Black Trust in COVID-19 Vaccine Efficacy:
An Application of Kauppinen's *Epistemic Normativity*

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Abstract: In recent American politics, there has become a larger atmosphere of distrust regarding the pre-existing representative democratic system as well as the criminal justice system. This topic has quickly come more and more into focus following the 2016 Presidential Election and then throughout the ongoing COVID-19 pandemic and civil unrest. However, America is not the only country that is challenging the preexisting systems, there are many countries (e.g., Canada, UK, Australia, etc.) who have recently seen opposition to government action. Throughout all of these instances one questions arises: can we trust the government? In an article on the dysfunction of state institutions, Börzel poses that the systems we have in place may have originally been trusted with good reason but have eroded over time. Meanwhile, other authors (i.e., Levi) ask the question of why it even matters if we can't trust our government, since dismantling and rebuilding them would take too long and might not even be possible. I would like to explore the nature of the systems of governance and the role of trust within them, diving into whether or not we can trust governments and then an application of this information.

1. Introduction

In recent years, given the ongoing COVID-19 pandemic, many important and pressing issues have come to light in the United States. Most notably, following the murder of George Floyd in the summer of 2020, the nation's attention began to shift to the many Black Americans in the country and some of the struggles they face in their day-to-day lives (Schuman et al., 2022). One such issue was the lower rates of COVID-19 vaccination among Black Americans. I pose that consideration of this issue ought to begin with evaluation of the trust-relationships held between Black Americans and the U.S. federal government, as well as between Black Americans and the general field of medicine.

Previous literature relating to Black institutional trust is fairly limited and only explores avenues through medical or political lenses. In this paper, however, I will strive to combine ideas from each of these respective fields in order to develop a more holistic understanding of the issue at hand while utilizing a philosophical lens and developing the problem as an epistemic norm in order to develop proper solutions.

This holistic understanding that I hope to develop will center around the idea that Black institutional trust in government and in medicine can both function as epistemic norms. In order to prove this, I will begin by evaluating previous literature on institutional trust and identifying the theory of trust that I will use (Section 2). Following this, I will use the ideas presented by Antti Kauppinen relating to epistemic normativity in order to pose that Black institutional trust functions normatively (Section 3). Finally, I will pose that there is a deficit in Black institutional trust in medicine and government that has arisen through the many political and medical atrocities that have been committed throughout history and, in this section, I will identify several ways that I believe we can begin to remedy the trust deficit and even begin on the road to recovery (Section 4).

2. The Necessary Conditions for Institutional Trustworthiness

The first set of questions I seek to answer is how ought we classify trust in institutions and what are its necessary conditions? It does need to be established, though, the ways in which institutional trust varies from other forms of the substance. The most notable for the intents and purposes of this paper is the disposition that the form of trust maintains. When explaining the difference between trust and reliance, one author writes:

In contrast to reliance, trust is a highly personal attitude. We can rely on inanimate objects – like we rely regularly on our computers or mobile phones – but we can only trust other people (Budnik 2018, p. 222).

One might now ask, are not institutions different from people? The short answer is yes, this is where I must differentiate between political trust and institutional trust. Political trust is a form that still maintains the personal attitude of trust and is direct at the representatives in a given institution (Mangum, 2012); whereas institutional trust would be a more generalized version of trust that would be directed at the institution as a whole, not at the individual people involved. This will become increasingly more important to remember as we develop solutions to the trust deficit during Section 4. The necessary conditions for institutional trust and its differentiation with political trust—though also note the importance of understanding political trust when considering trust in institutions.

Knowing now how we must depersonalize institutional trust; we must analyze institutional trust for its necessary conditions. Pre-existing literature gives us some of these conditions: representation, efficacy, and collectively-beneficial purpose (Budnik, 2018; Mangum, 2012; Miller and Hoffman, 1998); however, I propose a fourth necessary condition that I will refer to as *origin*. The first of these, representation, refers to the idea that as humans, we want to see institutions make decisions that represent our will and best interests. In representative democratic governments this is quite clearly seen by the elected officials and the policies and demographics that they represent. Alternatively, this can also be seen through legislation or policies that are enacted. The second condition, efficacy, means that people prefer to know that the institutions which govern them are effective in doing what they are set out to do. The final condition that is proposed in pre-existing literature is the quality of having a collectively-beneficial purpose. This simply means that individuals don't only want legislation, laws, policies, and procedures that represent them, but also the demographics they belong to and even the greater society as a whole (Miller and Hoffman, 1998). My proposed addition to this list of necessary conditions, origin, means more than simply where or how a given institution arises and gains power—one needs to consider the historical treatment of an institution towards specific groups when considering its ability to be trusted. A simple example that demonstrates the importance of origin in consideration of institutional trustworthiness is the history surrounding Native Americans and the United States government. Using examples from history, we know that the U.S. government gained power and land by massacring the Native people and often even chasing them off the land with the threat of violence (Fixico, 2018; Ministry of Foreign Affairs of the People's Republic of China, 2022; Rosenbaum, 2013). Not only this, but we must consider the continued historical treatment of Native people—this will show us the many times that Native people were continuously moved off their land and then given land for reservation which quickly became impoverished. Using this additional condition, we are able to better understand how the history behind an institution effects its trustworthiness.

3. Black Institutional Trust Deficit as an Epistemic Norm

In effort to apply the necessary conditions that have been established, I look now to the problem that was discussed in the introductory section—Black trust in government and medicine. In this section, I will claim that there does exist a deficit of trust in both of these areas which also functions as an epistemic norm.

We must turn first to literature from the social sciences to determine whether justification for trust even exists between Black Americans and government and between Black Americans and medicine. Beginning with the latter, I draw our attention to a specific case of interviews of Black mothers of male adolescents. The individuals conducting this study were looking to develop a clearer understanding of the lower HPV vaccination rates among Black men (Evans and Gusmano, 2021). Results of this study show that Black communities displayed great signs of distrust in medicine—reasoning varied but many participants cited examples of the medical community mistreating Black individuals (e.g., the Tuskegee Syphilis Study, post-slavery experimentation, etc.). Another study showed that when given the option to treat their children with psychiatric medication, Black parents were, on average, more skeptical of the effectiveness and side-effects of the medications (Schnittker, 2003). Some sources account both of these occurrences to the history of improper medical treatment that has met the Black community since the days of slavery (Patterson, 2009). I pose that this is representative of a clear failure to meet our newly established institutional trust criterion—origin. Additional examples can be provided through the governmental lens as well. Other sources indicate that Black skepticism also exists regarding institutional efficacy (Mangum, 2012), public health policy (McBride, 1993; Wasserman et al., 2007), and minority incarceration rates (Wolfendale, 2020) among other issues. All this, I pose, can be identified to stem from the same line of reasoning as the medical field example—from misgivings of history.

The prevalence and breadth of this lack of trust points to rather normative belief that, using the work of Antti Kauppinen, I believe can be classified as an epistemic norm. This can be explained through application of the criteria that Kauppinen provides for determination of norm-type: subject matter, origin, justification, scope, consequences for violation, and accountability (Kauppinen 2018, p. 4). Subject matter in this case refers to the trust deficit between Black Americans and these two institutions (medicine and government). Origin would, similar to as in trust, account for the history and development of this norm—how it came to be; in this case, we can consider this to begin with post-slavery medical experimentation and with the Emancipation Proclamation (for medicine and government, respectively). Justification would overlap with several other criteria and can be considered to have arisen from the aggregated examples of historical injustice that has been committed against Black Americans—in this case the justification is the knowledge that has been accrued via these historical examples. Scope can easily be misinterpreted in its usage in this particular application, but it refers to: "the of people subject to it" (Kauppinen 2018, p. 4)—with that, we are referencing all Black Americans. As noted in Kauppinen's work, consequences for violation of the norm are sometimes difficult to identify, thus this idea is often combined with accountability (the last criterion) in order to account for the many variants that may occur. In this particular case that we are examining, epistemic sanctioning (a method of holding one accountable) may occur in different ways, examples might be social isolation, negative experiences as a result of wrongly/poorly justified trust, or others.

4.   Problem Identification and Proposed Route to Reconciliation
Having established the normativity of the lack of Black institutional trust, one may begin to also recognize that this can be problematic. Though this may be clear to some, this trust deficit can be considered problematic because despite some literature suggesting that one's trust in an institution is not essential to its functioning (Börzel, 2016; Budnik, 2018), I pose that this only makes institutions ineffective and is inefficient for their continued functioning.

Understanding this point calls back to the idea of institutional trustworthiness that was displayed in Section 2. What must be clarified is the incentive that any given institution has to be trustworthy in the first place. This incentive arises because regardless of the institution, they would likely prefer to avoid disgruntling the majority of citizens that they serve, for fear of being removed as the respective institution. For national governments this is fairly clear, their incentive to be trustworthy would be their desire to continue in existence. For medicine, this incentive would rest on the shoulders of the field as a whole—should enough of the public feel that field is untrustworthy, then individuals will likely stop seeking treatment.

It seems that the most probable solutions to this problem lie within the literature surrounding reconciliation and reparations. This idea is brought forward because of a quote from Howard McGary (2010, p. 547), he writes:

> On my understanding of reparations, reparations are not intended to make the society more equal, to maximize social utility, to punish the guilty, to help those who are needy or downtrodden, or to achieve reconciliation between transgressors. Reparations are simply intended to rectify wrongdoing. Reparation may involve the transfer of property or may involve allowing the victim to benefit from the use of a transgressor's labor, but it does not entail that moral repair or reconciliation has occurred.

The utility of McGary's work should now be apparent, that the problem which has been identified throughout this paper arose from the choices and decisions made by those in control of the institutions which caused the problems—which was rarely, if ever, Black Americans. Thus, the solution arises that if wrong has been done, then a path to rectification and reconciliation must be identified in order to move past it. As McGary points out, reparations are not equivalent to, nor imply the existence of reconciliation, but it seems as though reparations can lay the required groundwork. If nothing else, reparations are able to serve as formal acknowledgement of the wrong and, even if ineffective, an attempt at rectifying this. Should, however, the attempt be successful, it will provide the offended group the account they need to show that their transgressors are taking the issue seriously and may be worthy of reconciliation and potentially even forgiveness.

Without being overly quixotic, I must draw our attention back to the reality of the situation and away from the abstract. When considering ways that the medical field and/or the U.S. government can begin their journey down the road to reconciliation, the question is always where to begin. We can begin with the proven idea that reparations and reconciliation quantity and content can vary in degrees (Govier and Verwoerd 2002, p. 181). This notion allows us to consider a multitude of possibilities when beginning the road to reconciliation. Thus, the first solution that becomes apparent is public health education (Evans and Gusmano, 2021). This solution would combine government efforts and medical efforts in order to increase the awareness of conspiracy theories among minority communities, historical mistreatment of minority group members, and, of course, education surrounding microaggressions and ways to increase comfort levels with medical officials. Another potential way to overcome this issue is by creating plans, policies, and procedures that actually increase access to proper healthcare among the disenfranchised. Two medical authorities write:

> If primary care, health education, and preventative health are already less accessible for Black patients, we cannot expect that, without significant action, the COVID vaccine will magically become easy to get (Rusoja and Thomas, 2021).

This point is crucial because education is not enough—Black communities will actually need access to the care that they are being educated on. These solutions seek to serve the idea that the epistemic norm that has formed around the lack of Black institutional trust in government and medicine has many negative effects on those institutions. It is also worth noting that these are not the only two solutions to this problem, nor are they the final solutions. These are two fairly simple steps that can be taken to increase awareness and access to the problem at hand. Much more will need to be done in the future to prevent this problem from arising again.

5.   Conclusion & Closing Thoughts
The issue at hand, COVID-19 vaccination rates, has begun to fall out of focus as the nation has begun to shift its focus on "returning to normal life" and no longer getting caught up in the pandemic pandemonium. However, this is unfair and unjustified. COVID-19 cases are still quite prevalent in many areas and people continue to die from the virus. Many have reported that vaccination is the most effective defense. Yet, minority communities still maintain their distant from these preventive measures for fear of falling to a government ruse. While, as previously examined, the lack of justification for trust in institutions is completely logical, the responsibility then falls on the privileged (those who need not fear about the government's intentions) to begin attempts to increase awareness and access in relation to medical services.

      This issue is an important one and one that will not go away. The functionality of the lack of Black institutional trust as an epistemic norm is just the beginning to understanding a very complex dynamic between Black Americans and some of their historical transgressors. As issues surrounding our more diverse members of society increase in publicity, awareness, access, and activism are our only ways of truly helping rectify such wrongs.

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