

Trust, Epistemic Norms, & Vaccine Hesitancy in Black Communities

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ABSTRACT: This essay offers a philosophical analysis of the increased rates of hesitancy among Black Americans regarding treatment for Covid-19. I argue that public health researchers have identified epistemic norms pertaining to the credibility and trustworthiness of public health institutions in Black communities. In other words, norms of credibility have developed in Black communities as a result of the mistreatment of Black Americans by public health institutions and organizations. To make this argument, Section 2 argues that the “origin” or historical circumstances regarding the emergence of an institution are salient to the formation of institutional trust. Section 3 develops an account of epistemic normativity as derived from the work of Antti Kauppinen, Miranda Fricker, and Catherine Elgin. Section 4 applies the arguments from the previous sections to show that absent a “clean origin,” norms of credibility regarding institutional functionality have formed in Black communities that have prevented medical treatment for Covid-19.

KEYWORDS: epistemic norms; trust; Black trust; institutions; credibility

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I. Introduction

During the Covid-19 pandemic, there were increased rates of hesitancy toward vaccines in the United States especially among Black and African American citizens. In a cross-sectional analysis on rates of Covid-19 vaccine hesitancy among minorities, Jagdish Khubchandani and Yilda Macias (2021) report that, across multiple studies, the overall rate of hesitancy for adult Americans was 26.3%, but the rate of hesitancy for Black Americans was 41.6%. Similarly, in their study of “medical mistrust” among HIV-positive Black Americans, Laura Bogart et al. (2021) report that approximately 97% of surveyed Black Americans held at least one misbelief relating to the Covid-19 vaccine and held hesitancy relating to treatment. Importantly, hesitancy toward medical treatment extends beyond the Covid-19 vaccine. Recent medical research also shows that Black parents are skeptical of HPV vaccines (see Evans and Gusmano 2021; Washington et al. 2023; Gray 2022) and psychiatric treatment (see Schnittker 2003; Taylor and Kuo 2019; Givens et al. 2007; Ojeda and Bergstresser 2008). Similar to the case of Covid-19, survey respondents say that experiences of racist treatment during past medical examinations, the belief that the government or society in general is not working in their favor, or testimony from loved ones about the aforementioned result in their decision to avoid HPV vaccination or psychiatric treatment.

In seeking to explain hesitancy for medical treatment, social scientists have focused particularly on testimonies provided by Black mothers of adolescents and teens on their decision-making processes. Kiameesha Evans (2021) finds a heightened sense of distrust toward government and healthcare professionals among Black mothers. Historical cases such as Henrietta Lacks’s infamous medical mistreatment, the Tuskegee syphilis study, and the *de facto* racial segregation in contemporary American healthcare system are cited as evidence enough to support the common belief among Black Americans that systems are not working in their favor. Because

of this and, I take it, similar reasons, health researchers are recommending increased health educational efforts among Black communities or increased training for healthcare practitioners (see, for instance, Evans and Gusmano 2021; Rusoja and Thomas 2021). Philosophers, by contrast, have not yet responded to the problems posed by experiences of Black Americans during the Covid-19 pandemic.¹

To bridge this gap, this essay offers a philosophical analysis of the increased rates of hesitancy among Black Americans regarding treatment for Covid-19. Specifically, I argue that what Evans (2021) and Evans and Gusmano (2021) have identified through their interviews with Black mothers are epistemic norms pertaining to the credibility and trustworthiness of public health institutions. Norms of credibility have been developed in Black communities as a result of the mistreatment of Black Americans by public health and, broadly, government institutions and organizations. Section 2 argues that the “origin” or historical circumstances regarding the emergence of an institution is salient to the formation of institutional trust. Section 3 develops an account of epistemic normativity as derived from the work of Antti Kauppinen, Miranda Fricker, and Catherine Elgin. Section 4 applies the arguments from the previous sections to show that absent a “clean origin,” norms of credibility regarding institutional functionality have formed in Black communities that have prevented medical treatment for Covid-19. Section 5 concludes.

II. Institutions, Trust, & Trustworthiness

¹ If we broaden our scope to consider Black trust in general, then there are several results of interest: (1) Kevin Graham et al. (2023) argue that white allies to Black agents must be competent, conscientious, and accurately self-assess their epistemic capacities as well as signal their trustworthiness in advance to potential trustors. (2) Meena Krishnamurthy (2015) argues for the democratic value of distrust and highlights the role that distrust has played in Black Americans’ fight for equality. (3) Additionally, many essays appearing in *Hastings Center Report*, a popular healthcare and medical ethics journal, address trust, distrust, and mistrust in medical practitioners and practices (see *Hastings Center Report* 53, supplement 2).

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Can trust exist between agents and the institutions under which they act? Perhaps unsurprisingly, the answer is debated among social philosophers. Some have characterized trust as a highly personal attitude, where people can trust people but not inanimate objects (Budnik 2018), but this approach leaves something to be desired when approaching institutions. Others have taken this personal approach to trust and applied it to the relationship that may exist between constituents and their representatives in a government system (Mangum 2012). My interest in this section is to show that agents can trust institutions, narrowly defined, insofar as they can have a sense of reliance upon the administration of accountability mechanisms. This is what I call institutional trust. This differs from personal forms of trust that I take it Christian Budnik (2018) is concerned with, however, I contend that this is still an important form of trust.

Institutions, according to Douglass North (1986, 1991), are the constraints that structural social interaction. They constitute both the taboos and customs as well as laws and constitutions by which we regularly abide. In this sense, institutions can be demarcated into *formal* and *informal* types. Formal institutions are those sets of social constraints (rules) which are explicitly states in constitutions, laws, and the like. Informal institutions, by contrast, are often not explicitly stated in legal codes but instead constitute those taboos, customs, traditions, etc. by which we hold each other accountable and even hold ourselves accountable. When Bernard Williams characterizes morality as an institution, he characterizes it according to this latter type (see Williams 1985).

We can now see what is meant when Budnik (2018) argues that institutional trust requires representation, Maruice Mangum (2012) that it requires efficacy, and Alan Miller and John Hoffman (1998) that it requires a perceived sense of benevolence or a collectively beneficial purpose. In this sense, representation means that individuals wish to see their own values reflected in the rules and limitations placed on their behavior. Absent this sense of representation, we can

expect that following the rules will be less compelling because there may be other actions you wish to take to achieve a given desired end that are disallowed by the rules. Efficacy, then, builds on this sense of representation insofar as agents would desire for the rules that represent their own values to be effectively enforced such that the desired end is achieved. In the sense of social norms (sets of informal institutions), the desired end dictated by the rules might be hospitality or generosity and the rules reflect as much.² Finally, benevolence (or the idea of a collectively beneficial purpose) refers that agents desire for individuals other than themselves to be benefited by the rules. They value certain normative goals or ends that include other agents—their friends and family. Building on previous literature, then, we can say that institutional trust has three conditions: representation, efficacy, and benevolent. Put another way, the sense in which agents can come to build a positive sense of reliance upon a set of rules depends on its reflecting their values, effectively enforcing their values, and benefitting individuals other than the one in question.

I want to suggest here that the previously identified conditions for institutional trust are surely necessary but are not sufficient. The final condition is the *origin* or historical circumstances surrounding the emergence of an institution. My suggestion here is that, just as we consider other actors' previous actions, we also consider the previous actions of institutions before trusting them.³ Without consideration of history, the trustor would have no proof beyond speculation regarding the trustworthiness of the trustee. Thus, the origin of an institution is able to support or frustrate the trustworthiness of an institution to an individual. This condition is necessary in order to explain

² For more on the formation and change/dissolution of social norms, I refer readers to Bicchieri 2017.

³ This is a descriptive analysis of the sense in which we trust institutions. I am not making any sort of prescriptive argument about whether or not we *should* trust in institutions so long as they do *a*, *b*, and *c*.

the previously mentioned testimony of Black mothers regarding hesitancy toward vaccination (see Section 1).

III. Institutional Trust & Epistemic Normativity

In chapter 5 of her book *True Enough*, Catherine Elgin (2017) argues that the strength of epistemic normativity comes from one's distinctly *interdependent* relation to other agents within their broader epistemic community. Communities of epistemic agents are *interdependent* insofar as individuals rely on each other to instruct one another and testify to one another. In a strong sense, hearers are dependent on speakers to tell the truth. The considered epistemic risk is that the hearer might not be able to achieve true belief if the speaker conducts himself transmits false testimony. If the speaker testifies false information to the hearer—knowingly or not—then the hearer is liable to adopt a false belief. This dependent truth-relation extends through testimonial mechanisms. For the agent did not construct the map, the logarithm table, or measuring device he consults (Chang 2004; Elgin 2021).

This provides us with an understanding of how, within epistemic communities, trust develops when responsibilities are fulfilled (Kauppinen 2018). The consequence for violation of an epistemic norm is an adjustment in the trust given toward the violator. In the language of Miranda Fricker, epistemic norm violation often results in decreased credibility or credence given toward an agent or toward their testimony (see Fricker 2007). For instance, if agent *A* goes to agent *B* to learn about a particular matter *E* and *B*'s testimony proves useful or effective or true for *A*'s ends, then *A* may come to credit *B* with true beliefs or otherwise valuable opinions on matters related to *E*. This can also be extended to institutional/organization frameworks. When organizations that enforce set of humanly devised rules (institutions) come to portray information

in a credible or otherwise epistemically valuable way, agents place epistemic trust in their testimony and information.

IV. Epistemic Norms & Vaccine Hesitancy in Black Communities

At last, we can see that the previous ideas of epistemic normativity and institutional trust can be applied to the modern issue of Black trust in Covid-19 vaccine efficacy via government distribution. Recall that Razai et al. (2021) and Khubchandani and Macias (2021) observe myriad reports stating that Covid-19 vaccine hesitancy is generally higher in African-Americans and other minority groups. Considering that, in the United States, the federal government was largely responsible for the distribution of vaccines, this fact poses an interesting question for analysis: What, if anything, does this say about the relationship between Black Americans and government? One answer to this question is that the increased hesitancy to Covid-19 vaccines is evidence of the erosion of epistemic trust (perceived credibility) in the federal government and its comprising institutions and organizations.

American history has been far from kind to Black people in America and the medical and public health fields are unfortunately no different. For example, a qualitative study looking to understand HPV vaccination hesitancy among Black men showed that Black communities displayed greater signs of distrust in medicine and contained numerous interviews of Black mothers who cited examples of the medical community mistreating Black individuals as reason to avoid vaccines—examples such as the Tuskegee Syphilis Study and instances of post-slavery experimentation (Evans and Gusmano 2021). Jason Schnittker, a sociologist, found that Black parents were, on average, more skeptical of the effectiveness and side-effects of psychiatric medication when given the option to treat their children (see Schnittker 2003). While some have

explained these occurrences by the history of improper medical treatment that has faced many in the Black community since the days of slavery (Patterson 2009), I contest that this is a result of decreased credibility in medicine and in government. That is, given historical examples of medical malpractice against Black individuals, for generations Black parents have expressed this decreased epistemic trust to their children and in their own medical choices. As instances of mistreatment and malpractice continued overtime, such was also the case of the decrease of trust—creating a direct, negatively correlated linear relationship over time.

V. Conclusion

This paper has considered Black institutional trust, its normative aspects, and provided an explanation for why there is a large gap between overall American hesitancy to Covid-19 vaccines and Black hesitancy; however, little to nothing has been said on how solutions to this problem can be theorized or actualized. Such is a topic of interest for future work on government, trust, and their relationships. Existing literature suggests that education on both the part of medical professionals and individual Black Americans can help this issue (Evans and Gusmano 2021; Rusoja and Thomas 2021). It is also important to consider misinformation's role in public health education (Dharawat et al. 2022). As the world battles with the recovery from the Covid-19 pandemic, credibility and epistemic norms will become more and more important.

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