

# Why I Decided to participate in a COVID-19 Vaccine Trial – A Reminder that Diversity in Medicine Cannot be an After-Thought

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**“This work reminds me daily of why I went into medicine: my ability to ease a patient’s nerves by walking them through a diagnosis in their native tongue or even by sharing their racial and ethnic background.”**

**“The inequities highlighted by the COVID-19 pandemic must not be forgotten; we must remain vigilant and remember that the importance of diversity and access in the medical community extends beyond the news cycle.”**



**T**he COVID-19 vaccine is here, providing us with a glimmer of hope, but this provides hope for only one pandemic. In the battle against deeply rooted racism, COVID-19 has reminded us that medicine is not immune. Despite the over 44.5 million Americans who have received at least one dose, many in the Black community are still hesitant to receive the vaccine.<sup>1</sup> Reports indicate that Black Americans are vaccinated at a lower rate than white Americans, nation-wide.<sup>2</sup> Skepticism about the vaccine remains palpable and is the reason why as a Black physician I made the decision to participate in the Pfizer COVID-19 trial.

As an Assistant Professor of Medicine at Florida International University, I have spent the past few months teaching medical students over Zoom and practicing as one of the attending physicians in our Neighborhood Health Education Learning Program (NHELP®). This program provides a proactive step towards administering accessible primary care in underserved communities. This work reminds me daily of why I went into medicine: my ability to ease a patient’s nerves by walking them through a diagnosis in their native tongue or even by sharing their racial and ethnic background. The power of these connections is all too often undervalued in medicine. Likewise, I fear that their significance is underestimated in the rollout of the vaccine.

Many of my patients of color just do not trust the vaccine. The skepticism has roots in centuries of unethical and harmful medical experimentation on Black Americans. The fear is not irrational but rather a reminder that medicine has repeatedly failed underrepresented people. A recent article in the *New England Journal of Medicine* indicated that, “although Black people make up 13% of the U.S. population, they account for 21% of deaths from COVID-19 but only 3% of enrollees in vaccine trials.”<sup>3</sup>

As a result of these concerning disparities, presidents of four Historically Black Colleges and Universities stated earlier this year that, “Black doctors are the best way to build trust in our communities. But they need help. Without significant participation in clinical trials, there will be no proof that our patients should trust the vaccine.”<sup>4</sup> Conversations concerning diversity and equity in these trials ensued, with health care workers and officials pushing for not only greater participation in the trials from communities of color, but

also clear procedures that would enhance trust, such as providing access to health care for participants and pushing for rigorous informed consent processes.

Yet, despite the prevalence of these conversations in the development of the vaccine, I still encounter patients that are adamantly against the vaccine. This opposition exists despite the grief that weighs on each of us who are members of the communities most devastatingly hit by COVID-19. Our conversations are laden with longstanding grief – a grief tied to how structural racism and medicine have intersected for centuries predating the arrival of COVID-19.

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The clinician in me wants to look at the data – examine the efficacy rates, detail the steps involved in Emergency Use Authorizations, and explain the science behind the vaccine to my patients. I want to use science to encourage my patients' trust in vaccination. However, I know simply explaining the science cannot automatically heal generations of heartbreak, trauma, and distrust.

I am not naive enough to believe that my decision to be one of the 40,000 people in the Pfizer trial will resolve this crisis of confidence. I DO believe that my decision and my willingness to be vocal about it CAN have an impact. We hear most frequently from clinicians, CEOs and public health officials, all of whom, despite their expertise, were not the ones who decided to take an experimental drug. The decision to participate in a trial is personal. I did so because as a Black physician, I do not want my advocacy for the vaccine to be lip service. I have felt the waves that the pandemic has sent through the system as a whole; highlighting inequities that have rocked each of us to our core. Yet the vaccine roll-out reminds me that I am only one person. There are limits to how many people I can reach with my voice, heart, and education to have a frank conversation about their justified fears concerning the vaccine.

The frustration that comes with navigating the medical community throughout the COVID-19 pandemic as a Black physician is a reminder that diversity in medicine is often treated as an

afterthought. We aim to treat the symptoms but not the root cause. Diversity and inclusion efforts, such as those implemented in the vaccine trials only after the urging of Black physicians, are merely Band-Aids on a festering wound. As a mentor to many BIPOC pre-med students and as a professor who focuses on the social determinants of health, I cannot overstate the importance of a more inclusive medical field. The inequities highlighted by the COVID-19 pandemic must not be forgotten; we must remain vigilant and remember that the importance of diversity and access in the medical community extends beyond the news cycle.

Logically the question becomes how do we begin to change a field that has continually failed Black and Brown communities? Mentorship is key as demonstrated by the work of Dr. Dale Okorodudu, MD, who founded Black Men in Whites Coats. Good mentorship can go a long way to diversifying the medical community. It is clear that diversity in medicine has positive impacts on providing quality patient care and ensuring that underserved populations have access to such care. Mentorship is a necessity, but the burden cannot all fall on Black physicians who represent 5% of physicians in the U.S. We need the medical community to dedicate resources to ensure that young students in our public-school systems have access to quality STEM education, to prioritize holistic evaluations of students that recognize longstanding inequities in admissions, to require courses and fund research that focuses on social inequities, and to broaden the scope

of efforts such as the NHELP® program that seek to redistribute resources and provide care to under resourced communities.

As a physician, I believe in the good that medicine can *and* does bring to our society. However, medicine is not absolved from its role in perpetuating racial health disparities. COVID-19 is a reminder that we need to be more proactive in redesigning our health systems to account for centuries of racialized violence, oppression, and inequity. Let us extend the conversation beyond mentorship and tackle this issue from all angles, from future physician education to socially inclusive medical practices and research. ●

## References

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