



On the grounds of the Cheltenham Cemetery, in West Oak Lane, Philadelphia, not far from where I live, brightly colored helium balloons stretch toward the sky, and fresh mounds of light-brown dirt mingle with brilliant potted flowers. These days, the cemetery hums with families, who stagger to and from the plots, holding their relatives. Their presence is a sombre reminder of how and where the pandemic has swept most furiously through this city. East and West Oak Lane are ninety-five-per cent Black and brown, and account for hundreds of hospitalizations and dozens of deaths caused by the spread of COVID-19. Across Philadelphia, two thousand four hundred and fifty people have died from COVID-19; in a city where African-Americans are forty-four per cent of the population, forty-seven per cent of the dead are Black.

Within weeks of COVID-19's emergence in the United States, its disproportionate devastation in Black communities became a leading story. Across the country, it remains a disease that is killing African-Americans and Native Americans faster than others. Fifty thousand African-Americans have died from COVID-19. Black

people account for eighteen per cent of those who have died from COVID-19 complications, far higher than their thirteen per cent of the national population. Even in Alaska, African-Americans are dying because of COVID-19 at a rate higher than their proportion in the state. But even as a vaccine has been produced in record time, bringing with it some sense that the end of the pandemic nightmare is even thinkable, African-Americans have expressed the greatest skepticism about being vaccinated. The latest polls show that only forty-two per cent of Black people will seek out the vaccine immediately, compared to sixty-one per cent of Latinos and sixty-three per cent of whites.

The skepticism among the Black public is not rooted in the same kind of anti-scientific sentiment that has motivated those small communities that reject vaccines in general. Instead, Black concerns are enmeshed within a history of Black health care that is replete with acts of cruelty and depravity and has caused Black communities to regard the health-care professions with warranted suspicion. More important, racism in the provision of medical treatment in the United States has tainted the ways that health-care professionals view Black suffering and symptoms, and Black bodies, more generally. A 2016 study of more than two hundred white medical students and residents found that half of them believed that there are biological differences between Black and white people. One of those perceived differences was that Black people feel less pain than white people—a bias that persists even when the patients are children. According to a 2015 study, Black youngsters experiencing acute appendicitis were “significantly” less likely to receive opioids than their white peers.

Nearly two decades ago, the National Academy of Medicine released a landmark study, called “Unequal Treatment,” which found that “racial and ethnic minorities receive lower-quality health care than white people—even when insurance status, income, age, and severity of conditions are comparable.” The study identified an “uncomfortable reality”: that “some people in the United States were more likely to die from cancer, heart disease, and diabetes simply because of their race or ethnicity, not just because they lack access to health care.” When coupled with the realities that Black people experience greater unemployment, are poorer, and have significantly less accumulated wealth, that bias is corrosive in maintaining a good health-care regimen. These dynamics sharpen when one considers that many people with limited access to for-profit health care delay treatment or ignore their health-care needs altogether because of the expense. Taken together, these factors explain the greater vulnerability of African-Americans to the worst effects of COVID-19.

But it is the involvement of the federal government in the distribution of COVID-19 vaccines that may raise the biggest question for the Black public. Some of the most outrageous acts of medical abuse directed at Black communities have been orchestrated by state-led entities. The Tuskegee experiment was initiated in 1932, when the U.S. Public Health Service recruited six hundred men from Macon County, Alabama, which at the time had the highest rates of syphilis in the United States. Of those recruited, three hundred and ninety-nine had been diagnosed with syphilis; the other two hundred and one were not sick and functioned as an unknowing control group. None of the men consented to being enrolled in a study; instead, they were told that they were being treated for an ill-defined “bad blood.” In fact, they were not being treated for anything, including syphilis, because the actual objective of the study was to examine the untreated progression of the disease. Indeed, the most thorough examination could only come through death and autopsy. Even when treatments did develop, including the discovery that penicillin could effectively treat syphilis, the men continued to go untreated. Not only did this threaten the lives of the Black men enrolled in the experiment but it meant that those who were infected unknowingly passed the disease to their sexual partners, leading to cases of congenital syphilis among their children. The study came to a disgraceful end in July of 1972, when it was exposed by a front-page story in the New York Times. The federal government paid an appallingly low ten-million-dollar settlement to the survivors in 1974, and President Bill Clinton apologized on behalf of the federal government in 1997. None of this is ancient history. It is so recent that the last survivor of the experiment—a member of the control group—died in 2004.

This was hardly an isolated incident of government officials overlapping with health-care professionals in abuse of Black patients. There is an entirely separate history of local and federal officials sterilizing poor and working-class Black and Puerto Rican women. The scholars Harriet A. Washington and Dorothy Roberts have systematically chronicled the terrible ways that Black people, especially Black women, have been abused by government-endorsed health-care professionals. As Roberts wrote in her devastating book “Killing the Black Body,” “During the 1970s sterilization became the most rapidly growing form of birth control in the United States, rising from 200,000 cases in 1970 to over 700,000 in 1980. It was a common belief among Blacks in the South that Black women were routinely sterilized without their informed consent and for no valid medical reason. Teaching hospitals performed unnecessary hysterectomies on poor Black women as practice for their

medical residents. This sort of abuse was so widespread in the South that these operations came to be known as ‘Mississippi appendectomies.’ ” The civil-rights legend Fannie Lou Hamer recounted that, in 1961, she went to have a uterine tumor removed at the North Sunflower County Hospital, in Mississippi. Instead she was sterilized by tubal ligation. According to Washington, sixty per cent of Black women surveyed in Sunflower County said that they had experienced postpartum hysterectomies.

These coercive practices were hardly confined to Mississippi. Between 1929 and 1974, North Carolina forcibly sterilized more than seven thousand women, thirty-nine per cent of whom were African-American. The same year that the North Carolina program ended, the Southern Poverty Law Center sued Alabama on behalf of two sisters, Mary Alice and Minnie Relf. Their mother, poor, Black, and illiterate, had signed a piece of paper with an “X” that allowed the state to sterilize her daughters. The lawsuit revealed that between a hundred thousand and a hundred and fifty thousand women were being sterilized *annually* through federally funded programs. Half of those women sterilized were African-American.

It would be easy to assume that this kind of misogynistic barbarism was confined to the South, but these were modern practices, continuing well into the nineteen-eighties, and they were national. A 1973 study of Los Angeles County hospitals found that doctors were “cavalierly subjecting women, most of them poor and black, to surgical sterilization without either explaining the potential hazards or alternate methods of birth control.” Other women were threatened with the loss of their welfare benefits unless they submitted to state-sponsored sterilization. Before Harriet Washington was a scholar, she was a social worker in New York State. There she recalled coming across files that documented cases in which Black women who were discovered with an “unauthorized” man in their home were forced to choose between losing access to welfare benefits, including public housing, or submitting to sterilization. In 1983, Black women comprised only six per cent of the population, but they constituted forty-three per cent of women sterilized in federally funded family-planning programs. The uncertainty surrounding the use of the vaccine in Black communities is not quaint or antediluvian. Instead, it reflects a history of medical neglect and malpractice that continues to reverberate in contemporary health-care practices.

The creation and dissemination of this vaccine is hardly routine, which has prompted questions from broad swaths of the public, not just African-Americans. The central role of the U.S. government has raised the most questions for everyone. The Trump Administration called the program to develop a vaccine Operation Warp Speed, and, indeed, at the end of the Presidential campaign, President Trump promised that the arrival of a COVID-19 vaccine was pending. In the October Presidential debate, Trump insisted, “We have a vaccine that’s coming, it’s ready. It’s going to be announced within weeks, and it’s going to be delivered.” Even after Trump’s election loss, his attempts to manipulate the vaccine delivery did not end. Just hours before the Food and Drug Administration authorized the Pfizer vaccine, a Trump Administration official threatened to fire the head of the F.D.A. if the drug did not win approval by the end of the day.

The questions that arise from the involvement of the federal government with medical care are augmented when they converge with people’s daily experience of government ineptitude and casual disregard for public health. Consider the debate over reopening the schools. Almost no one thinks that children being out of school is a good thing. Countless studies are being produced to show the impact that this disastrous year is having on poor and working-class Black children, in particular. But, as with the COVID-19 vaccines, Black parents have been the most resistant to sending their children back to schools. A new study from the C.D.C. shows that, while sixty-two per cent of white parents surveyed this past summer thought that schools should reopen in the fall, only forty-six per cent of Black parents and fifty per cent of Latino parents agreed.

Black parents are predictably chastised for not fully understanding the implications of continuing to rely on remote learning. Liberal critics have combined with school boards to describe school reopening as an “equity” issue, often targeting teachers’ unions that have also insisted on trying to stay out of schools that have not been properly retooled to increase ventilation or that lack the space capacity for social distancing. It is as if Black and Latino parents, whose communities have borne the devastating brunt of this disease, need to be lectured about what constitutes equity for themselves or their children. A staggering seventy-one per cent of African-Americans know someone who has been hospitalized with or died from the virus, compared to forty-nine per cent of white people. In fact, it is the absence of equity that has driven these families to want to keep their children at home. For all of the citation of studies and student outcomes in South Korea or the Netherlands, the return-to-school advocates seem to miss that Black parents simply do not trust that

local officials and school administrators are telling the truth about the condition of the schools and the susceptibility of their children to the disease if they are in school buildings.

Before the shutdown of schools due to the coronavirus, the Philadelphia School District was embroiled in a scandal surrounding the mishandled removal of asbestos in public schools around the city. Beginning in October, 2019, a thousand students were displaced from Ben Franklin High and Science Leadership Academy. For months, the school district had rushed the rehabilitation and reconstruction of Ben Franklin High in anticipation of relocating students from the magnet Science Leadership Academy. Nearly a month after school began, the discovery of mishandled asbestos resulted in the quick closure of both Ben Franklin and S.L.A. Students at Ben Franklin, which is almost ninety-seven-per-cent Black and brown, had been complaining throughout the previous year about the conditions in their school. But it was not until the arrival of students from S.L.A., which is thirty-eight-per-cent white, that the district became responsive to concerns about the condition of the building. The superintendent, William Hite, said that the district was “caught off guard” by the discovery of the asbestos, but, according to a Pulitzer-nominated investigation by the Philadelphia *Inquirer*, careful asbestos removal has been a consistent problem in the Philadelphia public schools. The *Inquirer* reported about the conditions at Ben Franklin High, “The district and its outside environmental firms, for one, failed to provide a full picture of the asbestos hazards, as required by law. . . . The district ignored early warnings from contractors, alarmed by the extent of the asbestos, and pushed an untenable deadline to complete the work by the start of the 2019-20 school year.”

Between December, 2019, and January, Alexander K. McClure Elementary School, in Northeast Philadelphia, was closed twice for asbestos removal. After the first closure, school officials pressured teachers and parents into returning to the school. A parent with children in another school complained that when she kept her children home, school officials threatened to charge her with promoting truancy. In early January, Philadelphia public-school officials pledged to keep Francis Hopkinson School open during repairs, saying that they had isolated the location of the disturbed asbestos. But when a teacher revealed that the school had replaced ceiling tiles the previous summer without adhering to asbestos-abatement protocols, officials conceded that they had to close the school until the asbestos was properly removed. McClure’s school nurse, Emily Seiter, captured the effect of the district’s actions. She said, “We had all these conversations with parents about whether or not

the school was safe and I relayed the information provided by district officials. Now we know that we should not have trusted the school district and any trust that parents had in the district has been completely destroyed.” By the time of the COVID-19 school shutdown, in March, seven public schools in Philadelphia had been closed because of the potential for asbestos poisoning.

These skirmishes over public-school conditions exist in countless cities. Whether it is asbestos in Philadelphia, or lead paint in Baltimore and Chicago, or lead in public drinking water in Detroit, Portland, Oregon, or New York City, school officials and elected leaders’ inability to safely attend to such problems breeds mistrust and hostility. These are not simple issues. They involved funding streams that have, most recently, been undermined by the Trump Administration’s tactic of starving state and local governments to force people to return to normal life. But the intricacies of federalism and local funding matter little as an explanation for deplorable conditions in public schools. They matter even less when it is discovered that public leaders have not been forthcoming about these conditions, putting the lives of young Black and brown students at risk. The public hand-wringing about the fate of Black children during the pandemic seems false when those same hand-wringers appear indifferent to every other aspect of the children’s lives upended by the pandemic.

This routine mistrust between poor and working-class families and public officials is the context within which we can understand the Black public’s reluctance to simply take the word of public officials that the vaccine is safe. The face of government in most ordinary African-Americans’ daily lives is one of deceit, intimidation, coercion, and sometimes death. From evictions, to predatory parking tickets and boots on their cars, to utility cutoffs, to potholes, to police brutality and abuse, to hospital closures, these episodes chart a lifelong course of indignity and disrespect. It has not led to African-Americans’ being anti-government zealots, as is often the case in white-grievance politics. Instead, African-Americans largely understand the state to be malleable through popular protest and the reach of electoral politics, knowing that it can bend toward responsiveness in ways that the private sector does not. This complicated relationship between African-Americans and the state can sometimes be confusing or unrecognizable to white liberals who think they know better. When their encounters with the state are largely unobjectionable—whether that means the police are responsive and nice to them, or their doctors do not collude with a public entity and remove their reproductive organs—a different relationship to the state exists.

So, when public officials insist that schools are safe to return to—just as they did in early January with students at Francis Hopkinson—they have already lost the benefit of the doubt. It is easy for African-Americans to generalize about the ineptitude, callousness, and duplicity of officials, from those at the local schools to those in the federal government. And it is not unreasonable for Black communities to have questions about the vaccine or about the safety of the schools to which they send their children. It should be expected given the long history and contemporary expression of racism and inequality in this country. This doesn't mean that African-Americans won't take the vaccine or eventually feel comfortable returning their children to school, but both will require a credible public campaign and the implementation of safety measures that don't dismiss the Black public's concerns but, rather, seek to overcome them with trustworthiness, transparency, and accountability.



Keeanga-Yamahтта Taylor is a contributing writer at The New Yorker. She is an assistant professor of African American Studies at Princeton University and the author of several books, including “Race for Profit: How Banks and the Real Estate Industry Undermined Black Homeownership,” which was a 2020 finalist for the Pulitzer Prize for history.