providers accountable for the reception, availability, and distribution of vaccines throughout Erie County.

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