Black Health Matters

COVID-19 VACCINES & THE BLACK COMMUNITY

prepared by | The Urban League of Metropolitan Seattle

www.UrbanLeague.org

PREFACE

Urban League of
Metropolitan Seattle

Since the start of the COVID-19 pandemic, the Black community has been among those hardest hit. When conversations about a new vaccine started, almost every Black person I knew, including me, did not want to get it. With misinformation circulating and mistrust towards the medical system, it is understandable why many were hesitant.

But over time, I noticed a shift: trusted messengers in our community started to get vaccinated and talk about it. Pop-up clinics were hosted in areas where our communities live, work, and play. Black medical experts also explained the science behind the vaccine in a way that made sense.

I have learned that the vaccine is safe and effective and that even though it was developed quickly, no steps were skipped in the process. I learned that Black scientists were at the table every step of the way, and each of the four historically Black medical schools in our country were included as trial sites.

As the number of Black people who want to get vaccinated has increased in the past couple of months, I think a big factor is transparent conversations within the community. In other words: information sharing must be for us, by us.

The purpose of this brochure is to reflect the conversations that helped me and others I know feel more comfortable about getting the vaccine. I hope you learn something from this guide and can pass it on to others. I also hope this sparks a larger conversation about the kind of healthcare we all deserve.

Black Lives Matter, which means Black Health Matters.

Yours in the Movement,

Zyna Bakari
Public Health Program Manager

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HISTORIC MEDICAL TRAUMA

HOW DID WE GET HERE?

First, let us take a step back. There is a long history of medical racism in this country that must be addressed.

We cannot talk about mistrust and vaccine hesitancy in the Black community today without first acknowledging the trauma caused by various instances of medical mistreatment toward black people throughout history.

Here are three prominent examples.

SECTION I

1800s: Medical Experimentation on Enslaved Women

J. Marion Sims, known as the "father of modern gynecology," achieved notoriety via his experiments on enslaved Black women without anesthesia. It was not until he started practicing on white women that he began sedating patients. His belief was that Black women were strong enough to handle the pain.

1932: Tuskegee Syphilis Study

The 40-year study was designed to see what happens if syphilis goes untreated. 600 Black men were unknowingly enrolled in the study. 399 of them had syphilis and were never told they had it. Doctors chose not to treat them to observe their outcomes without proper medical care.

1951: Researching Henrietta Lacks' Cancer Cells

A Black woman named Henrietta Lacks had terminal cancer and went to John Hopkins Hospital for treatment. While there, a doctor took cells from her body without her knowing. She died shortly after. Ms. Lacks' cells were special as they continue to grow and have since been used in thousands of research studies. They were also the foundation of a multi-billion-dollar industry. Her family did not find out until decades later and received no compensation until 2020.

SECTION II

MISTRUST & MISTREATMENT TODAY

DEEPER THAN JUST A VISIT TO THE DOCTOR

Let's be real.

Historical details aside, many in our community do not trust the medical system because of our own lived experiences. In medical settings, our pain is not thoroughly or accurately assessed. Nearly half of white medical trainees hold false beliefs such as "Black people have thicker skin" or "less sensitive nerve endings than white people. **That is false.** Unfortunately, research shows that Black people actually feel less pain when treated by Black physicians than white physicians.

Studies also show, doctors with higher levels of racial bias spend less time on average with Black patients, are less supportive, and talk more than they listen in appointments. During pregnancy, Black women are more likely to receive insufficient care. There is also a medical term, **"John Henryism,"** used to describe the stressful impact of racism on our health. All of this before we even discuss challenges for those who are without healthcare.

When those in the medical establishment assume our hesitancy is the result of historical trauma alone, they ignore how they continue to fail us **today**. Our experiences need to be acknowledged so that Black communities can get the kind of care we deserve.

UNSURE BUT NOT UNWILLING

VACCINE HESITANCY DOES NOT EQUAL REFUSAL

Say it louder for the people in the back: Black Lives Matter.

And that means Black Health Matters.

Our communities have been hit hard by COVID-19, and we deserve to experience life without this type of social and economic loss. The vaccine is our best shot to protect the health and safety of our communities.

Just because someone is hesitant does not mean they will refuse the vaccine when it is available to them. It might mean they need more information to not only feel empowered and in control of their health, but also to make confident, informed decisions regarding their medical wellbeing.

When we have access to the facts and can get vaccinated in familiar locations, more of us will show up than some may expect.

SECTION III

KEY DIFFERENCES

VACCINE CONTRAST CHART

Any WA state resident over the age of five is eligible to be vaccinated. Currently, there are three COVID-19 vaccines available in the United States, as approved by the FDA for administration: (1) **Pfizer**, (2) **Moderna** and (3) **Johnson and Johnson**.

Here is a quick break down of each vaccine, including what makes them different and additional information that can help you determine which vaccine is the best option for you.

Urban League of **Metropolitan Seattle**

Johnson & Johnson	Pfizer	Moderna
1 dose required	2 doses required	2 doses required
----------	21 days in between doses *(or up to 42 days)*	28 days in between doses *(or up to 42 days)*
Approved for ages 18+	Approved for ages 5+	Approved for ages 18+
Type: viral vector introduces the DNA of a different virus (vector) to help your immune system identify spike protein found on the surface of the COVID virus & produce antibodies to fight it off once detected.	Type: mRNA teaches cells how to make a special protein that will alert your immune system & immediately release the antibodies needed to fight off the virus as soon as it is detected in your body.	Type: mRNA teaches cells how to make a special protein that will alert your immune system & immediately release the antibodies needed to fight off the virus as soon as it is detected in your body.
Common side effects: pain at injection site, chills, fatigue, headache, flu-like fever	Common side effects: pain, swelling, redness at injection site, chills, fatigue, headache	Common side effects: pain, swelling, redness at injection site, chills, fatigue, headache
Monitored risks: rare blood clots	Monitored risks: severe allergic reaction	Monitored risks: severe allergic reaction

LIFE AFTER TAKING THE VACCINE

CAN WE GO OUTSIDE NOW?

The vaccines are a symbol of hope. We can look forward to a return to normalcy and a path to economic recovery, but we cannot let our guards down yet.

It is important to take precautions to protect ourselves and those around us. Also, since no vaccine is 100% effective, people who are vaccinated can still get infected – especially with more contagious variants!

To kick your immunity up a notch, consider getting a booster shot. This will protect you from getting severely ill if you catch COVID-19 and help keep people out of the hospital.

SECTION IV

People are considered fully vaccinated two weeks after the second dose of Pfizer or Moderna, or two weeks after receiving the Johnson & Johnson vaccine.

While the CDC has updated its recommendations for mask mandates, each state has its own guidelines as well. For the most up to date information about life after vaccination, visit **www.doh.wa.gov/**. If you are outside of Washington State, be sure to check the Department of Health in your state.

Regardless of vaccination status, below are the current recommendations:

- Get a booster shot – immunity from COVID-19 decreases over time, so getting boosted is the best way to stay protected longer.
- Wear a high-quality, tight-fitting mask indoors and whenever you are around people (N95 and KN95 masks offer the best protection) – COVID-19 is "airborne", which means it is passed through particles that leave our mouth, nose, and eyes and enter the air.
- Avoid large crowds and limit indoor gatherings.
- Get tested regularly.
- Prioritize good ventilation – Since COVID-19 is airborne, good ventilation offers important protection. Open windows, turn on fans, and limit the number of people in a gathering.

Because guidance is subject to change, be sure to visit **www.doh.wa.gov/** for the most up-to-date recommendations and mandates.

TOP 10 VACCINE FAQ

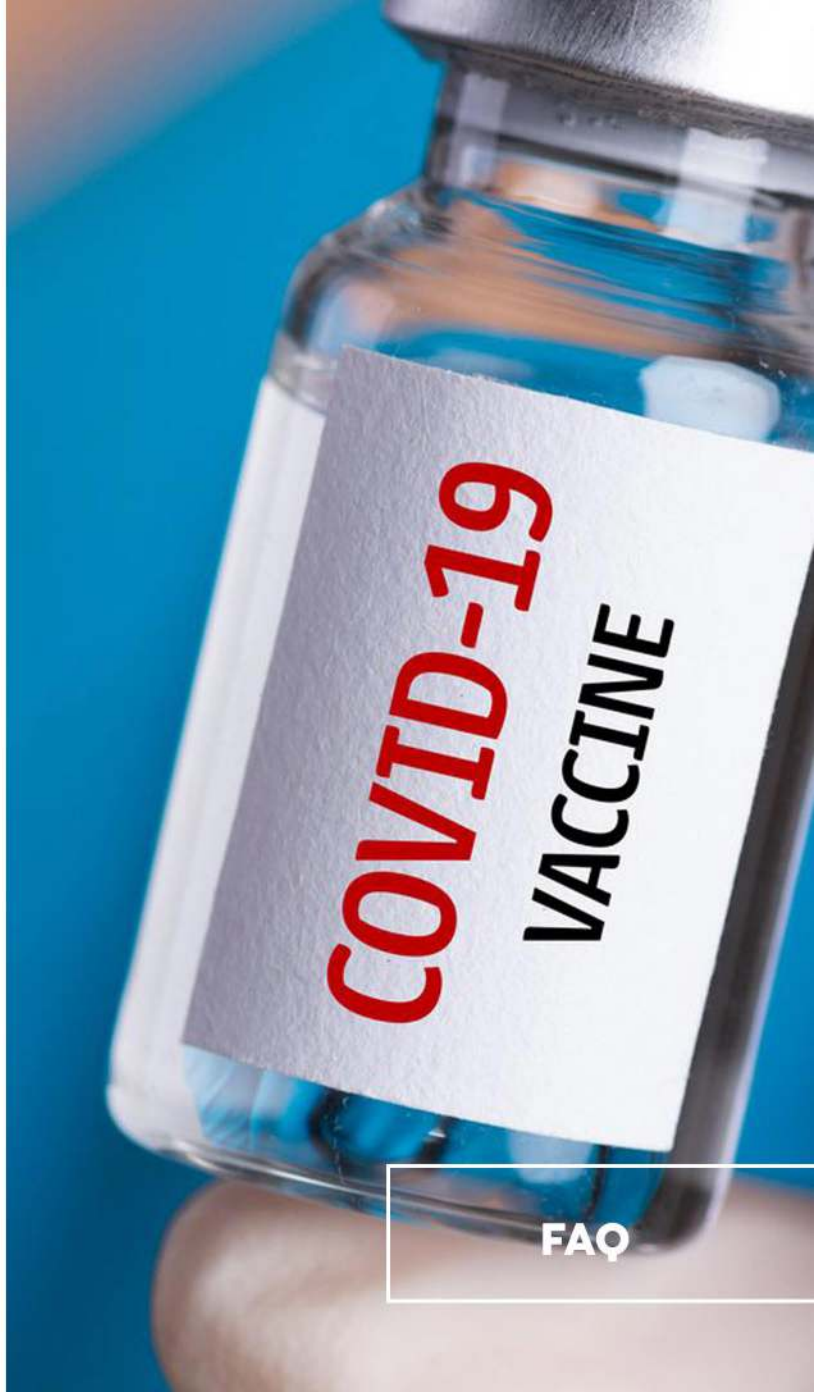
FREQUENTLY ASKED VACCINE QUESTIONS

1. How do the vaccines work?

The COVID-19 vaccines allow our bodies to develop the germ-fighting tools (antibodies) they need to fight the virus without being exposed to it first. You can think of the vaccines as a "training session" for your immune system. Your body will learn everything it needs to know about fighting off the virus before it can turn into illness.

2. How did the vaccines get made so fast?

One reason the vaccine became available so quickly is that money was not an issue. Cash poured in from all angles allowing researchers to work rapidly without worrying about finding funding. Another reason is that top health experts from across the globe collaborated in a laser-focused way, putting their best efforts forward to get the job done. Finally, the "mRNA" technology used in the vaccines was under development for over ten years, and the speed of the COVID-19 vaccine reflects all that work. No steps were skipped in the development process.



3. If I already had COVID-19, do I still have to get the vaccine?

Even if you have had COVID-19 before, you should still get vaccinated. That is because experts do not know how long natural immunity lasts or how strong it is. Getting the COVID-19 vaccination is the best way to protect yourself from the illness.

4. Will the vaccine give me COVID-19?

No, it will not. That is because the vaccines do not contain a live virus! They contain a bit of material from the virus that teaches your body how to make a harmless protein unique to COVID-19 *(called a spike protein)*. Once your body learns about the spike protein, it can recognize early signs of the virus and fight it off—before it has time to make you ill. That bit of material from the virus will break down as soon as it finishes telling your body how to make the protein.

5. What are the side effects? Is it true that the second dose is worse than the first?

The most common side effects are sore arm, chills, fatigue, and headache. These symptoms are a good sign! It means the vaccine is working and that your body is building protection against the virus. Side effects tend to be more intense after the second dose than the first one *(if you are getting Pfizer and Moderna)*. That is because your immune system recognizes the virus spike protein this time around and has a stronger response. Basically, the first dose trains your immune system how to fight the virus, and after the second dose, your immune system shows off what it learned.

Any side effects that you experience should be gone within a few days. If after 24 hours the redness or tenderness at the injection site gets worse, or if the side effects are worrying you, or do not go away within a few days, contact a healthcare provider.

6. Does the vaccine affect fertility?

The science shows COVID-19 vaccines have no effect on fertility, **do not** impact the chance of a miscarriage, and are **safe and effective while pregnant**. The immune system and reproductive system are separate, so there is no reason to suspect that the vaccine, which triggers a natural immune response, would affect fertility.

7. Does the vaccine alter my genes?

No, COVID-19 vaccines do not interact with your DNA in any way. Both the mRNA *(Pfizer and Moderna)* and viral vector *(Johnson & Johnson)* vaccines send a bit of material to our cells that help promote the safe, natural process of developing immunity. The material never enters the area where DNA is kept *(the nucleus of the cell)*, and as soon as it has done its job, the material breaks down completely.

8. What do I need to know about the mutations and variants?

Viruses are constantly making copies of themselves to spread. Sometimes they do not replicate perfectly. These imperfections can be helpful to the virus and make them smarter. That is how new variants form, like Delta and Omicron. There are many variants, but the ones to pay attention to are those labeled "Variant of Concern". Getting vaccinated and boosted is the best way to protect yourself and others against any variants of concern that arise.

9. Why are vaccinated people getting COVID-19?

Because no vaccine is 100% effective, vaccinated people can still get infected with COVID-19. The good news is they are likely to have mild symptoms and not have to go to the hospital.

You can think of the vaccine like a seatbelt. Seat belts don't prevent you from car accidents, but they significantly reduce the risk of getting seriously injured in one. The real measure of the vaccines' success is how they protect against severe illness, hospitalizations, and deaths. COVID-19 vaccines are extremely effective at doing that!

10. Why should I get a booster shot?

COVID-19 immunity decreases over time. A booster shot will help your immune system remember how to fight COVID-19 if it starts to forget. Plus, boosters are extremely effective at keeping people out of the hospital if they get infected from COVID-19. This is critical because it frees up space in our hospitals for people who need urgent care for things like heart attacks, accidents, injuries, and other emergencies.

11. Are the COVID-19 vaccines safe for kids? What side effects will they experience?

Yes! The Pfizer vaccine is safe and effective for kids ages 5+. Thousands of kids were involved in the clinical trials, and as of January 26, 2022, 8.3 million US children ages 5-11 received at least one dose. Just like adults, kids may experience side effects such as sore arm, redness at the injection site, muscle aches, fatigue, or low-grade fever. This is the body's normal response to building immunity – and they will only last a day or two.

12. When should I take a COVID-19 test? Can I test myself?

Once you get your hands on an at-home COVID-19 test, the tricky part can be deciding when to use it. Here are good recommendations to follow to ensure your results are as accurate as possible:

- If you are experiencing symptoms, take a test right away.
- If you were exposed to someone with confirmed or suspected COVID-19, take a test 5-7 days after exposure *(even if you do not have symptoms)*
- Take a test before going back to work or school after a period of absence, like a trip or holiday break.
- Take a test before going to a gathering, especially if there will be kids, immunocompromised individuals, or other at-risk groups.
- Take a test after travel or after being at a large event, like a sports game or a concert.

If you get a negative test result, it is a good idea to test twice, just to make sure. The second test should be taken 24-72 hours after the first.

Taking an at-home test is easy – just make sure to follow the directions on the box. Remember: these tests are meant to be administered by yourself. Do not let anyone else administer the test for you unless they are a medical professional.

13. What are the ingredients in the vaccines?

Pfizer and Moderna vaccines contain:

-- mRNA provides instructions to the body on how to create a harmless piece of protein from the virus that causes COVID-19
-- Lipids *(fats)* to help the mRNA enter the cell *("greasy" exterior)*
-- Salts to keep the pH of the vaccine similar to your body
-- Sugar and acid stabilizers to maintain the vaccine's shape while being stored

Johnson & Johnson vaccines contain:

-- A harmless version of a virus unrelated to the COVID-19 virus *(like a common cold virus)*, to help trigger an immune response so your body will learn how to fight off COVID-19.
-- Lipids *(fats)* to help the mRNA enter the cell *("greasy" exterior)*
-- Salts to keep the pH of the vaccine similar to your body
-- Sugar and acid stabilizers to maintain the vaccine's shape while being stored

The above is everything that is in the vaccines. There are NO preservatives, NO antibiotics, NO medicines/therapeutics, NO tissues, NO food proteins, NO metals, and NO latex.

14. Is the Johnson & Johnson vaccine safe?

In most situations, Pfizer or Moderna are preferred over Johnson & Johnson *(J&J)* for primary and booster shots. This is because of an abundance of caution based on a rare but serious condition *(TTS)* involving blood clots and low blood platelet count that some people had after getting the J & J shot. To put into perspective how rare TTS is, nationwide there are around 54 cases of it and 9 confirmed deaths out of the approximately 14 million doses of J & J given overall. The most at-risk group is women 30-49.

Even though the risk is very, very low, people who want to receive the Johnson & Johnson vaccine should reach out to their health care provider to discuss their options and pay attention to side effects such as severe headache, abdominal pain, leg pain, or shortness of breath within three weeks after vaccination.

15. What do I do if I test positive for COVID-19?

Do not panic. You can do all the right things *(get vaccinated, boosted, wear a mask, etc.)* and still test positive for COVID-19. If you are vaccinated and boosted, though, your chances of getting very sick are low. Make sure to isolate for 5 days and test negative before coming out of isolation so you do not get anyone else sick.

If you are unvaccinated and decide you want to get the shot after having COVID-19, isolate and make sure you test negative before heading to a vaccine clinic.

IMPORTANT TERMS & DEFINITIONS

VACCINE GLOSSARY

- **Antibodies |** A blood protein that is produced to respond to specific bacteria, viruses, or foreign substances in the blood.
- **CDC |** Center for Disease Control
- **FDA |** Food and Drug Administration
- **Fully Vaccinated |** A person is considered fully vaccinated two weeks after their second dose of Moderna or Pfizer, or two weeks after receiving the one dose of Johnson & Johnson
- **Immune System |** The system in which cells, tissues, and organs help your body fight off infections and diseases
- **John Henryism |** The impact of racism on our health, especially the stress of having to try significantly harder to prove your worth. The term John Henryism was coined in the 1970s by Black epidemiologist and public health researcher, Sherman James. While he was investigating racial health disparities in North Carolina, James interviewed a man named John Henry, who was born into an impoverished sharecropper family. John Henry freed himself and his children from the sharecropper system, had 75 acres of land by the time he was 40, and learned to read and write, despite only having a second-grade education. By the time he was 50, he had hypertension, arthritis, and severe peptic ulcer disease.
- **Medical Mistrust |** The suspicion or lack of trust in medical organizations
- **Medical Racism |** Prejudice and discrimination in the health care system based on race

IMPORTANT TERMS & DEFINITIONS

VACCINE GLOSSARY

- **mRNA Vaccine |** Messenger RNA. Pfizer and Moderna are both mRNA vaccines. They send a message or set of instructions to your cells telling them how to make a piece of protein that is unique to COVID-19 *(spike protein)*. Imagine the spike protein is a "wanted" poster of the "bad guy coronavirus", and the mRNA is the delivery driver delivering the wanted posters, ensuring your body can recognize the virus in the future.

- **Ms. Lacks' Cells |** Ms. Lacks' cells are called HeLa cells. They are special because they are immortal and keep growing forever, even after her death. Her cells have been used to advance medicine tremendously. For more information, please check out *'The Immortal Life of Henrietta Lacks.'*

- **Natural Immunity |** When a person is exposed to a certain virus, they develop some level of immunity to it. We don't know how long the natural immunity for COVID-19 lasts or how strong it is, so immunity through vaccination is preferred.

- **Nucleus of the Cell |** The area of the cell where DNA is kept. The vaccine does not access the nucleus, meaning it does not interact with your DNA in any way.

- **Spike Protein |** The spike protein is found on the surface of the virus that cause COVID-19. Its crown-like appearance is what gives the virus the name "corona," which is Latin for "crown." The spike protein can change its shape to attach and cling tightly to cells.

- **Trusted Messengers |** People and organizations that communities trust because they look like them and have the reputation of community care *(ex: pastors, teachers, barbers, Urban League of Metropolitan Seattle, other community based organizations, etc.)*

IMPORTANT TERMS & DEFINITIONS

VACCINE GLOSSARY

- **Vaccine Development Process |** Clinical vaccine development is a three-phase process. Phase 1: A small groups of people receive the trial vaccine. Phase 2: The clinical study is expanded and given to people with specific characteristics *(age, physical health, etc.)* Phase 3: The vaccine is given to thousands of people and tested for efficacy and safety.

- **Vaccine Hesitancy |** Reluctance or refusal of getting vaccinated

- **Vaccine Safety Monitoring Systems |** The CDC and FDA monitors vaccine safety by performing high-quality vaccine safety research, making determinations about if vaccines cause reactions and if so, how to prevent them, identifying adverse events through public health surveillance.

- **Viral Vector Vaccine |** The Johnson & Johnson is a viral vector vaccine. It uses an adenovirus viral vector to deliver instructions to the cell about how to make the spike protein. Imagine that the spike protein is a "wanted" poster of the "bad guy coronavirus", and the viral vector is the delivery driver delivering the wanted posters, ensuring your body can recognize the virus in the future.

RESOURCES

RESOURCES & ADDITONAL INFO

WANT MORE INFORMATION?

For more information about the COVID-19 vaccines, here are a few great places to start:

https://www.greaterthancovid.org/theconversation/
https://www.cdc.gov
https://www.doh.wa.gov
https://www.urbanleague.org/black-health-matters

To receive COVID-19/vaccine updates from ULMS, text **ULMS COVID** to **52886**

ABOUT US

The Urban League of Metropolitan Seattle

With a vision of equity for all, the Urban League of Metropolitan Seattle (ULMS) empowers those we serve by providing programming and services designed to support and encourage self-sufficiency in all aspects of life. Our five areas of focus include **public health**, **civic engagement**, **education**, **housing**, and **workforce development**. To learn more about ULMS or to find out how to get involved in our efforts, please visit: https://www.urbanleague.org

To donate to ULMS health programming & services, text **@ULMS** to **520-14**

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RESOURCES

RESOURCES & ADDITONAL INFO

CITED REFERENCES

www.cdc.gov www.acog.org
www.doh.wa.gov www.publichealthinsider.com

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