Kameelah Rashad:

[foreign language 00:00:45] Everyone, peace be unto to you. It is really an honor that people trust in the work that we've done with the Black Muslim COVID coalition and the conversations that we've had over the last nine months. My name is Dr. Kameelah Mu'Min Rashad. I'm the President and Founder of Muslim Wellness Foundation and also the Founding Co-director of the Black Muslim COVID Coalition. My background is in psychology. I'm a psychologist, and my areas of expertise includes identity, religion, race, healing, and trauma. So with that background, it's really important for us to, as we face the current context that we're in, that we also understand that there's always sort of an emotional response there, sort of the psychological impact of just the time that we're living in. We have personal and professional obligations, and then we're faced with this decision around vaccination, whether to avoid it. What does it mean?

Kameelah Rashad:

We've always felt, just in these last nine months in the work that we've done with the coalition to bring together experts, those that we trust in the community, to give us accurate information. And also, who have an understanding, a lived experience, in the context that we're in to be able to offer, not just their expertise, but also the sincerity and the dedication and authenticity to say "we are also of the community". And so we're very much embedded in these conversations around what does it mean for us to be part of Black communities, Black Muslim communities, and to be wrestling with very real and also existential questions about death, about mortality, about racism and systemic discrimination, which has contributed to the disproportionate impact in a variety of different ways on our community.

Kameelah Rashad:

So this particular webinar is going to be focused on reconciling some of the fears that we have, which are legitimate. And also understanding this "rock and a hard place," for lack of a better term, that we find ourselves in, in this moment.

Kameelah Rashad:

I'll introduce you to the folks who will be offering their recommendations and expert advice here tonight. So this is me, Kameelah Rashad. Dr. Safiyya Shabazz is a board certified family physician. She's the Owner and Medical Director of Fountain Medical Associates here in Philadelphia, Pennsylvania. We will also be joined later by Margari Hill. But she's sort of my late night, for those who are up at 1:00 AM. Shout out to the night owls. I was like, "Wait. There is someone who actually specializes in understanding the history of medicine and racial violence."

Kameelah Rashad:

Ayah Nuriddin is a PhD candidate at John Hopkins University in the department of the History of Medicine. Thank you for being gracious enough to lend your time at such short notice. Margari Hill is an anti-racist educator. She is the Executive Director of Muslim Anti-Racism Collaborative. She will be joining us shortly, and she is also the Founding Co-director of the Coalition.

Kameelah Rashad:

I'm going to move right in. Again, like I said, I want to make time to provide this overview, and then we can also move into the questions I'm sure that people have, some of the reflections that are sitting with you that I'm sure you would love to share. So again, the objectives. I'm a teacher by nature, so forgive

me if it feels like you've just entered into a classroom. But I think because we're all kind of Zoomed out, I want to set the expectations at the beginning, what we will cover, and then how we proceed from there.

Kameelah Rashad:

So, understanding the psychology of pandemics. There's a really great book by an author named Steven Tyler that is called The Psychology of Pandemics. That the last pandemic that we faced of this scale was about a hundred years ago, the influenza or quote-unquote Spanish flu. So there's a lot of information that we've been able to gather over the last century that can inform what we can expect. Some of the responses to this time are actually not unexpected. We also want to acknowledge the Black trauma stemming from health disparities and medical racism.

Kameelah Rashad:

Dr. Safiyya will walk us through the science of the COVID vaccine. What do we need to know? Again, I'll offer a disclaimer that this does not, in any way, is a substitute for consultation with a physician or healthcare professional. But we can offer guidance for you to begin to have that conversation, and then next steps and recommendations. I thought it was really a profound moment to have the first person in the United States to have the vaccine was a Black woman. Right? And given the history of the ways in which Black women have been treated by medical professionals, going back, again, centuries, for the first individual in this country to receive the vaccine to be an African-American woman who is an intensive care nurse. Her name is Sandra Lindsay. I thought her words were... And her commitment to demonstrating this very publicly that she would take the vaccine, I thought was very profound.

Kameelah Rashad:

She said, "I feel like healing is coming. I hope this marks the beginning of a very, the end of a very painful time in history. I want to instill public confidence that the vaccine is safe. We are in a pandemic, and so we all need to do our part. There's light at the end of the tunnel." This was just Monday. Right? We're moving through a week in which we see many other healthcare professionals follow her lead and have the vaccine taken in the news, on air. But that was met with some skepticism, right? Given again, the history.

Kameelah Rashad:

So again, just providing some of the context, and the context's important so that when we have this conversation together, we can use some of the same language, we have a frame of reference, and I think that's very important. So again, I don't want you to hold your questions. If you have one, definitely go to the Q & A function, or submit it through chat, and then we'll follow up.

Kameelah Rashad:

So this is probably the most sobering of the contexts in which we find ourselves. That as of December 8th, right? This number might be higher. About 50,000 Black Americans have died of COVID 19. I don't know about you, but just the numbers, there's a way in which it's hard. It kind of boggles the mind to understand the enormity of the impact of this death and devastation that if we were to be in the same room or virtual room, I'm sure that we all, many if not all of us, know someone who has died of COVID, who's had COVID and recovered, but are still experiencing symptoms of the Corona virus, that we know that it's impacted the community in really harsh and devastating ways, economically, physically, psychologically. So when we talk about the numbers, I want us to also bring to mind those that we

might've lost, the ways that it has completely and permanently, in some ways, changed our lives as we know it. So that is part of the context that I want us to bear in mind.

Kameelah Rashad:

Another sobering, just as an example, in the state of Georgia, 1 in about 21 people have contracted COVID-19. Right? Atlanta is not Georgia, but when we think about just one in 20 people, right? And so if you think about your own social circle, perhaps not just the voluntary bubble that you're in, but those who are connected to those that you have chosen to distance with, your social circle is actually quite large. So if you think about 1 in 20, that may include folks that you know, again, who have contracted the virus, who have recovered, or unfortunately have died.

Kameelah Rashad:

Ayah Nuriddin is going to talk a bit more about the Tuskegee Experiment, again, as part of our context. Right? Why is this such a difficult decision for us to make as Black Americans? It's been hotly debated, as I'm sure you know, and maybe you've been a part of those conversations on social media. But this is just one example of why this is a conversation that we need to have very thoughtfully and very openly on the Tuskegee Experiment. And again, Professor Nuriddin will expand on this, the history of medicine.

Kameelah Rashad:

There have been sort of a curious focus on the Black American response. We're between 12 and 14% of the population, but a lot of the news coverage has been on, like, "Why aren't Black Americans accepting of the vaccine?" Right? Feels a little bit like gaslighting to me because there is a very clear history as to why we are rightfully skeptical. So this survey done by the Kaiser Family Foundation said 35% of Black Americans said that they will not take the vaccine. This may change from day to day, depending on what information people have access to. But again, a significant majority of people either have already decided that they will not, or they're still on the fence.

Kameelah Rashad:

We have to talk about conspiracy theories. I love my people, but we have a lot of thoughts. So if you can remember back nine months, there was even disbelief about whether or not Black Americans could get COVID. I think that it was perhaps, I think Idris Alba publicly stated that he had COVID and people were like, "Oh, okay. Maybe Black people can get the Rona." So some of these conspiracy theories have persisted. And again, this is not just specific to the COVID-19 pandemic. This was also the case a hundred years ago, during the influenza pandemic. There were a lot of conspiracy theories, a lot of myths circulating. The reason that these conspiracy theories, or these sort of speculation, about the virus takes root is because there's so much uncertainty. So it is not surprising that people are wondering, "Is this real?" Right? We may see the impact, but is it real? Where does it come from? There's a lot of fear and uncertainty.

Kameelah Rashad:

So it's understandable, given those conditions, that people are wary. They're skeptical. There are even those who still perhaps believe that it's a hoax, or that it's caused by 5G. But this is very real. And I would say, perhaps you're still holding on to that disbelief, but what is a fact, and that hasn't been, or is not made up, is that we've lost 50,000 Black Americans. Right? 314,000 Americans have died. Over 17 million have been infected. Right? These aren't things that are made up. So whether or not there's some debate about the source of the virus, the very impact of it is real and undeniable.

Kameelah Rashad:

This, I think, is worth mentioning. If people are following, or maybe have heard some rumblings about this on December 21st, there is, rightfully, some humor. Some people do believe that December 21st will be the day that Black American superpowers will be unlocked. Right? So we should not... And this was about December 5th. I think this tweet happened or went out publicly. So why do people invest in, or believe in, this conspiracy theories? Again, fear, uncertainty. There's a lot that's unknown that people are learning still, everyday, about the virus. So that's fertile ground for some of the theories.

Kameelah Rashad:

So this is a summary of what's called, the World Health Organization calls it "vaccine hesitancy". Right? It's the history of medical abuse. Right? Professor Nuriddin will talk about the Tuskegee Experiment and history of medicine. It's systemic racism and health disparities, which leads to, for some, not even being able to access adequate healthcare. Mistrust in healthcare professionals. Right? COVID fatigue. Right? We've been sort of hypervigilant and trying to adhere to some of the precautions, but we're nine months in, so we're at a stage where people are exhausted. Right? And so may be just either unwilling, or kind of at capacity emotionally, physically, to be able to even consider something else related to the Corona virus.

Kameelah Rashad:

Basic information is unavailable or is overwhelming or it's confusing. Then there's the misinformation, the conspiracy theories. For those who have gotten an invite to clubhouse, should I say more? There's a lot of information that's being disseminated that is not accurate. So all of this sort of contributes. It's historical. It's in the present. It is the anti-Black racism, the white supremacy, the oppression, which has contributed to these disparities that we see today. So there's legitimate skepticism about why should we believe that this vaccine will be a cure? Why should... I've heard a lot of people say like, "Well, I don't want to be a guinea pig. We've been tested on before. We don't know if there were even Black Americans in these trials. How do we know there's not going to be adverse side effects?"

Kameelah Rashad:

So all of this contributes to this sense of weariness or skepticism, or mistrust. So what I really want folks to take away is that if you are feeling concerned, if you are feeling a sense of doubt and concern, it is in fact legitimate, and that should be acknowledged.

Kameelah Rashad:

I always try to build in these pauses, these deep breaths for myself, for all of us who are in this conversation, that we should take a deep breath. Right? These may bring up years and decades and centuries, even just images of the Tuskegee Experiment, mentioning the name of it may bring up a lot of feelings and thoughts. So we should honor what we're feeling and what's coming up for us and take a deep breath. Right? And then take another. And then we'll continue.

Kameelah Rashad:

I want to turn it over to Professor Nuriddin to talk about understanding of the history of medicine, how it's related to some of the concerns and the fears that folks have.

Ayah Nuriddin:

Thanks so much. I'm really glad to see all of you here. What I want to start with and really spend time discussing with all of you today is that we often think about Tuskegee as this particular, very singular moment of exploitation, of medical racism, of violence. But the US and many countries throughout the world have a much longer, broader and much more varied history of medical racism, particularly in the forms of human subjects research and human experimentation.

Ayah Nuriddin:

A lot of that history is part of beliefs of scientific racism that emerge as early as the 17th century. These beliefs that racial groups have inherent biological differences, beliefs that somehow black people's bodies are fundamentally biologically different than white people's bodies, than Asian people's bodies, et cetera. A lot of that undergirds and shapes a lot of the health inequalities that we're still seeing today, even though this has been scientifically disproven time and time again, that there are not fundamental biological differences between racial groups. But these ideas persist, and have a lot of historical roots that shape the kinds of historical material that I'm going to talk a little bit about today.

Ayah Nuriddin:

There's numerous historical examples that we can look to that demonstrate how medical and scientific practice were connected with bigger structures of racism, of discrimination, and of violence. Some of us might be familiar with the histories of medical experimentation during slavery. One of the key examples of this is with the gynecologist named James Marion Sims, who did experimentations on three enslaved women named Anarcha, and Betsey, Lucy, among other women. Those are the women that we know their names. Their names have survived in the historical record.

Ayah Nuriddin:

But Sims experimented on these women over the course of a number of years, to develop a technique to repair vesical vaginal fistula, which is a complication of natural childbirth. These women were experimented on without anesthetic for him to develop this technique. One of the reasons he experimented on enslaved women was he believed that white women could not withstand the procedure. So he tested it out on Black women because they were believed to be stronger and more hardy because of these prevailing ideas of scientific racism that existed in the 19th century.

Ayah Nuriddin:

There's also stories, and I think we, some of us, may have heard inklings of these kinds of rumors growing up, but that enslaved people's bodies, and even after slavery, people's bodies were stolen from graveyards and cemeteries and used for anatomical dissections in medical schools. This is a practice that persisted well into the 20th century. A number of southern medical institutions actually would hire, or purchase enslaved African-Americans, too, for the express purpose of acquiring other Black people's bodies to use for anatomical dissection in medical schools. And I think we've, many of us, have heard rumors of grave robbing and getting snatched, and body snatching and these ideas that persist. But this is actually based in a very real practice that continues well into the middle of the 19th century, despite regulations that were supposed to regulate that practice.

Ayah Nuriddin:

So medical experimentation and exploitation that goes along with it has historically targeted populations that have been vulnerable. This not only includes Black people in many settings, but it also includes people who are incarcerated. It includes people with disabilities, psychiatric patients, children,

et cetera. Because before we have the regulation of human subjects research and laws determining who can and cannot be experimented on, basically anyone who is at the mercy of the state could become eligible for these, for lots of different kinds of research studies before we have ideas of consent and things like that. So prisoners, and particularly patients in mental hospitals or longterm institutions for the disabled, were often used as experimental subjects often without, almost always without their consent.

Ayah Nuriddin:

We have a major turning point in that history in the middle of the 20th century because of revelations of Nazi atrocities during World War II, which leads to the passage of something called the Nuremberg Code, which is the first thing, historically, we can look at it as an example of laws set out to guide human subjects research practices, as well as protect the subjects that are being experimented on. Because prior to this law, subjects didn't really have any form of legal protection. And though the Nuremberg Code is wasn't actually enforceable because it was a sort of international document, it still marks a really important turning point because we don't have regulations, really, before that, which leads to so many, many forms of experimentation and exploitation. But despite this turn, Black people continue to be disproportionately exploited as research subjects well after regulations exist.

Ayah Nuriddin:

The 1950s and 60s are actually called by some historians "The Golden Age of Human Experimentation", because there's a tremendous increase in the number of studies that are taking place to test all kinds of drugs, to study different kinds of diseases. A lot of things that we might recognize now as useful are... So, like, the polio vaccine is tested out in this period, which we know has a tremendous impact. Treatments for malaria are done on prisoners in the 1950s. That becomes very useful for other forms of treatment later. Another really important example, because I'm affiliated with Johns Hopkins and it has particular significance to me, is the story of Henrietta Lacks, who was a Black woman who lived in an area called Turner Station, who went to Hopkins for treatment for cervical cancer.

Ayah Nuriddin:

At the time, Hopkins had segregated wards for Black patients that were charity wards. They believed that because they were offering free or low cost medical care, that that gave them the right to experiment on patients without their knowledge or consent. Henrietta Lacks was one of many women who, one of many people who had her... She was treated for cervical cancer, and during a procedure, her cells were taken without her knowledge and consent, and became the basis of one of the first human cell lines in history. Again, this is done without her knowledge or her consent, or her compensation. Her family has yet to receive any compensation from Johns Hopkins, even though Hopkins and many other institutions have made a tremendous amount of money off of the development of this human cell line, known as the HeLa cells.

Ayah Nuriddin:

Tuskegee of course, is one of the most infamous examples, but I wanted to give some of these other examples for context, because we sometimes treat Tuskegee as this lone moment, as if this is the one thing on the radar, as if it's not part of a much longer and ongoing set of exploitations. It's officially called the Tuskegee Study of Untreated Syphilis in the Negro Male. It begins in 1932 and runs until 1972. It's operated by the United States Public Health Service, which later becomes the CDC. There's a lot that happens there. It's done with the support of a group called the Rosenwald Foundation, which is the

philanthropic arm of what used to be the Sears Department store. It's also done, in a lot of ways, with cooperation of Black physicians and nurses who were at Tuskegee at the outset of the study.

Ayah Nuriddin:

Despite popular belief, I really want to make sure that to hit home on this, the subjects in this study were not injected with syphilis. The study recruited patients who already were positive for syphilis, and basically tracked their symptoms over time to see what would happen if they were not treated. That was the... It's an observational study. The whole point is just to see how bad syphilis gets if you don't do anything about it, and also to see if it looks different, if it manifests differently in Black people than it did in white people. It's based off another longitudinal study that took place in Oslo years before it's outset. I point this out because this contributes to some of these conversations we're hearing about vaccine hesitancy, that, "Oh, well, they injected Black people with syphilis. So why should we believe they're not injecting us with XYZ right now?" But this study did not do that. It did other things that are also terrible, to be clear.

Ayah Nuriddin:

The significant problem with this study is that there were treatments for syphilis that existed at the beginning of the study. They were using things like mercury and bismuth to treat syphilis. There was also another treatment called malaria therapy, which is extremely problematic and disturbing. Basically, people with advanced tertiary neurosyphilis, so like really long gone syphilis, where it gets to the point where your brain begins to atrophy. Patients with really advanced syphilis would be given the malaria infected blood of another patient to give the person malaria, because the fever induced by the malaria would kill the syphilis bacteria. That was actually a treatment that was used a lot in mental institutions, because for a lot of the first half of the 20th century, a lot of people in mental hospitals were suffering from neurological complications of syphilis.

Ayah Nuriddin:

So the problem is, even though treatment exists, treatment is withheld from the subjects of the Tuskegee study. Once penicillin becomes available, in around 1946, 47, penicillin is an easy cure. Right? Penicillin is still used to treat syphilis among other infectious diseases. It was still withheld from the subjects even after they knew it would cure them. So the subjects were led to believe that they had something called "bad blood", which was sometimes a euphemism for syphilis. But also, it was also a generic term that could be used to describe lots of other things. So patients were never really clear whether or not they had syphilis, but they were told they were being treated. They were given iron supplements. Their blood pressure was taken. They had got lumbar punctures. They got other kinds of medical care outside of being treated for syphilis as part of enrolling in the study.

Ayah Nuriddin:

What also happened as part of enrolling in the study is that, when patients would visit the various clinics for monitoring, they'd receive hot meals. Another thing that subjects received as part of their participation was a free burial, which was really significant because the subjects in places like Macon County, Georgia are... It was extremely rural, extremely poor. So the free burial was an appealing prospect.

Ayah Nuriddin:

What I will also point out though, is that there's another study that's happening simultaneously in Guatemala, that's also run by the US Public Health Service, in which people are deliberately infected with diseases like syphilis and gonorrhea. It's important to just have clarity about what these particular things are, so that we're armed with knowledge and information.

Ayah Nuriddin:

After the Tuskegee study sort of goes public in 1972, even though people-

PART 1 OF 4 ENDS [00:30:04]

Ayah Nuriddin:

The Tuskegee study goes public in 1972. Even though people... There's an awareness in the medical community. But once the general public becomes more aware, of course, there's huge outcry, especially from black people because of how heinous this study was. And it leads to another wave of really significant regulations that continue to shape the ways that medical research has done even now. And so I'll just wrap up since I can talk about this all day, which I think says a lot about what I do for a living. But I think what some of us will notice is that a lot of this rumors and myths and some of the conspiracy theories among other things that we've heard and have been passed onto us come from a distant knowledge of a lot of this medical exploitation that I'm talking about.

Ayah Nuriddin:

And so even when people can't specifically name an experiment, a practice or a specific moment, it's because people are skeptical because they have some awareness of this history, and I think that's really important to point out. I'll give one example that again, being at John Hopkins, a lot of the black people in the immediate surrounding community of the hospital come to Johns Hopkins for treatment, and they will for example tell the residents and med students like, "Well I'm not going to do this. I don't want you to experimenting on me." And I've heard people say things like, "Oh, I don't know why they always say that. That's so weird, these patients always think we're experimenting on them and they think it's a joke." And I always point out it's not a joke because not only do we know about Henrietta lacks, but people are aware of this medical racism and don't discount that, right.

Ayah Nuriddin:

It is important for you to be aware that people have knowledge of medical racism even if they don't have names, dates, and places, right? This information exists in our black cultural memory of racism. And we need to be as aware of this history as possible. And I think I'll wrap up here, but it's important to know this history and knowing this history alongside other forms of reputable information from professionals can help us to make good decisions about things like the COVID vaccine, but other medical procedures as well from a place of knowledge rather than a place of fear. And so I'll stop here.

Kameelah Rashad:

Thank you for that professor Nuriddin. One of the things that I want to underscore about what you mentioned is that it is part of historical memory and also contributes to intergenerational trauma. And so to again contextualize this study and the long lasting impact that has had on the community that the last study participant died in 2004, the last widow of a participant died in 2009, I believe. And so this isn't sort of some distant obscure history that we are not directly connected to. And so for those who... Especially with John Hopkins university for those that are seeking medical treatment this is something

that is very real and contributes to a lot of the mistrust. And so it is not... Again, I feel like it is a form of racial gas lighting to look at black Americans as if we're just being irrationally paranoid.

Kameelah Rashad:

And because even when this... Before this study went public, I'm sure people there were some rumblings, there was some concern, there were some questions that were being raised about this work. And so when we think about that there are now also 11 children of those study participants that are receiving benefits, right? As a result of this going public, that there are folks that we can talk to that can say, "Yes, my father was a part of this study." And so that has a very lasting and traumatic impact on our community that cannot be discounted. And I want to reiterate again what you've expressed that knowing the accurate historical facts about the experimentation and the studies that were done alongside debunking some of these myths so that we have accurate information. So accurate information is the reason that I wanted to call on Dr. Safiyya Shabazz to help explain what do we need to know, right.

Kameelah Rashad:

We have the historical memory there's trauma that people have experienced that have been passed on. And so even that caution, right? Don't let people stick you with anything, that caution persists, but we're able to mitigate some of those fears when we have information from trusted sources. So first I'm I'm going to stop sharing my screen so people can see Dr. Shabazz. And at first I know you're going to tell us a little bit more about the vaccine, but I want you to share about your work being on the front lines these last nine months of working with your patients who have been positive for COVID.

Kameelah Rashad:

So I want you to share a little bit about what your experience has been and when folks come to you and they're very concerned and say, " Well, Dr. Safiyya what should I do?" So if you could share about that, that'd be great.

Safiyya Shabazz:

So, I want to first go back to earlier in the year where my first real information about COVID was not for my own personal experience, but it was initially the thought like, "Okay, it's over there somewhere. It's not something that we'll probably need to be too worried about." But as it started to become very clear at the end of February early March, that no, this is actually really a serious situation. And being privy by participating in different... Really, I guess they're like social media groups, but were there for physicians where I mean, you really started to see an explosion of information and stories mainly from the West coast, about how much help they were experiencing. Where I remember one post where someone said they were in Seattle, and they were like, "Listen, if you have two weeks to prepare do not be complacent.

Safiyya Shabazz:

This is bad, bad, bad, bad. They had never seen anything like it. So, that started to really get my anxiety level up to really try to understand as much as I could about the virus. And even though really we didn't start seeing, or I didn't start seeing cases in my practice until April. And then it was all in one week where it started to come back to back, and then people say, "Well, if social distancing didn't work why are we still doing it, or why are we going to do it again? Or like the lockdowns." The cases stopped in my practice. It did make a difference when people really adhered to separating themselves, staying with

their household members. For the most part it made a huge difference where I didn't see a case in my practice for a couple of months and then different colleagues in different areas of the country it was similar where it was...

Safiyya Shabazz:

Well, it depends on where you were, where it started to move from place to place like middle America, they don't believe in COVID. And so, they experienced it at a later time because they were more isolated and then got hit hard. What I can tell you in the last few weeks in my practice, I don't do hospital medicine. I'm not even in the hospital, but what I see is it's taken over my whole schedule. People who have COVID symptoms who have COVID infections where most of the people are getting... Are testing positive after experiencing some symptoms here in Philadelphia, it's still not super easy to get tested. It's not like people are just getting tested willy-nilly right before Thanksgiving, it was especially hard because there were a lots of people who didn't really have anything wrong with them, but maybe they wanted to hop on a plane and wanted to visit family.

Safiyya Shabazz:

They wanted to try to make this Thanksgiving thing work. And at least in this area that didn't work so well because I mean, it's just been... We're really seeing the repercussions of that here in Philadelphia. I have never had to admit a patient or refer a patient to the hospital for flu, even though I know what happens. I know people get hospitalized with flu. I know people die with flu, but I never experienced that personally as a physician. I have had numerous patients who had to be admitted to the hospital. Things have gotten better in terms of the treatment. Thankfully, my patients have fared well, and I think I have some ideas about why whether something that I'm doing might be making a difference, but the fact is 98% or so of people do get better without doing anything, but then you could get really sick and then lots of people as you can see do worse than that and are deceased.

Safiyya Shabazz:

And then there's a large number of people who they did not die, but they still are experiencing a lot of ongoing complications from the virus. So I think for all of these reasons it really has created just a different lens or a different... I call it a calculation, I was an engineer before I was a doctor. So it's a different calculation that has to be done because it's like, " Wait a minute, this is a lot of people who are falling very seriously I'll, and a lot of people who are dying." And I said last may I know people thought I was being my typical hyperbolic self like, "Yeah, I think it's going to be a million people dead by this time next year." And now we're like, We're getting there."

Safiyya Shabazz:

And it didn't have to be this way I don't think, but we're here now. So I guess that's just some background into what I'm saying. Now, people who work in the hospital, what I'm hearing from my medical colleagues is trauma. I think people are experiencing PTSD, they can't do it anymore. This is something that they've never experienced before, and people get to their breaking point. Some people are at their breaking point, some people may have been at their breaking point at different times like in New York, maybe they had a different breaking point earlier on when they got really hit hard and they're I'm sure seeing that coming back. But what I'm hearing from my colleagues is pain and suffering that they are experiencing. The trauma of seeing the death, the trauma of colleagues who may have gotten very seriously ill, some of whom didn't make it, that is traumatic for people.

Safiyya Shabazz:

And I think that it also leads to this line between how people who are dealing with that feel about the whole vaccine or whatever other intervention you're going to do for COVID. And the people who were really not like CNS... One of my New York friends she was like, "Yeah, it hit different when you're looking at somebody in the face gasping for air and it's like, "Yeah, they're not going to make it, what can you do?" They know they're very likely about to die and you know like, "Yeah, it's probably not going to happen, so.

Kameelah Rashad:

So I mean, I feel like there's so much more we can say about that because for those who are again, skeptical about the vaccine, I wonder what... At least I want to challenge everyone to also think about the other people who are, right. You become a doctor and your oath is to save lives, right? Do no harm, save lives. you want people to be healthy. And when you're faced with the situation where really all you can do is make someone comfortable, right. As you know that they're approaching death. I wonder, and maybe we can talk about this in a Q&A how it feels for someone, a doctor, healthcare professionals, nurses for people to either deny that COVID is real, to refuse to social distance or wear masks or to say that they will be unwilling to take the vaccine because they think this is a hoax. I wonder how medical professionals are also coping with those fears and concerns.

Safiyya Shabazz:

Right. I think people take it different ways, I'm sure there's a lot, early on it was about the mass where it was like, "We don't have in 95, we have to come in here dealing with people who... They're actually in the mix, in the COVID milliue. and they didn't have the proper PPE, and they were directing their anger at people on the street who may have ordered their in 95 from Amazon and they were mad at them. And I'm like, "I think your anger is misplaced because you counted on your workplace to have your back and they did not. It's not their fault, you should have done what they did and had your own back, but you assumed that your employer would have it. So I think some of that is going to happen and is happening.

Kameelah Rashad:

Okay. So I'm going to pull back our slides just in the next couple of minutes for those who are like, "What is this vaccine? I'm being told to take it or not to take it, and I don't really know what it is." And so I'm hoping that you can... Just for those who are tuning in, what is this all about? What should we know? Hold on, I'm going to pull it right back up. And I know you're really great at breaking these down in layman's terms. What should we know about what this means?

Safiyya Shabazz:

Well, I mean, I'm not a vaccine expert, but I've spent a lot of time reading and trying to learn as much as I can in recent months like everyone else. I think one thing that is important for everyone to know is that the vaccines that are currently, recently received this emergency use authorization, they're both the same type here. This RNA vaccine, which is completely new in terms of being used in an actual product, a commercial vaccine that is not new. The technology isn't necessarily new, but this is the first time that it's getting to market. And these are the types we're talking about here, but there's other types of vaccines that are also in development. Some of which are equally as unusual or new. There are DNA vaccines, which are different than RNA, they're both types of genetic material, but they are different.

Safiyya Shabazz:

You'll notice there's like one strand here, whereas DNA is this classic double helix there. There's viral vectors where you take a weakened form of one type of virus that should not cause you disease and insert the information or the genetic information from the virus that you're trying to get your immune system to recognize into that and use that to deliver it to the cell because people probably don't realize this, that's partly how viruses work. That really is how viruses work, viruses already go into your cells, and they already take over your machinery for making proteins and it uses your body to involuntarily make copies of itself, which is different from a bacteria. So these are the three that are more... I think they tend to make people more uncomfortable, and these are some of the ones that appear to be farther along in development.

Safiyya Shabazz:

Then you have virus... I mean, vaccines that are more typical, and some of the vaccines that are in development in different parts of the country are also using some of the older techniques. So virus like particle. So something that is very similar to a part of the virus that your immune system should recognize protein subunits. Again, they're trying to take different parts of the virus so that your body can recognize it and create an immune response without you having had to have the actual natural infection and then an activated virus. And that will be if someone were to kill most flu vaccines, they're killed virus. The actual virus was allowed to multiply and typically like egg cells. And then you kill it and then inject that so that your immune system can recognize the different proteins.

Safiyya Shabazz:

So I did want to give an overview, just so people understand there's more than one type of vaccine that is being worked on, but these are the ones that we're talking about right now, these first two that have started being injected here in this country, the RNA vaccines. So just to give an overview of that, if we're going to move on to the next slide, the way those work the science is interesting. I mean, if you're the nerd type, regardless of whether or not you want to take the vaccine or not take it, it's fascinating. The technology is fascinating where it's synthetic. So I've heard different things where it's fetal tissue or whatever this vaccine... I don't know about the other ones, this vaccine it's not that, it's manufactured is chemical engineered basically.

Safiyya Shabazz:

And they they manufacturer the RNA strands. They synthesize them the part of the protein that the part of the genetic code that will instruct your cells to make copies of the protein, the little spike protein. So they put that in a little fat bubble because the fat bubble can fuse with your cell membrane and get inside of the cell. And then you have these little, I guess you you could think of it as like a printer. So you could think of this as the flash drive and this is the printer where it will print out copies of the protein, print out copies of the spike protein. And then when your immune system... If your cells start putting on Corona virus costumes then your immune system is going to recognize it. Like, "Hey, wait a minute that doesn't belong here."

Safiyya Shabazz:

And then you get a reaction and that's how it works so that your body can make antibodies to this spike protein. And it comes in contact with the natural infection, then it will go on attack mode more efficiently, hopefully before copies of the virus are made and it's allowed to multiply in your cells and in a natural way. So that is how it works. So, I've heard things about how it's... And honestly, I'm going to

be honest, I was like, "Hold up, I don't need anything doing any RNAs and DNA's wait a minute." I had to go back to my biology books, like, "Wait a minute, that's a little too funky for me. No, thank you I don't want to be a GMO."

Safiyya Shabazz:

But in this case it doesn't go in your nucleus of yourself. It does not go to your DNA, it doesn't change your DNA, whether or not they put something else in it that does completely something different. I suppose, that can happen with anything, I mean, that can happen with anything. I like to make that very clear, anything is possible, people have done horrible things before and they could do horrible things again, but according to what we know about this, that's not how this works.

Kameelah Rashad:

So one of the things that I want to emphasize is how long have you been practicing medicine?

Safiyya Shabazz:

2021 will be 19 years.

Kameelah Rashad:

So, for those who are listening, tuning in, almost 20 years of medical practice and what, seven, eight years of training has contributed to Dr. Shabazz's fund of knowledge to be able to then see this image, break it down and say what it does and does not do. And the reason that I want to lift that up is because when you have somebody, say your cousin [Earl] On Facebook, who's telling you well don't take the vaccine because it's going to give you a hairy back and it's going to do all the... Your cousin Earl has not had 28 years of training and practice in medicine.

Safiyya Shabazz:

Right, if you don't want to take it because you don't trust it that's different, but don't say that it's something that is not.

Kameelah Rashad:

And, I think this is where if anyone got lost in the middle of how you were explaining those two slides, what I want to say is take that to a trusted medical professional or someone who is in the healthcare profession that can hopefully walk you through. Or if you have someone perhaps who's taken the vaccine, who's been a part of a trial. Again, there's a lot of unknown, but there's also information that is clear about almost the technology of how this vaccine has been produced.

Safiyya Shabazz:

And some pretty good YouTube videos too. Like I've seen some good YouTube videos with animation and all of that. That could be found on the internet.

Kameelah Rashad:

So, we'll post some of those links for people to check out, but what I want to emphasize is that I want people to do their homework, right. Again, what we're saying is the skepticism, the fear, the concern, the confusion is very real. And there is information that we have to seek out. We have to do our due diligence. We have to go to those in our communities who are trusted sources of information.

Kameelah Rashad:

And I'll say this, and maybe it will ruffle a few feathers, but your pastor is not a medical professional, right. We may go to our spiritual leaders, our moms, pastors, to offer some spiritual guidance, to maybe offer a word that can help [Sue] Some of the fears and anxieties that we have. But that person should be telling you to go to your doctor or communicate with someone who has the requisite knowledge to help walk you through what is, or might feel overwhelming. But they do not have the capacity unless they have both an MD and endive, they should not be offering that kind of advice. And so Safiyya, it looked like you wanted to say something about that.

Safiyya Shabazz:

I mean, people can offer... I mean, people do offer if it's spiritual advice or a warning, because we got a warning from the honorable minister Farrakhan, don't take the vaccine until we all have our own scientists evaluated. This is part of the reason why I know a lot about it is because I'm reading a lot of information about it to make sure that, wait a minute just because they said on CNN, black people need to take this. And we need to focus on black people, which I think it's harmful because it adds...

Safiyya Shabazz:

For me it adds to just the anxiety about it, and I think that separating those two things that's different from the science of what it is. If it's that you don't take vaccines because you want to make sure that you couldn't be harmed in some covert way, then that that's advice that I think is appropriate for a spiritual leader to give. But I think that giving scientific information, you had to be very careful with that because it's easy to get it wrong. I have a chemical engineering degree, I did a concentration in biotechnology. I did genetic engineering labs and experiments, and it's still not like, "Oh yeah, you could just pick this up." It's not like that, you need to know what you're talking about.

Kameelah Rashad:

Absolutely. So, I think for those who again, are feeling some degree of legitimate caution and valid caution. It's again, being able to identify those that you trust to offer even clarification. You're like, "This picture looks like Greek to me. And so can you explain this? Can you break this down for me?" And if your spiritual leader is telling you hold on, let's talk to the scientist in our community, let's talk to the medical professionals. That is appropriate and absolutely incredible advice. Right? And, it's acknowledging this is my area of expertise, and we want to consult with those who have again, the expertise, the training, the background, to be able to provide guidance. And so I want to round out this segment of the overview by pulling Margarie Hill up to tie these two pieces together understanding the history of scientific racism and medical abuse. Understanding again, that there's accurate information that we can seek out, and we want to do it within the context of understanding that white supremacy and anti-black racism has influenced the way that we view the world and the way that the world impacts us.

Kameelah Rashad:

And so when we have a racial justice anti-racist lens, then again, the gas lighting is unacceptable, right. We know why there's... I don't want to say paranoia, I think legitimate concern. And so when we apply this racial lens to our scientific knowledge, to the accurate information then we can be more empowered. So I want to pull Margarie Hill who's executive director of the Muslim anti-racism collaborative to talk a little bit more about that lens.

Margari Hill:

Also it's been truly informative just listening to you all speak on the history of medical racism on the response and knowing more about the nature of the vaccine and the disease. How it's impacting you as a pre medical practitioner and the community that she served. Yeah, I mean, and there's even things to follow in my own family's history with the medical experimentation. So I hope to follow up offline because that trauma is real. And there was actually a County in Georgia. So, and I just needed to... I wanted to know the date that you talked about Ayah when they were doing some of that work of saying that they're going to pay for-

PART 2 OF 4 ENDS [01:00:04]

Margari Hill:

... Are doing, some of that work of saying that they're going to pay for burials, so a lot to process it is a very heavy topic. So, just the 14 million people who've been infected with COVID and we know some people have it mild other people are suffering from cognitive issues from the disease, from the recovery is long, I've known people who after they recovered, they couldn't jog for one minute without just losing their breath, and now they're still trying to build that up and they're trying to get screenings to see what is the impact on their hearts and on their lungs. So there's a lot that we don't know fully about COVID 19, and the last number that I heard as of Thursday was 276, over 276,000.

Margari Hill:

I know that number is climbing and is especially climbing in these dense urban areas and then there's another strain in the UK, so I'm thinking about these issues globally. So I'll try to bring in some of those themes, what I really wanted to focus on this evening was to talk about the importance of having a race equity framework as we think about the vaccine and who gets it, who has access and to think about how we can begin to imagine who do we center in care. So as I began to do some research on the vaccine itself because I looked at a lot of the policy demands for COVID just look like across the country early on during the pandemic. And early on communities like black lives matter LA when they had their policy demands, they did talk about equity and the importance that we adopt that equity lens.

Margari Hill:

And in fact, we've seen a major shift in our nation of understanding systemic racism and lack of access to healthcare. Now the center for disease control has... If you look on their website, they talk about race equity, 19 States talk about the disadvantage index. And so what do we mean for that? A lot of those are placemakers because there's some ethics around of creating some type of system to address the disparities, to address the fact that black people especially have been so hit hard with COVID, but they can't necessarily say, "Okay, black people first in line" [inaudible] aspects one, we're not Guinea pigs, so it just feeds into that, the concerns that okay, put black people first in line.

Margari Hill:

And if there's any negative outcomes even if we don't know immediately, because we've seen case after case or when you've seen different medicines come in and birth defects or things that we don't know. So just putting us first in line isn't going to solve the racial disparity, but at the same time if we're last in line, just given the historical distrust and less the likelihood, there's not just distrust that makes vaccines, immunizations to flus to things that could actually prevent from death from yearly illnesses or other things like there's... So we have to really address that. So one of the things I started of looking at the

numbers that even for the influence of vaccination rate, based on race that black people are about 39% likely to get compared to 49% of white Americans.

Margari Hill:

So black people are 39% likely to get an influence of vaccine, let the Latin X community 37% are likely to get it, Asian Americans 44% and American Indian, Alaska Natives 38%. So we're seeing this kind of the disparities as far as like who's getting vaccinated for things. But when you look at the statistics it's we're pretty low as far as people that really trust the COVID vaccine. So, in general less than four out of 10 black, Latin X, and Native Americans are vaccinated generally, for their vaccination rates compared to about 70% across racial groups. So what is that about? Is that just fear? No, it's both the distrust but it's access. We many black folks live in health care deserts where it's not easily where they can access that.

Margari Hill:

So there's barriers to vaccination. A lot of this has to do with being uninsured. So these are things that we have to really think about and would cause us some concern, even as we have the Supreme Court, and this is why we really have to work to build power, to change like how healthcare is happening in this country. So uninsured rates across the country, white Americans according to this and I could look at the studies like KFF, I'll get that it's so tiny and actually my vision is going out, I'm going to need some glasses shortly. But 7.8% of white Americans are uninsured, 11.4% of black Americans are uninsured, 20% of Latin X community are uninsured, compared to 7.2% of Asian-Americans and then for Native American, Alaska Natives 21.7% are uninsured and Pacific Islanders 12.7%. So that's very stark, like when you start to think about who's not likely to be uninsured to be able to access good healthcare.

Margari Hill:

And then when they're impacted, if they could track COVID what happens with those medical bills, what happens for them even to likely get the vaccine? And then if they're unvaccinated, there's going to be a domino effect on their lives, when you can't work and you're already... We have those gaps in wealth and jobs that don't provide those benefits and we're seeing people lose their jobs or being forced to actually go to work even when they are sick, because they don't have good benefits. So that uninsured rate... This is something we have to address during this time. So the negative the likelihood of negative healthcare experiences, so many black folks feel that they've been lied to by health practitioners.

Margari Hill:

So having the culturally competent healthcare workers is absolutely important. Being refused to order a test or treatment that they thought that they were needed. So black folks at 19% and in this study and that's pretty significant compared to 12% of Latin X and 12% of whites. So black folks are more likely to say, "I wanted a test and I didn't get it." So those are things I think we should really consider as like the general experience of disparities, the lack of access to care and across the country States and public health agencies, they're recognizing these complex things. And it's important for us to be aware of that, one, not just because we're recipients of that, but we have to hold them accountable. And I'll talk a little bit about why it's going to be absolutely important that especially predominantly white institutions, state agencies and everything, focus on the repairing the harm, acknowledging the harm and doing harm, repairing, mitigating the harm that they've done, compensating victims and then issuing public apologies and demonstrating their commitments to build back trust, because it's going to take many years for us to really recover from COVID.

Margari Hill:

And for us to be safe and recover... We all have to be safe. So there are different indexes that these state institutions are using, we know some of these algorithms like I'm sure many of you saw what happened at Stanford, where they had the first people that got the shots and none of them were frontline people, there were people that were remote, none of the residents who were doing the work so there's this big protest. And the residents were saying, "look, we are protesting on not just on behalf of us as residents, but the people who are providing services to patients."

Margari Hill:

And this is something that's also important as we think about the rollout, because now we're seeing that wealthy people, they can go to these boutique shops and get... Jump ahead of the line of healthcare workers, so they could be in because they were getting the tests early on, I'm sure you saw that they were getting tested when many of us like people who are sick, people I knew who had all of the symptoms of COVID and could not access a test, but yet the Kardashians could, and they were fine. So those things of thinking about who has access, how can wealthy people jump the line and get access, but meantime essential workers and how are essential workers defined, because they're right now focusing on medical professionals.

Margari Hill:

But I know within my own family business where they do a cleaning services, so my nephew who works with workers who are doing industrial cleanup and properties, he was actually exposed to COVID and so it's like, was he an essential worker? Even though he has to work to clean up industrial properties. There are people like all sorts of staff that work in hospitals, that are cleaning the beds, that are mopping the floors, that are intaking the patients, how do we ensure that everyone that's working in that environment that is exposed to COVID, that has to take the bus because they can't afford to get in the car. So those likelihoods that they would be exposed on public transportation get vaccinated. So those are questions and things that they're trying to work out on state level local agencies.

Margari Hill:

But if we do not have public education on that and we're not aware of those, like the indexes that they're looking at to roll out and to prioritize certain communities like for right now it's healthcare workers, then it's for people in long-term care, especially the elderly and then as we... How do we think about the phases of this so that we can assure those who are most vulnerable, the unhoused, the people who have to take public transportation, the people who live in dense urban cities, those are factors that they're thinking about for the disadvantage but then we don't know how, if we're not aware we're not going to be able to hold them accountable. So finally, I would take that to the global level because I see a lot of Americans, there's a lot of my peoples they're talking about they're hopping on flights.

Margari Hill:

And as we think about international, they're going on vacation. And my concern is a lot of places that when we go on vacation and we may be carrying COVID, maybe we have him be immunized but places where they didn't have outbreaks, but if you look there's a map that shows the rollout and the dates when it's going to likely to hit countries, and the rich countries are first and then like developing nations, the global South are last. And we have to really... As Americans, as we think about global white supremacy, as we think about our people in diaspora, we have to also really make sure that we do not

have very similar to the AIDS crisis where people are not getting the care that they need. And we'd see this pandemic start to sweep across the motherland. So that's something that I think we really need to be aware of. And the more that we understand from a race equity lens, the complex factors that can make our communities vulnerable, then the more that we can hold the medical system, our government system and our communities accountable to do the right thing.

Kameelah Rashad:

Thank you so much, Marguerite. One of the things that I want to emphasize and underscore from what you said is, we have to also have the accurate historical knowledge, that some of which Professor Nuriddin was able to provide the information about the disease and the vaccine itself. And then also this race equity lens which says, there's going to be a lot of thinking that we have to do about even the strategic way that we protect ourselves and our community members, because we may all be connected to someone who is of formally designated on a social worker but has great exposure. And so we want to also make sure that they have the accurate information that they need and that as Americans, we're very cognizant of how we might perpetuate harm against others, not thinking about our connection in the diaspora.

Kameelah Rashad:

So I want us to take deep breath, a lot of information we're getting towards the final few minutes and we have some questions that we want to answer, this 90 minutes will not answer all of our questions. And so really our emphasis on seek the knowledge that you need in order to make an informed decision, and seek that knowledge from those who have the expertise, Dr. Shabazz says, "I've been practicing for almost 20 years, I have a background in genetic engineering and biochemical engineering and I'm a physician." And so if I'm going to ask someone, well, tell me what I need to know, I'm going to go to someone like Dr. Shabazz who can break this down for me. And so having that historical, that racial equity lens and also accurate information empowers us so that we can ask questions, no one is saying just say, "Oh, because CNN told me that I should take it."

Kameelah Rashad:

We're not advocating that. Make informed decisions because we have a history that we're trying to reconcile. However, we cannot bury our heads in the sand because we've lost 50,000 community members, across the country 314,000 and they're projecting that by potentially April 2021, 560,000 Americans would have died of COVID and so we want to be mindful of that. So I'm going to stop share of my screen so we can get to... Again, some of your questions I'll try to condense some of the ones that are related to... If you've submitted in the Q and A I'm going to go to that first. So we have a question about... I think this is one I've heard a lot of people asking is, how was it able to be the vaccine produced so quickly? so that is sort of sometimes a red flag for those who are unaware of the technology and the production. How could they roll this out in such a short period of time? Dr. Safiyya If you could answer that question.

Safiyya Shabazz:

Two things. One is that people have already been working on things like this. And the other thing is a lot of the problems that they had were problems that with enough money thrown at it, then they could do it or maybe they already had it. What I'm understanding and learning, we're all learning about at least the mRNA technology is that... And maybe it's a good thing, maybe it's a bad thing. It's pretty easy to synthesize RNA. So you can make RNA for a whole bunch of different types of things and that could be a

good thing or that could be a bad thing. But I think that the perception that it did not exist before it's not really true, people weren't aware of it, they weren't working on it, but it has existed before it was made into the commercial product, so-

Kameelah Rashad:

So a related question is, does the vaccine prevent us from getting COVID? And I'm not sure if you can answer this but-

Safiyya Shabazz:

Based on the studies, yes. Did they lie? Did they say something fake? They would have had to be, If they're not lying and made the whole thing up, which I don't think it's quite like that, then yes, it protects the person who got it. What they have not really consistently shown is that it could keep you from spreading it to other people. So that part they didn't even really look at it in the Pfizer study, and they just released the [inaudible 01:19:02]information last Tuesday and I haven't completely worked through it, but I understand there was some type of way they evaluated it. But I can say with more clarity that it does protect the person who got the vaccine.

Kameelah Rashad:

Okay, and so the-

Safiyya Shabazz:

At least for the short amount of time that they have studied them.

Kameelah Rashad:

So a related question from the same person is... And I'll very quickly kind of answer this but then as a physician, I want you to offer your perspective as well. The question was, are we promoting that the black community should accept the vaccine? And I'll just say very quickly, very concisely, what we're advocating is that you make an informed decision.

Safiyya Shabazz:

I don't think I would ever be someone that's promoting something like that, I think that it conflicts with just my religious sub- community. So I probably wouldn't be on that soapbox, that's not my soapbox but at the same time, if I'm having a conversation with an individual, just trying to work through I know that yeah people die of COVID, I'm not going to act like this is the same as other things, it's not. I've never... Like I told you, I've been a physician for 19 years, I've never diagnosed somebody with measles. I personally usually don't even like talking about vaccines because I feel it's too much emotion on both sides.

Safiyya Shabazz:

I have patients that get them, I have patients that don't get them, neither of them have dropped dead in a floor. So I personally don't even like getting into that debate with people but this is different. This is different because people are dying, people are not dying and being debilitated. So I can't act like it's the same as everything else, it's not. I feel people are going to have to make some calculations for themselves. Like, all right if you're concerned, could this do something to the reproductive system and then you have to ask yourself, at 60 years old are you planning to have more children? I mean-

Kameelah Rashad:

There was a question and I want to pull on professor Nuriddin around, because I think you mentioned this and sort of how medical professionals are... Not everyone is fortunate enough to have a black doctor or someone who's culturally competent. So this question was how can white or non-black people of color or providers respond to black patients who express concern about the vaccine being potentially harmful or perhaps not having enough knowledge. So what would you advise those providers?

Ayah Nuriddin:

So what I would advise is a few things. A, I would advise for people who are white physicians or who are not black and they have black patients, to read up on this history there's lots of resources available online about the history of racism and medicine. I'm going to post a link to a resource in the chat for folks that I helped put together with some other historians of medicine that are also black about this history, that's a great place to start. I would also recommend that if you're in a sort of encounter with a patient who's expressing these concerns, listen to them and take them seriously, do not dismiss them, do not mock them, do not minimize them because they come from a place of history and a place of cultural memory.

Ayah Nuriddin:

And what your role in a clinical setting is to provide information to that person so that they can make an informed decision not to berate them for not having information that they need to have and point them to reputable sources, point them to... People are putting a lot of... Like the field sort of science communication broadly is getting a lot better. There's really incredible virologists and immunologists making really informative YouTube videos and posting things on Twitter and Snapchat that are doing huge efforts for just making scientific information more legible to people who don't have a background in these areas. So I would say that's what-

Kameelah Rashad:

I just want to interject. One point is that after for those who are listening for after the webinar, I'm going to ask professor Nuriddin and also Dr. Shabazz and Sister Hill to post those links because people are asking, well, what if I don't have a black physician? What if I don't know where to start with the information? So that is one of the reasons that we formed the coalition, is to be able to provide a hub resources and links for those who really just want a starting place of reputable, sort of trusted experts who providing on this information. I want to go to another question. And I think it was related to what you're saying about how providers can begin to interact with community members. The question is how do we balance and our messaging specifically both the necessary patients and compassion for the real trauma here and the urgency or sense of immediacy of needing to test and vaccinate a significant portion of the population. So what strategies can public health departments use to foster trust? And then there's sort of like foster trust quickly which I'll reserve comment, because this is like centuries of history and it will not be undone in a week, and so just if all of you, I think can offer even like a 30 second suggestions for ways to begin the process of building trust. So I'm going to go with you professor Nuriddin and I'm going to go around my screen.

Ayah Nuriddin:

There's no quick and easy way to restore centuries of structural inequality, you're not going to be able to flip a switch and have that we're not Thanos, we can't just do that. But what you have to do is first listen to black people, listen to our concerns, listen to what we're telling you, if people are saying I don't want

this for X reason, there's... Listen to that and take it seriously and take the responsibility of educating yourself in a clinical setting to answer those questions and allay those fears as much as you can. Like I was saying before and I can post more of this towards the end but there are black physicians who are writing about this.

Ayah Nuriddin:

One of the key folks who was instrumental in developing the vaccine is Dr. Kizzmeika Corbett, who is a black woman at NIH. There are people who are public facing that are writing about this stuff. There are black bioethicists who have been writing about medical mistrust for two and three decades and now they've been writing about this and they haven't gotten this far. It's been a sort of internal conversation because there were a lot of white people who were not interested in those concerns, now that they are interested they should turn to what black people have been saying and doing all along.

Kameelah Rashad:

Thank you. And Dr. Shabazz, how to make... Just to restate the how to make [crosstalk 01:26:29], I'll rephrase it. A first initial step in repairing the harm, given the fact that we are in somewhat of an urgent moment and so from your perspective, as a physician, I'm sure you have patients who've come to you that have had experiences that are very negative. The first attempts at repairing the harm so that they can be receptive to the information that you can provide.

Safiyya Shabazz:

Well, I try to just be a realist with people about their individual situation and the choices laid out in front of them and what the implications are to them. I think that one of the difficult things is when you have a whole mountain of maybes, but then that's stacked up against the definite and trying to balance that because I deal with this, I've had several patients who have died, what I would say prematurely from cancer because they were so mistrustful of the cancer treatment that they took their chances to put the cancer. And maybe they didn't see it that way but they had more faith in a bunch of other things that are alternative or natural or whatever, and I'm black, I'm a Muslim, nothing I could say could convince them that that was a bad choice.

Safiyya Shabazz:

So I think it's really just making sure that you acknowledge people's concerns, I think representation is really important but I think when we have the history like Dr, or soon to be Dr. Nerdy is explaining about how we have been involved, maybe, I don't know how many of the nurses were fully aware of exactly what was going on, maybe they were aware, maybe they were not, we can't just say, "Well, I'm black you should trust me," because that doesn't fly either. I think one of the things that will be most harmful is forcing people, that is something that I'm personally against, people being forced to do things and I think if you want mistrust to fly through the roof then force people to do something.

Kameelah Rashad:

And again, having that racial equity lens right around the reparation of harm of why this skepticism, this mistrust has really just flowered over time given the repeated abuses. And so, [inaudible] what would you offer for those institutions? You said in sort of your remarks that institutions need to be able to begin this process. So in your estimation, where should it begin knowing that it's not going to be a quick fix?

Margari Hill:

Yeah, as far as for medical Care, where there's large concentrations the black communities or where there's not. There's some cities in different States, like Georgia, where there's not a medical center there and so they don't even have the facilities to start.

PART 3 OF 4 ENDS [01:30:04]

Margari Hill:

So even they don't even have the facilities to store the vaccine to give to the people, right. So it's like as far as the state... It's incumbent upon the state to get the facilities there so that people can get treatment. And that we have to really make that demand. And that's why even as we're looking at the elections in Georgia or whether it's in the rural areas of rural South or in our urban areas.

Margari Hill:

I mean, as far as institutions that may have perpetuated harm, right, whether I do think having town halls. And they're just going to have to take some of that heat. They're going to have to take people airing that out, right? To say, "Look, I went in, I didn't get the tests that I needed. I didn't get the top care, and how do I get care?" How many people died because they were told to go back home? And just sweat it out in their room, and they didn't get treatment. And that's why they are now amongst our ancestors. And I think that they have to say, "Okay, we've made mistakes." And they have to say, "If we're going to take these steps, and if things do go wrong and to ensure that we still will... We will work to rectify that. If there's medical malpractice, if there's negative outcomes, then everybody in this country has to be ready to support those who have been harmed by whatever the treatments." And I think that's also important for, if we know, "Well, what if I do get sick getting the vaccine?" Because I know people have [crosstalk 01:31:48].

Kameelah Rashad:

People have reaction from the conversation.

Margari Hill:

It's a medication. Medications have adverse events-

Kameelah Rashad:

But it's not going to happen.

Margari Hill:

And it's just like... Yeah, and if they don't have like, "Okay, well, we'll do this to support you if you have the allergic reaction. If somehow your body just goes into overdrive, we got you." And some of that we will have to be radical and stuff, but I mean... And I think that's where I think some of the smaller healthcare or the health centers, like those places... I don't know, like UMMA clinic or some of the Muslim centers that are developing, how we could work in partnership with them. It's like, okay, whoever is disseminating the vaccine, there could be other ways that we care for the people who are getting it.

Margari Hill:

I do think that we need to have more discussions like this where people can get some of their questions answered. And we can't really force the vaccine on anybody, right? But we're trying to work to build more public trust so that we can get the healthcare that we need, that we're asking for. And that we can get enough people vaccinated so that we can get back to normal.

Margari Hill:

I want my daughter to go to school. She hasn't played with kids. And this has been what, seven months. She hasn't played with another child. So our lives have been so disrupted through this. And I think that we will have to have really hard conversations and then we have to work to train our people for the critical thinking to understand these issues.

Margari Hill:

And that means we may hold those contradictions, because I think a lot of people were trying to solve some contradictions here, but we can hold both of those things and be like, "I don't trust you, but I need your medicine." So how can I make sure you can hold those two things.

Kameelah Rashad:

Yes.

Margari Hill:

And let us hold those tensions and try to get the best care that we can for our people.

Kameelah Rashad:

Absolutely. The last question that I know we're going to have to wrap up... And I think sort of this question illustrates I think the difficulty folks might have in even hearing about the reticence that many black Americans have. So the question is, by not advocating for the vaccine, are we not widening the healthcare disparities as more African-Americans will die from COVID? Very quickly, what I'll say is, we're not dying from COVID at this disproportionate rate because we're reticent. We're dying of COVID at this rate because of the many centuries of oppression of white supremacy, of systemic racism.

Kameelah Rashad:

And so when folks make black American sort of the identified patient, like the problem resides within us, that is sort of faulty logic, right? And so when we begin to understand the concerns that are raised, people have to listen and sit with their discomfort. We've been sitting with discomfort for many centuries and pain, and so people are expressing it. I think there has to be some humility in being able to sit with what people need to express in order to even be receptive to information that might be coming from someone who looks like an oppressor.

Kameelah Rashad:

And so, even in making that attempt to say, "You know what? This isn't sitting well with me, but I want my daughter to go to school. I want to be able to hug my father. I want to..." I think that it really begins with people understanding that the paranoia doesn't reside within us.

Margari Hill:

Right.

Kameelah Rashad:

It is the manifestation of the treatment that has occurred. I don't know if there's a-

Safiyya Shabazz:

Can I add something to that?

Kameelah Rashad:

Sure, yeah.

Safiyya Shabazz:

Because the fact is part of the... What really probably the reason why there is such a disparity is that our health was already bad. And many people feel that if all of the work speed, money was put into making our health better, there would not be such a disparity. And I think another thing that bugs me is that there is disproportion in terms of the number of negative effects that have occurred because of COVID in black people, but you just said that 50,000 died, but the number is over 300,000.

Safiyya Shabazz:

We are not the cause of this pandemic. We are not the... And I feel like some of the hyperfocus, I feel like it's overdone. And it adds to mistrust and it's a hyperfocus on the... Is it 12% of the population?

Kameelah Rashad:

Yes.

Safiyya Shabazz:

Why don't you worry about yourself? So I feel like that creates some tension there where it's like, "Okay, you weren't concerned about my diabetes and cancer and kidney failure, and now all of a sudden it's my fault. I'm going to keep the pandemic going because..."

Kameelah Rashad:

Right.

Safiyya Shabazz:

And I feel like that needs to be cut off right at the door.

Kameelah Rashad:

When we have sort of armed militia that are going to the Michigan State Capitol to say, "I refuse to wear a mask." Well, I think we do need to talk about the 65-70% of individuals who are not being compliant with CDC recommendations. And so the disproportionate impact on us again is a manifestation of what is systemically wrong in this country with the healthcare system and every other system that we're engaged in.

Kameelah Rashad:

And so I agree with you that this hyperfocus on well, why are black folks taking this vaccination? Let's talk about Idaho. Let's talk about North Dakota. Let's talk about Arizona, right? And so I think for us, it's

making sure that our people have accurate information. And I'll say again, affirming that the concerns and the fears are legitimate. And no one should be allowed to gaslight you into believing that you're being irrational. Now, these conspiracy theories about getting superpowers on December 21st, I'm not God. I'm just going to take a guess here in faith.

Margari Hill:

Mashallah.

Kameelah Rashad:

Come on. I don't know what kind of superpower you want Margarin.

Ayah Nuriddin:

[crosstalk] but I feel like that's a little less than likely. Now if we all... I'm not going to be angry if I can shoot lasers out of my eyes or something, but-

Kameelah Rashad:

So that I think is on us, as sort of community accountability, for those who are spreading misinformation, to sit them down and say, "Hey, this has got to be counterproductive. We're not trying to change your views. They are what they are, but spreading them can actually endanger those that you love. So maybe think twice about that."

Ayah Nuriddin:

Can I just add one thing really quick to that?

Kameelah Rashad:

[inaudible 01:39:28], yeah.

Ayah Nuriddin:

I think another conversation we need to be having also as a community, especially regarding things that are various... All of us have a Cousin Earl, is that we also... Because of all of these other forms of inequality that are exacerbated by COVID and exacerbated by lots of other things, we also have a problem I think in the community with a lack of information literacy.

Kameelah Rashad:

Can you say a little bit about what you mean by that?

Ayah Nuriddin:

Sure. So, I am a librarian also in addition to doing the history of horrifying things. And one of the things that I think it drives the misinformation and drives the kinds of conversations that we're trying to reckon with now, is that we don't often have the scales to evaluate what is a credible piece of information and what is not. And I think that especially regarding scientific and medical information is a really big issue because sometimes people will find something on a blog, on a YouTube video, and we'll be like, "That sounds about right."

Ayah Nuriddin:

But because we're lacking the sort of skills or abilities and knowledges because of other kinds of inequality, to say, "Wait a minute, this is fishy. Wait a minute, this is a troll. Wait a minute, this is wrong information." Because we're not differentiating between something that's in a peer review journal, and something that's just like your Cousin Earl, right. And like those kinds of information [crosstalk 01:40:59].

Kameelah Rashad:

Cousin Earl, we are not kind of wear you.

Ayah Nuriddin:

But they're not the same.

Kameelah Rashad:

Right.

Ayah Nuriddin:

Right. Like one can be... Like, they can do different kinds of work for you and have different kinds of value and mean different things. But something that comes out in the new England Journal of Medicine is not the same as a YouTube video. That's like the secret untold truth behind whatever. These are not the same, and you shouldn't treat them the same. But because of other kinds of deficits, especially in things like education and access to computers and internet and all of these other things, this is also a gap that I think we as a community need to talk about.

Kameelah Rashad:

Yes. And so what I wanted to just post here, and again, we're not advocating that people take it, right? What we're advocating for is that you make an informed decision. I hope at the risk of repeating myself, we want you to make an informed decision and also to be cognizant of the sort of the outcomes or the consequences of the decisions that you make, not only on yourself and your family, but those that you are connected to.

Kameelah Rashad:

And so if and after getting this information, talking to your physician and other healthcare professionals, you decide that you will not take the vaccine, okay. As long as you are also cognizant of what are the potential repercussions of that decision. Right. And so no one should be forced. I agree with Dr. Shabazz, but we want to make sure that the literacy is there, the information is there.

Kameelah Rashad:

This woman, her name is Lily Tyson. She is the daughter of Freddie Tyson who was a participant in the Tuskegee Study. What she said was that she's going to take the vaccine, but she absolutely understands the distrust. This is a picture of her father. And what she said was, "I want people of color to be able to look at situations, especially when it comes to protecting their health and do their due diligence in finding out the necessary information so that they make the right decisions and not be afraid. We have to step forward and not be afraid to make our lives better." And so, Miss Lily Tyson, I think has given us

the advice, like sage advice from her own personal family experience that I think we absolutely need to consider.

Kameelah Rashad:

And so as long as... As Muslims also, and those of other faiths also praying about it, right? That if there are major decisions that you make in your life, and this I would consider a major decision, that you think about getting medical information, you want spiritual guidance from someone that you trust, who will say, "Yes, I think this is a good idea for you to consult with an expert, a trusted expert."

Kameelah Rashad:

And then at the end of the day, being able to have sort of a family meeting, to say, "What are going to be out steps forward." And so those... I pulled this from what Dr. Shabazz is also offering. And I'll just say that I love Dr. Shabazz's way of sort of providing information to folks who pulls no punches. And what she advised was if you're so focused on a choice you'll be faced with next spring, right.

Kameelah Rashad:

And maybe, once the vaccine rolls out to the general public in 2021, don't be so focused on a choice you'll be faced with next spring, that you overlook what you must do to survive the next two months. And so if you're saying,"Well, people are pushing the vaccine." but you don't wear a mask, you don't social distance, you don't do those things that have proven to reduce your risk. I think the order of priorities needs to be evaluated. Okay.

Safiyya Shabazz:

And you don't do what you can to try to reduce the risk factors that you can control that make you more susceptible. I think that's important. And there were a couple of other things that I did want to make sure that I mentioned could possibly be helpful, because in my patients, I think one of the things that has helped is trying to replete people's vitamin D level. I know that that is a pervasive problem in our community that I have seen. And it's something that could suppress the amount of suffering. I don't know on a population my level, what that would look like, but from everything I've read, that is something that could help also to suppress the death that we're seeing from it.

Kameelah Rashad:

Okay. So, just to... Thank you all for those who are still on and listening. We'll make the slides available and the recording, but just to summarize, acknowledge your skepticism and concern is valid, seek out sinus [inaudible] that's what we say, like consultation or guidance. Am still consulting with a physician or a trusted healthcare professional. If you don't know someone that you can consult with directly, these are the resources that we're going to be providing through the coalition, and whether it's linked to sort of reputable explanations on YouTube or articles that you can read yourself, we will provide that, debunking the myths and the misinformation.

Kameelah Rashad:

Again, I think to professor Nurridin's point, it's like learning how to discern what is accurate and what is just full of conjecture and assumption, and misinformation. And because the vaccine is not available to the general public, adhere to the CDC guidelines. Wearing in your mask under your nose is not proper mask wearing.

Kameelah Rashad:

And so there are things that we can do to sort of improve our sense of our own efficacy. And so have you made changes in your health, in your diet, the decisions you make about who you congregate with. Those are things that are within our control, and we must do the best we can in order to reduce our risk to the best of our ability. And so this last point is, understand your risk of exposure.

Kameelah Rashad:

During the summer, it was easy to sort of do social distance outside. It is now winter, at least on the east coast. And so when we're thinking about Christmas coming up for some people, New Years, we're seeing a bump in the number of cases because of thanksgiving, people not adhering to those recommendations. And so we're now faced with another major holiday, and two major holidays with Christmas and New Years.

Kameelah Rashad:

And so people have decisions to make. And so traveling outside of the state meeting with people. I think we really have to consider if we're doing everything we can in order to reduce the risk and potentially what we're doing to spread the disease, knowing how contagious it can be.

Kameelah Rashad:

I'm going to provide just information about the Black Muslim COVID Coalition. You can check us out online on social media. And this is information about all of us here. So tweet at us, maybe not inundate with emails, but if there is a question we'll try to get through all the questions that were submitted that weren't answered. But we'll definitely say, consult, read, be more discerning, those things that are within your control to mitigate, do so to the very best of your ability.

Kameelah Rashad:

And in our final few seconds, I'm going to stop sharing my screen and ask each of you, if sort of in your one minute elevator pitch, what would you advise or sort of as takeaways for those who are still with us. So I'll start with you professor Nuriddin.

Ayah Nuriddin:

Thanks. So I guess to get back on my soap box here, I think understanding and knowing the history helps you to make good decisions about what's going on in the present. I'm always going to be reading. Knowledge is power, I know it's not an afterschool special. And I think that's important. I'm going to post a couple more links in the chat.

Ayah Nuriddin:

But being aware that the black people have been talking about a lot of these things that we've been bringing up for a long time, we didn't just start having this conversation about the impact of medical mistrust on healthcare. This has been a conversation for at least the last two or three decades, and so paying attention to that.

Ayah Nuriddin:

I will also say just personally, I do not speak for the Muslim Wellness Foundation or for any other entities, but I will say personally, as a black woman who has experienced definitely medical issues, had

negative encounters with physicians, have been ignored, have had an allergic reaction to a vaccine, I am definitely planning to get the vaccine when it is made available to me. That is my personal decision based on the information that I have, because I think it's important to share because I want people to understand that there's more than one right answer to this question. But what's important is that you have the information to make the right decision, and you're not basing it on things that are not accurate and are not valid.

Ayah Nuriddin:

There are, like I said, a lot of black folks that put together resources, the Islamic Medical Association of North America also has put together a set of resources from an Islamic perspective as well. They've brought to... They've put together some statements that were done in consultation with physicians, scientists as well as Islamic scholars. And I'm going to post a link to that in the chat as well. There's people who are also thinking in these collaborative ways about these questions as well, and I would encourage folks to look at those resources.

Kameelah Rashad:

Thank you, Dr. Shabazz?

Safiyya Shabazz:

Yes. I think that one of the most important... And I think really what has been the work of the Black Muslim COVID Coalition from the beginning is to provide people with credible information. And I think that dealing in actual facts is important. People need actual facts. What people do when they go to their doctor or whatever healthcare they decisions they make for themselves, I want people to make them based on actual facts. And I also want people to be in triage mode in terms of what their priorities or their concerns are. We can't act like this is not a major problem that is on our doorstep right now, and do nothing about it because what I see is people get so hyperfocused on the vaccine that they are not focused on just survival. And I'm like, "Well, because you don't want the vaccine now COVID doesn't exist, or it's not that big of a deal, or it's not that bad." That is something that I find disturbing.

Safiyya Shabazz:

I don't personally think that there's only one solution to the problem. And I think that it's tough trying to navigate those different roles. It's particularly tough for me because I'm in the nation where we are an anti-vaccine culture. And yet I'm trying to figure out how to navigate the fact that we have lots of people who have lots of health conditions who were very vulnerable. So, it's not easy for anybody, but as long as we're dealing in reality, then we have a place to start.

Kameelah Rashad:

Yes, thank you. Absolutely. And last but not least, [inaudible 00:22:57].

Margari Hill:

Thank you. So, to close out, I mean, my... I think what we should focus on right is on the care and treatment of our community and equitable medical care, which would reduce those vulnerabilities. And in that inshallah, we can get to a certain point where we have enough hard immunity, where for those who are choosing to not take the vaccine where they can also be safe and protected. I think that we can exist with those... With the varieties of practice, but practicing, wearing a mask. This is going to be a long

journey to getting our society back healthy and whole. And we need to be really committed and think equity throughout the whole process.

Kameelah Rashad:

So I guess the last thing that I would say again, just to connect all of these points is, there is no right answer. So if someone was sort of coming to the webinar and say, "Okay, these experts are going to tell us what to do." No, that's... As a psychologist, I don't tell people what to do, you advise, right. You offer, the information that you think is necessary to make an informed decision.

Kameelah Rashad:

And so for those who are still skeptical, you should be, right. I mean, there's so much that we're still trying to reconcile, but I want people to bear in mind. And this is just one exercise that I really want people to do, is take out a piece of paper, draw a circle and put yourself in the middle. Put your name in the middle of that circle in the center, and then draw lines and other circles to people that you are connected to. And so for me, that looks like my three children, it looks like also being connected to their fathers, to their grandparents, to the daycare workers that care for my son. So I could generate probably a list of a hundred people that I'm connected to. And so the decision that I make for myself and my family will impact those 97 other individuals, right.

Kameelah Rashad:

And so I think for those who are living in sort of collectivist cultures that understand community wellbeing, it is an individual decision, but we also need to think about our obligation to other believers, to other community members. And so what we do we decide to do for ourselves, also again, impact those who are in our lives voluntarily or involuntarily, and being able to again, sit with the repercussions of those decisions that we make.

Kameelah Rashad:

And so we'll post information that we have, we'll offer suggestions. I would advise that people sit and think about, right. This is hard, right. It is not going to be resolved in a day, in a week or in months. But what this pandemic is exposing is how vulnerable black communities are. And on the level of information that we need, the advocacy that we need, I think to begin to really trust and listen to black experts who have been advocating for equity and for just equitable treatment, listen to those voices and really seek out the information that will... Again for you, feel comfortable and you can sort of resolve that within your own life.

Kameelah Rashad:

So for those who are still here, thank you for so many of your questions, for your curiosity, for your presence. And I would just hope that for everyone who is sort of understanding the gravity of the moment that we're in, just also being able to take that sort of sense of heaviness to the creator. To have conversations and prayer. To ask for guidance from the one who is the source of all knowledge, as we proceed with understanding the next steps that we need to take for ourselves and for our family.

Kameelah Rashad:

I want to thank my... For my guests, my scholars, it's always just I think beautiful to sit with black Muslim scholars especially, and for people to know that we do exist, right? Those who've had 20 years of medical training who specialize in the history of medicine, those who are always talking about advocacy

and racial equity. This is the knowledge within our community that we need to understand, that we need to leverage, that we need to respect, and to seek guidance from those who can provide that accurate information.

Kameelah Rashad:

Thank you all for joining, we'll post the information shortly. And I just wish for those who are making those decisions that God be with you, and that you are just... Again, taking the time that you need to reconcile within yourself this moment. So goodnight. As-salamu alaykum, and thanks for joining.

PART 4 OF 4 ENDS [01:58:26]