

‘They’re not going to offer us anything good first’ - the reasons for covid hesitancy in black communities



By [Nadeem Moghal](#) 2 February 2021

The roots of the black vaccine hesitancy lie in the mistrust of authority and state institutions, starting with the British slave trade policy just over 400 years ago, argues Dr Nadeem Moghal

The issue of vaccine [hesitancy](#) is a [media](#) hot potato. The vaccination rates for black, Asian and minority ethnic people reveal the greater degree of hesitancy in these communities. Vaccine take up is low compared to white people, especially among black people.

Why should this be? Well, following is a snippet from an exchange I had with an NHS colleague, who is also black, that should give us all pause for thought.

"When you get stories of the vaccine being available, let's say on a Monday and [then] elderly black people getting calls by the Tuesday morning offering them an appointment for the vaccine it [makes us] suspicious. We would be the VERY LAST people they would offer [a vaccine to] if they were even 50 per cent sure this was going to help us. I'm sorry but truly this is how I and many of my peers feel. If they offer it to our elderly black and vulnerable black people first it would only be to see what happens so when it goes tits up they can modify accordingly. Babe, they are not going to offer us ANYTHING GOOD FIRST..... that's all I'm saying."

If you are the B in BAME, your life experiences are not going to be like the AMEs. The commonalities of poverty and directly linked outcomes are undeniable [facts](#). There are similarities with other ethnic groups, but also significant differences, worth understanding to put the higher hesitancy in the black population in proper context.

The roots of the hesitancy lie in the mistrust of authority and state institutions starting with the [British slave trade](#) policy just over 400 years ago. The only difference between the US and the UK that both embedded structural, institutional and societal racism is that there is no gun culture here, and slave plantations were outsourced and [hidden](#) out of sight.

The evidence for the mistrust is in documented evidence, as well as in oral community histories and [stories](#) passed through generations. It also arises from sharing lived experiences in recent memory.

The litany of deliberate harm and loss of trust is found everywhere affecting every aspect of life:

- **Housing:** Recent history of black people being denied access to housing ranges from the infamous '[no Irish, dogs or blacks](#)' policies of some landlords to racist [social engineering](#) policies.
- **Education:** [Policies](#) from the 1960s [enacted](#) to discriminate and destroy opportunity from [access](#), to outcomes still reflecting structural failures as part of everyday [experiences](#).
- **Police:** Higher [arrest](#) rates, [custody deaths](#), and street level [stop and search](#), now on social media streams for all to know and comment.
- **Judicial:** [Sentencing discrimination](#) that isn't changing any time soon.

- **Immigration:** Unintended consequences of the [The British Nationality Act 1948](#), the efforts to control through the [Common Wealth Immigration Act 1968](#), the [Rivers of Blood narrative](#) and the deadly and desperate outcomes of [The Hostile Environment](#) policy and shameful [Windrush scandal](#).
- **Employment:** Evidence of little progress in employment and [workplace discrimination](#).
- **Slave and colonial reminders:** [Statues, names and other street furniture fragments](#) littering everyday life reminding those that know, that white supremacist suppression is the history not taught or placed in proper context.

In healthcare, where there is a [disproportionally higher black representation](#) in low paid and poorly valued jobs, the experiences are no less damning:

- **Medical school:** From entry, to academic [experiences](#) reflecting all of the above.
- **Mental health:** [Black people are four times more likely to be detained under the Mental Health Act and arrested under section 136 twice as often and put on Community Treatment Orders eight times more frequently than white people.](#)
- **Contraception:** The depot contraception, a [complex controversy](#) from the US adding to the narratives in the UK communities, including the vaccine risking fertility.
- **Immoral research:** The [Tuskegee story](#), though American, is raised as an example of secret state research treating black people as no more than laboratory animals.
- **Maternal care:** Repeatedly evidenced higher black maternal mortality rates and extensive [substandard](#) maternity care for black mothers including covid complications.
- **GMC:** Black doctors more likely to be referred and sanctioned and more reticent and defensive in how they [conduct themselves](#) day to day. Narratives that are personal, family and beyond.

From every tier of society, and collectively, all this defines the difference in life experience that reads through to "...they are not going to offer us ANYTHING GOOD FIRST..."

Taking just a health strategy approach to address vaccine uptake hesitancy will largely fail. Black doctors and priests on social media and in the pulpit encouraging uptake might help, but will never be enough.

We do not need another [review](#), [report](#) or another form of navel gazing. What will the [NHS Race and Health Observatory](#) achieve that we already don't know needs doing?

We should [just implement](#) the recommendations in all the published reports.

Black vaccine hesitancy is the outcome of centuries of damaging state policies. The government has a duty to enact education, social and economic policies that result in a safe, healthy, and prosperous population. Levelling up policies are needed more than levelling up infrastructure projects.

It took over 400 years to reach here. It will take generations to build a truly inclusive, welcoming and trusting society.



[Nadeem Moghal](#) Dr Nadeem Moghal writes in a personal capacity.