The Impact of Vaccination on Lives and Livelihoods

A People’s Dialogue

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VACCINE LIVES AND LIVELIHOODS

With the arrival of millions of doses of vaccine, the nation may be on the road to recovery from the pandemic, but the emotional and economic wreckage may require a longer recovery process. Last year, Americans suddenly faced an environment that put their lives and livelihoods beyond their control. They now struggle to “right their ships” and make decisions about trusting a world that has failed them. Rarely in our history have we been asked to stay home and avoid our neighbors and colleagues for such an extended period of time. The impact on our lives and livelihoods has been nothing less than cataclysmic.

GENERAL EFFECT ON MENTAL HEALTH

Humans are, by nature, social beings. The pandemic, with its social distancing mandate, has had severe consequences on mental health. By last summer a “majority of U.S. adults 18 and older (53%) said that worry and stress related to coronavirus has had a negative impact on their mental health” (1). Research has shown the connection between “loneliness and increased risk of premature death, dementia, stroke, depression, anxiety, and suicide” in older adults.” Younger adults are reporting a much higher rate of anxiety and depression than people over 65 (24% vs 40%) (2).

For the very young, the school closures and disruption to the educational routine, fear of sickness of family members, and social isolation from peers all have contributed to a degradation of their mental health (3). Adults shift roles between parent, teacher, counselor and play-mate. Millions of caregivers focus on the care of loved ones, young and old, while other Americans fret about postponed weddings, a missed collegiate experience or senior year, canceled cruises, cultural events, and sports events. The mandate to stop life as we know it has left deep emotional scars.

Overnight, the earth tilted slightly as millions of Americans shifted their work from office cubicles to dining tables. There is suddenly no boundary
between the workspace and home space (4), leaving many feeling confused as to whether they are living at work or working at home.

Telecommuting is an option only for the more educated - “62% of workers with a bachelor’s degree or more say their work can be done from home.” This compares with only 23% of those without a four-year college degree. Many businesses closed offices, but even if open, a number of workers (57%) opted to work at home to avoid exposure to the virus. But working at home has not been a panacea for all. “Younger teleworkers are more likely to say they’ve had a hard time feeling motivated to do their work since the coronavirus outbreak started.” Pew Research reports, “Parents who are teleworking are having a harder time getting their work done without interruptions” (5).

**IMPACT ON WORK LIVES**

As if the disruption to social lives has not been devastating enough, the impact of millions of job losses has compounded the national malaise. Under this pandemic “the unemployment rate for every state ... surpassed levels seen during the Great Recession” (6).

The Bureau of Labor Statistics reports more than 2.3 million women have lost their jobs since last February, along with nearly 1 million mothers who have left their jobs. For comparison, nearly 1.8 million men have left the labor force since February 2020 (7).

Among women, “the pandemic has exacerbated existing inequalities, falling heavily on single mothers, low-income women, and women of color — who are often those least able to afford child care. Mothers appear to be taking on a larger role supervising the children at home “in part because men tend to have higher salaries. According to census research released in August, among those not working, women age 25-44 were nearly three times as likely as men not to be working because COVID had disrupted their child care arrangements.” Women of color have experienced the biggest drops in employment,” (8).
Called the “shecession” by some economists, “the coronavirus pandemic is unlike other modern recessions in that job losses are greatest among women, who dominate jobs that cannot be done remotely, like food service, retail and hospitality.” The five business sectors most affected by the pandemic -- leisure and hospitality, retail trade, construction and transportation -- generate “almost 50 percent of the revenues of Hispanic- and Latino-owned businesses, and 65 percent of Hispanics and Latinos work in those sectors” (9).

According to Rakesh Kochhar of the Pew Research Center, “the share of men overall who are working is at a record low (60.5%) since 1976.” Black and Hispanic fathers have suffered high levels of job loss. Pre-pandemic “in September 2019, 81.6% of Black fathers and 92.2% of Hispanic fathers were employed.” One year later, the percentages had dropped to 75.3% for Black fathers and 85% for Hispanic fathers (10).

College students face unfulfilled expectations for the holistic college experience. Opportunities for internships have dried up and career guidance has been scaled back leaving students wondering about their future prospects (11). Low-income students depending on wages from on-campus work-study jobs are the most affected (12).

**VACCINE DISTRIBUTION**

In planning for the deployment of the COVID 19 vaccine, leaders face dozens of practical distribution realities. Questions surrounding fair distribution of vaccines have been long debated, but this recent pandemic makes these questions particularly urgent as world leaders and medical communities prepare to inoculate 8 billion people worldwide. There are several approaches to distribution.

Egalitarian distribution might take the form of a lottery, however lotteries do not “take into account groups who are most vulnerable to illness or those who contribute most to transmission” (13). Although fairer, this may not yield the optimal outcome.
A utilitarian approach would distribute vaccines to create the greatest good for the greatest number. This model saves both lives and life years (14). Health care workers would be among the first vaccinated (15). Through the utilitarian approach vaccines are distributed to help address the economic and social health of the country, thus restoring livelihoods.

A third approach to vaccine distribution suggests prioritizing the disadvantaged. The coronavirus has impacted Black, Hispanic, and Native Americans, and the poor disproportionately. Disparities result from work in front line jobs, complex medical conditions, higher rates of poverty, poor access to health care and multi-generational living situations (16).

Scholars question whether equitable distribution is even possible in this pandemic with “limited supply and mass demand.” Medical scholars caution about vaccine nationalism which results in distribution based on “citizenship and a country’s ability to pay” (17). Other voices counter that it is ethical for governments to have the right to national partiality, favoring its own citizens (18).

Seeking to maximize benefit while being attentive to questions of equity, the CDC based its vaccine distribution recommendations on these goals:

- Decrease death and serious disease as much as possible.
- Preserve the functioning of society.
- Reduce the extra burden COVID-19 is having on people already facing disparities. (19).
ACCEPTANCE OF THE VACCINE

Which Groups Are Most Resistant to Getting the COVID-19 Vaccine?

Different subgroups of the U.S. population have varying reasons for distrust of the COVID-19 vaccine. This means that public health messages will need to be targeted to specific groups—a one-size-fits-all approach will not work. In December 2020 the Kaiser Family Foundation conducted a survey of 1,676 adults, asking them whether they would likely get a vaccine against COVID-19 if it were freely available and deemed safe by scientists. A breakdown of those who said they would “probably not” or “definitely not” be vaccinated is below.

<table>
<thead>
<tr>
<th>Demographic Group</th>
<th>Percent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Respondents</td>
<td>28%</td>
</tr>
<tr>
<td>Age Groups</td>
<td></td>
</tr>
<tr>
<td>Ages 18-29</td>
<td>30%</td>
</tr>
<tr>
<td>Ages 30-49</td>
<td>31%</td>
</tr>
<tr>
<td>Ages 50-64</td>
<td>26%</td>
</tr>
<tr>
<td>Ages 65 and older</td>
<td>22%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>99%</td>
</tr>
<tr>
<td>Women</td>
<td>39%</td>
</tr>
<tr>
<td>Race/Ethnicities</td>
<td></td>
</tr>
<tr>
<td>Black adults</td>
<td>65%</td>
</tr>
<tr>
<td>Hispanic adults</td>
<td>24%</td>
</tr>
<tr>
<td>White adults</td>
<td>25%</td>
</tr>
<tr>
<td>Political Parties</td>
<td></td>
</tr>
<tr>
<td>Republicans</td>
<td>29%</td>
</tr>
<tr>
<td>Democrats</td>
<td>12%</td>
</tr>
<tr>
<td>Independents</td>
<td>35%</td>
</tr>
<tr>
<td>Population Areas</td>
<td></td>
</tr>
<tr>
<td>Rural residents</td>
<td>29%</td>
</tr>
<tr>
<td>Suburban residents</td>
<td>27%</td>
</tr>
<tr>
<td>Urban residents</td>
<td>29%</td>
</tr>
<tr>
<td>Essential workers</td>
<td>29%</td>
</tr>
<tr>
<td>Health care workers</td>
<td>28%</td>
</tr>
<tr>
<td>Households with serious health conditions</td>
<td>26%</td>
</tr>
</tbody>
</table>

Half of Americans intend to get a COVID-19 vaccine; 19% already have

% of U.S. adults who say, thinking about vaccines to prevent COVID-19, they...

Year

- May 20
- Sept 20
- Nov 20
- Feb 21

- Have already received at least one dose
  - Definitely
  - Probably
  - Probably
  - Definitely

Note: Respondents who did not give an answer are not shown. Survey conducted Feb. 16-21, 2021.
"Growing Share of Americans Say They Plan To Get a COVID-19 Vaccine – or Already Have"

PEW RESEARCH CENTER
Those disinclined to be vaccinated cite concerns about side effects, pace of vaccine development and desire for more information as top reasons why

Among the U.S. adults who say they probably/definitely will NOT get a vaccine to prevent COVID-19, % who say each of the following is a major/minor reason.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Major reason</th>
<th>Minor reason</th>
<th>NET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concern about side effects</td>
<td>72</td>
<td>17</td>
<td>89</td>
</tr>
<tr>
<td>The vaccines were developed and tested too quickly</td>
<td>67</td>
<td>18</td>
<td>85</td>
</tr>
<tr>
<td>Want to know more about how well they work</td>
<td>61</td>
<td>19</td>
<td>80</td>
</tr>
<tr>
<td>Have seen too many mistakes from the medical care system in the past</td>
<td>46</td>
<td>28</td>
<td>74</td>
</tr>
<tr>
<td>Do not think I need it</td>
<td>42</td>
<td>26</td>
<td>68</td>
</tr>
<tr>
<td>Do not get vaccines in general</td>
<td>36</td>
<td>22</td>
<td>57</td>
</tr>
</tbody>
</table>

Note: Based on those who say they definitely/probably will NOT get a vaccine to prevent COVID-19. Respondents who gave other responses or did not give an answer are not shown.

Source: Survey conducted Feb. 16-21, 2021.

Growing Share of Americans Say They Plan To Get a COVID-19 Vaccine – or Already Have

PEW RESEARCH CENTER


Willingness To Get COVID-19 Vaccine Has Increased Across Racial/Ethnic Groups

If a COVID-19 vaccine was determined to be safe by scientists and available for free to everyone who wanted it, would you...

<table>
<thead>
<tr>
<th>Time</th>
<th>Definitely/Probably get it</th>
<th>Definitely/Probably NOT get it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep-20</td>
<td>63%</td>
<td>37%</td>
</tr>
<tr>
<td>Dec-20</td>
<td>71%</td>
<td>29%</td>
</tr>
<tr>
<td>Sep-20</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Dec-20</td>
<td>62%</td>
<td>38%</td>
</tr>
<tr>
<td>Sep-20</td>
<td>34%</td>
<td>66%</td>
</tr>
<tr>
<td>Dec-20</td>
<td>27%</td>
<td>73%</td>
</tr>
<tr>
<td>Sep-20</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Dec-20</td>
<td>49%</td>
<td>51%</td>
</tr>
<tr>
<td>Sep-20</td>
<td>35%</td>
<td>65%</td>
</tr>
<tr>
<td>Dec-20</td>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>Sep-20</td>
<td>33%</td>
<td>67%</td>
</tr>
<tr>
<td>Dec-20</td>
<td>26%</td>
<td>74%</td>
</tr>
<tr>
<td>Sep-20</td>
<td>37%</td>
<td>63%</td>
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<td>26%</td>
<td>74%</td>
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Having gone to Herculean lengths to produce vaccine, the question is, if we make it, will they come? Public health officials caution, “public health moves at the speed of trust” (20). Vaccine resistance is still fairly strong, although attitudes are softening. “Knowing someone who has been vaccinated and seeing that the vaccine does not produce any significant adverse effects is emerging as the leading reason people are willing to get vaccinated themselves” (21).

In a survey conducted February 16-21 2021, 19% of Americans report having received the vaccine and “another 50% say they definitely or probably plan to get vaccinated. Taken together, 69% of the public intends to get a vaccine – or already has.” This is a 9% increase in willingness to be vaccinated compared to data collected from a survey done in November 2020 (22).

Nationally, 22% of the population prefer the “wait and see” approach. Blacks comprise the largest number (34%) of this “wait and see” group. Compare this to 26% of Hispanics and 18% of Whites. Higher numbers of the young fall into this “wait and see” group, gradually declining by age groups. Thirty-three percent of the young (18-29 year of age), 24% (30-49 years of age), 20% (50-64 years of age) and 10% of the over-65 age bracket prefer to wait and see how the vaccines go for others (23).

Attitudes toward vaccination also follow political parties. Eighty-six percent of Democrats will “probably or definitely” get the vaccine while only 56% of Republicans will. Sixty-seven percent of Independents are willing to be vaccinated (24).


Missouri Governor Parsons announced in March that 40% of Missourians are disinclined to receive the vaccine (25).
There are a multitude of reasons various segments of the population are reluctant to be vaccinated. Below are a few of the more common reasons. (Percentages vary by date of survey, sample size, and by variations in the question posed).

› Trust

› Trust levels vary by ethnic and racial group. Last fall, only 14% of Blacks and 34% of Latinx reported trust in the vaccine (26).
People express concern about the ingredients of the vaccine including fear of being injected with the actual virus (27). Most surprisingly, a high level of vaccine hesitancy is found among health care workers (29%) and essential workers (33%), people who are highly exposed on a daily basis (28). Again, there is a matter of trust.

Fear

Hispanics in particular fear revealing their undocumented status (29).

Fear of needles - Trypanophobia (30).

Fear of side effects.

General fear of Covid-19. Blacks and Latinx have been “disproportionately affected by pandemic morbidity and mortality” resulting in “hesitancy attitudes and behavior.” Of these minority populations 48% of Blacks and 52% of Latinx know someone who was hospitalized or died of Covid-19 (31).
Experience with the Health Care System

» Among ethnic groups in particular, there is a misunderstanding about the need for health insurance (32).

» There is a lack of linguistically and culturally compatible healthcare providers for ethnic and racial groups (33).

» Concern by Blacks that they were not well represented in trials (34).

» Shared memory by the Black community of historical medical abuses by the U.S. government such as the Tuskegee study; general skepticism of the government (35). This number has improved since September.

Religious Reasons

» Diverse interpretations regarding the use of cell lines and aborted fetal cells in vaccine testing and development – (36)(37).

Political Reasons

» Concern that the vaccine is too political (38).

Other barriers:

» Lack of transportation,

» Unable to identify a location to receive vaccine

» Unable to get time off from work
REFERENCES

(1) Sponsored by the NIH and CDC.


(5) Kochhar, Rakesh. (2020, October 22). Fewer mothers and fathers in U.S. are working due to COVID-19 downturn; those at work have cut hours. Pew Research Center.


(8) Johnston, Katie. (2020, November 21). With kids at home, working mothers are forced to quit or scale back jobs. Boston Globe.


(10) Kochhar.


(13) WHO SAGE. Ethical Considerations for Vaccination Programmes in Acute Humanitarian Emergencies, March 2012.

(14) Life years refer to patients likely to survive longest after treatment.


(18) Emanuel.


(23) Funk.


(26) Coronavirus Vaccine Hesitancy in Black and Latinx Communities. (2020, Fall). UNIDOS and NAACP.


(29) Clark, Dartunorro. (2021, February 26). Biden says undocumented immigrants should be able to get Covid vaccine without fear of ICE. NBC News website.

(31) Coronavirus Vaccine Hesitancy.


(34) Hamel et al.

(35) Wallis.


(37) You asked, we answered: do the covid-19 vaccines contain aborted fetal cells? (2021, March 2). Nebraska Medicine. University of Nebraska Medical Center. Note: “Pfizer and Moderna did perform confirmation tests (to ensure the vaccines work) using fetal cell lines. And Johnson & Johnson uses fetal cell lines in vaccine development, confirmation and production.”

(38) Hamel et al.