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Restoring Epistemic Credibility for Expert Communities in Sub-Saharan Africa

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Abstract

In this paper, we engage with Heidi Grasswick's argument on epistemic distrust as an epistemic value. We show how expert communities have in the past perpetuated epistemic harm to people of colour as recipients of knowledge. We highlight the adverse effects of these harms in our social milieu by limiting our discussion to COVID-19 vaccine hesitancy in sub-Saharan Africa. We then conclude that the scepticism of the COVID-19 vaccines by people of colour within the aforementioned locale can be understood in the context of epistemic distrust. Finally, We show how epistemic credibility toward the expert community, precisely scientific communities, by the non-expert community can be restored.

Keywords: Epistemic Injustice, Responsibly-placed Trust, Epistemic Value, African Descent, COVID-19 Vaccines.

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1. Introduction

This paper critically engages with Heidi Grasswick's (2018) article on "Understanding Epistemic Trust Injustices and their Harms." In her article, Grasswick (2018) contends that epistemic injustice is not only the harm done to epistemic agents in their capacity as contributors of knowledge but recipients of knowledge, as well. Expert communities perpetuate epistemic injustice to recipients of knowledge in the following ways: when expert communities are not competent to produce knowledge and when expert communities fail to

care and express sincerity in their research towards the lay community¹. If these occur, epistemic distrust arises. In this sense, epistemic distrust can be an epistemic value/virtue given the above problem.

Grasswick argues that the lay community should only trust expert communities responsibly if and only if the expert communities are competent and display sincerity/care towards the lay community. Using Grasswick's argument as a point of departure, we argue that the moral injustices perpetrated by expert communities toward non-expert communities (we focus on people of sub-Saharan African descent) in the past have warranted the non-expert communities to take for granted or care less about the knowledge produced by expert communities² in our contemporary time. Let us suppose that expert communities have failed in the past to be competent, show less care, and lack sincerity in the knowledge they produce for the lay community; in that case, epistemic distrust may arise from the lay community towards the expert community.

Using the Tuskegee Syphilis Study done on African Americans in the US between 1932 and 1972 (Brandt 1978; Ogubgbure, 2011) to make a case, we show how, in the past, the expert community failed to show competence, sincerity, and care in their research on black people. We argue that the current COVID-19 vaccine hesitancy within the black population is partly tied to the abovementioned issue. It is our contention that unless the expert communities begin to show competence, care, sincerity, accountability, and transparency in their research, most black people will, possibly, continue to distrust research from the expert community. In addition, we show how continuous distrust towards expert communities by the lay communities, especially those of black descent, can pose a threat to current and future bioethical/biomedical research if not resolved.

We structure this paper into two major parts—the first looks at the exposition of the literature on epistemic injustice, specifically Grasswick's article on epistemic trust injustice, through the following steps. First, We spell out the central claim of Grasswick's argument and how she argues in support of her claim. In the second part of this paper, we appraise Grasswick's argument and show how relevant the argument is to epistemic and moral injustices by doing the following. First(A), we look at the two main arguments we spelt out in the last part to see how the arguments can be applied to the COVID-19 vaccine hesitancy of people of African descent. We achieve this by making a case of the Tuskegee Syphilis study that was carried out on black people in the US. Second, we raise objections to the argument made in (A). Last, we respond to the objections raised.

2. An Exposition of Grasswick's Argument

¹ In this paper, we use the term lay community to signify non-expert community. The lay community or non-expert community are those who lack the expertise of a particular community. As a result, we use lay community and non-expert community interchangeably.

² Expert community here specifically means the scientific community, specifically scientists in biomedicine and those who carry out research involving human subjects. As Grasswick (2018, p.71) states, scientific knowledge is a strong and powerful form of knowing in this current social milieu. This makes science a fine ground for epistemic injustice to be perpetuated.

Grasswick argues that epistemic injustice is not only the harm done to knowers in their capacity as contributors to knowledge, but it is also the harm that is done to knowers in their capacity as recipients of knowledge (Grasswick, 2018, p, 70). Grasswick alludes that the literature on epistemic injustice has mostly focused on the harm done to epistemic agents as potential contributors to knowledge. For example, Kristie Dotson (2011) contends that epistemic injustice is the harm done to a knower by thwarting the knower's testimony. In this way, the knower faces "epistemic oppression" on the pretence that the knower cannot produce knowledge (Dotson 2012). Epistemic oppression occurs when certain social classes are excluded from knowledge production (see Dotson 2012). In this case, epistemic exclusion refers to the infringement on the epistemic agency of a person because of the social class the person belongs to, which then reduces the person's ability to participate in a given epistemic community. To compromise epistemic agency in this sense is to damage the individual, the individual's social knowledge, and shared epistemic resources. Miranda Fricker (2007) also shares Dotson's notion of this form of epistemic injustice.

Fricker (2007) presents two forms of epistemic injustice; testimonial and hermeneutic. On the one hand, testimonial injustice is formed based on the "identity-prejudicial credibility deficit" created by the power dynamics in a given society (Fricker, 2007, p.28). This power relation entails that a particular social group controls another social group by obscuring them or preventing them from knowledge production based on the "collective conceptions of the social identities in play" (Fricker, 2007, p. 28; Pohlhaus, 2017). An example of a testimonial injustice will be a police officer in the US failing to accept the testimony of a person of colour solely because the testimony comes from a person of colour. On the other hand, hermeneutic injustice is a structural form of injustice that arises due to hermeneutic lacunas in a society (see Fricker, 2007, p.147). Hermeneutic injustice occurs when an epistemic agent's social experiences are being obscured from the collective understanding due to some structural identity prejudice that forms the collective hermeneutical resources (Fricker, 2007, p.155). An example of hermeneutical injustice is an epistemic agent not having the proper language to explain their injustices. Let us say when an individual cannot explain their sexual harassment experiences due to the lack of shared hermeneutical resources.

Let us consider the views of Dotson and Fricker that we have spelt out above. We can immediately envisage that the focus of their conception of epistemic injustices is based on the harms done to epistemic agents in their capacities as contributors rather than recipients of knowledge. However, Grasswick (2018) contends that epistemic injustice can also be seen from the lens of knowledge reception. When one is impeded as a knowing agent in their capacity as a recipient of knowledge, that can also be a form of epistemic injustice (Grasswick, 2018, p. 72). For example, people trust each other to receive certain information that is relevant to their lives. In trusting someone for information, a person would want to hope that the one who provides the information provides correct information, especially if the recipient of the information does not have the expertise to get that information for themselves. Let us suppose that a farmer has little or no knowledge of automobiles. Yet, if their automobiles malfunction, they will depend on an automobile expert to give them the necessary information to fix their farm implements. In trusting the automobile expert, they

are exercising their epistemic agency, which can be thwarted. This point leads to the second point made by Grasswick (2018).

Grasswick explains the role of trust in knowing and the importance of responsibly-placed trust. Grasswick argues that the role of trust in knowing is that “trust makes one vulnerable and may appear to remove epistemic agency from us as individual knowers or suggest an abdication of epistemic responsibility” (Grasswick, 2018, p. 73; Baier, 1986). She argues that in addition to the cognitive dimension of trust (see Baier, 1986), trust also has affective and moral dimensions (Grasswick, 2018, p. 74). The affective dimension implies a certain form of optimism toward those we trust to fulfil our expectations (Jones, 1996, p.107). In contrast to the affective dimension of trust, the moral dimension implies the feeling emanating from our trust experiences, such as betrayal, when the trust we place in a person is abused (Grasswick, 2018, p.74).

However, a certain kind of trust is relevant to building epistemic trust. In epistemic trust, the kind of trust that is needed is a “responsibly-placed trust” (Grasswick, 2018, p.75). A responsibly-placed trust is developed due to the trustworthiness of the sources of knowledge over time (2018, p.75). It depends on the kind of relationship developed in the past between the producers of knowledge and their recipients (Fricker, 2013). A responsibly-placed trust in someone or an institution is determined by the level of trust the recipients of knowledge place on the competency and sincerity of the individual or institution. The knowledge producer’s competency and sincerity are the conditions that determine a responsibly-placed trust.³ Grasswick shows how one can understand a responsibly-placed trust and how a responsibly-placed trust works between experts and non-experts.

Grasswick explains that competency and sincerity are vital conditions for building epistemic trust between experts and non-experts communities. Here, competency means that a non-expert trusts that an expert is competent in whatever issue they inform the non-expert about (Grasswick, 2018, p.78; Adler, 2015). In trusting a scientific expert, for example, the one who places this trust must know the competence of the scientific expert and what is required before placing trust in them. There are key requirements that should be met to conceive a research institution as competent in order for one to place trust in experts from that institution for expert knowledge.

First, experts in the institution must be able to filter knowledge or information for public benefit. By filtering knowledge, researchers should sieve out what is beneficial to the public at a particular time, thereby putting aside “bad” quality information that has no relevance (Anderson, 1995). Experts are to be trusted to provide current knowledge that conforms with the current social state of affairs. For example, for COVID-19 issues, researchers are supposed to provide knowledge relating to the coronavirus rather than, let us say, information relating to the Spanish flu. Another example could be that researchers should provide knowledge about new technologies of the Fourth Industrial Revolution, such

³ A responsibly-placed trust is not often judged by individual practices but institutional practices. This is because, most of the epistemic injustices occur from an expert institution.

as artificial intelligence and robots, to solve current issues rather than information about the steam engine of the First Industrial Revolution.

Second, the public trusts experts to ethically treat their research participants and recipients of knowledge (p. 78). Research subjects should be treated by a societal-held ethical standard when pursuing knowledge. In this sense, research subjects should be given a choice to choose if they intend to participate in a research study or not. If they choose to participate, they should not be placed at risk. In addition, researchers should provide all the relevant information relating to any particular research to enable lay people to make informed decisions for themselves. For example, suppose a research expert is trying to experiment on a research subject relating to a new HIV medication; in that case, it is expected that the research expert provides all the information concerning the medication and its possible consequences to the research subject before conducting the research. We argue later that this requirement affects the epistemological disposition of lay people towards scientific knowledge from the expert community, especially in previously oppressed locale, such as sub-Saharan Africa. In what follows, We discuss the second condition that should be met for a lay community to trust experts responsibly.

The second condition necessary for a responsibly-placed trust is the sincerity of the expert community. The expert community must be sincere about their research. However, Grasswicks argues that sincerity on its own is insufficient to capture the extensive trust needed to build a long-lasting trust relationship between expert and non-expert; thus, she renamed this condition the sincerity/care condition (Grasswick, 2018, p.81).

The sincerity/care condition entails that the “trustworthy expert” must show some embodiment of a “moral attitude of care” towards the recipient of knowledge (Grasswick, 2018, p. 81). The care/sincerity condition depends on the care the recipient of knowledge have received in the past from their caregiver. For non-expert to trust responsibly, they ought to look at the history of the past relationship between themselves and the expert. They must ask pertinent questions like: has there been a relationship in the past that warrants a certain form of doubt in the present? Has the expert shown certain forms of manipulations in the past that reduce the expert’s trustworthiness and credibility in the present and future? If these moral attitudes of care have been undermined in the past, it affects the present and future relationship of trust between the expert and the layperson.

The sincerity/care condition necessary for building responsibly-placed trust rest on the histories of the past relationship between the expert community and lay community on the one hand; on the other hand, the expert community must have a “moral attitude of care” towards the non-expert community. The recipient of particular care must look at the past relationship they have had with the caregiver to judge if the caregiver is transparent and trustworthy. For example, in the past, non-experts would expect experts in science to enrol women in clinical trials; however, women were constantly excluded from research trials. Research shows that women were not allowed to participate in clinical trials because of their physiological characteristics, such as their menstrual cycle, which they claim could compromise the reliability of the data from some research trials (Resnik, 2011, p.404). Refusing to enrol women for clinical trials affected many women’s health because new

medications did not often include data concerning women. This neglect continued until women had to advocate through women's health advocacy groups to persuade the National Institutes of Health in America to develop policies that included women in clinical trials (Resnik, 2011). Cases like this affect the responsibly-placed trust of non-experts towards the expert's care/sincerity.

We can summarise Grasswick's argument here in the following way. There are three indicators that create epistemic untrustworthiness, leading a non-expert community to stop responsibly trusting an expert community. The first indicator is when an expert community has a history of providing knowledge to a lay community or marginalised groups that are insignificant and/or irrelevant to them (see Fricker, 2013; Frost-Arnold, 2014). The second indicator is when there is a history of the expert community ignoring the interest and concerns of the lay community or marginalised people. The expert community tends to create gaps in knowledge, not as a result of ignorance but because they intend to serve the interest of the dominant group (Grasswick, 2018, p. 85-6). The third indicator is the actual history of social injustices that the expert community perpetuate against marginalised groups in their pursuit of producing knowledge (p.86). In the third indicator, a marginalised group will find it difficult to trust a particular institution with a history of thwarting their epistemic agency by producing knowledge that harms them. If there is evidence that an institution has mistreated a particular group, it is obvious that members of the marginalised group would no longer trust that particular institution.

In the next section, we appraise the competency and sincerity/care conditions as necessary and sufficient in building a responsibly-placed trust in the expert community. We argue that the failures of the expert communities to uphold these conditions in the past in their relations with people of African descent have contributed to the distrust people of African descent have towards the expert community. This is evident in the many scepticisms of biomedical research from Euro-America and the United Kingdom by people of African descent.

2.1. An Appraisal of the Competency and Sincerity/Care Condition as Partly Responsible for the Distrust between Expert Communities and People of African Descent

In the previous section, as a starting point, we exposed Grasswick's argument, which states that we should not only focus on the epistemic injustice done to epistemic agents as contributors of knowledge but as recipients of knowledge. We briefly outlined her major arguments that support this claim, and we finally explained the two conditions needed for a non-expert community to trust expert communities responsibly: the competency condition and the sincerity/care condition. On the one hand, we showed that the competency condition depends on two expectations expert communities should meet before being trusted responsibly: they need to filter knowledge for non-experts, and they need to avoid perpetuating harm to the recipients of their knowledge while pursuing new knowledge. On the other hand, the sincerity/care condition depends on the expert community's moral attitude towards non-expert communities. In addition, expert communities are expected to put the interest of the non-expert communities before theirs. The interest of the non-expert

community is judged by the social conditions of the non-expert's environment. In this section, we aim to show that certain populations, especially people of African descent, are warranted to withhold responsibly-placed trust in the expert community in science based on their past relationship with the expert communities.

2.2. Why the Competency and Sincerity/care Condition Works

The view that non-experts expect expert communities to filter information for them by providing them with relevant knowledge and treating research participants ethically while producing new knowledge is fundamental. These two expectations are necessary to build epistemic trustworthiness between the non-expert and expert communities. We argue that non-experts' expectation that experts should treat non-expert communities respectfully while conducting research is the most important and sometimes affects the first expectation. Sometimes, expert communities do not filter information to non-expert because of the need to sometimes manipulate them into agreeing to be recruited as research participants for their studies. Furthermore, we discuss these two expectations with sincerity/care conditions as if they were the same.

Some marginalised communities fail to trust the information provided by the expert community because of the history of past relationships these marginalised communities have with expert communities. In the past, in most instances, expert communities in sciences have not respected some marginalised communities. As a result, this has built some distrust for these expert communities by the marginalised communities. In addition, expert communities in science have sometimes failed to fulfil the expectations people of African origin placed on them. These failures of the expert community have led people of African origin to dismiss new knowledge from these expert communities easily. In what follows, we briefly look at a case where expert communities failed to live up to the expectations of people of African descent.

2.3. The Tuskegee Syphilis Study

The Tuskegee Syphilis Study is one of those infamous inhumane clinical trials carried out in the history of biomedical science. The Tuskegee Syphilis Study was carried out in Alabama, the US, between 1932 and 1972 on black men (Ogubgbure, 2011, p.78). Four hundred of the six hundred recruited participants, all men, were infected with syphilis, while the other two hundred men were meant to serve as the control group (Ogungbure, 2011, p.78). The study aimed to know if black people reacted to syphilis the same way white people do and how long humans can live with syphilis if untreated. Unfortunately, most black research participants were uneducated and poor, which meant they did not fully understand the study.

Furthermore, participation in the study was not voluntary *per se* because the experts did not genuinely explain to them what the study they were undertaking was all about (Agunlana, 2010). In addition, because they were uneducated and poor, they accepted what they were told. They wanted to get the services promised to them if they participated in the "medical activities," as it was called (Brant, 1978).

The men infected with syphilis during the clinical trials were not informed that they had syphilis. The term “bad blood” was used to depict their medical condition (Brandt, 1978). The researchers promised free medical care to the research participants to treat their supposed “bad blood” (Ogungbure, 2011). The researchers did not tell the men before the study that they were being used as an experiment; rather, the participants felt that they were being treated for their supposed “bad blood,” a colloquial term for syphilis (Brandt, 1978). The men willingly participated because they thought it was a public health demonstration (Brandt, 1978, p.24).

However, the experts endangered the lives of their “supposed participants” for new knowledge. The participants suffered different side effects ranging from paralysis of the limbs to spinal cord injuries and neuronal damage (Ogungbure, 2011). Some of the participants died from “advance syphilitic lesions.” They also infected their wives with syphilis; eventually, children born from the infections had congenital syphilis (Agunlana 2010). The US Government ensured that the men with syphilis from the “Tuskegee Study” were denied treatment even when the standard cure (penicillin) was made available in 1940. In trying to observe their research subjects through their autopsy, the doctors buried their participants in the most gruesome way possible (Agunlana 2010). In what follows, we show how the competency and sincerity/care condition was not met by the expert community in the above study.

2.3.1. How the Competency and Care/Sincerity Condition was Infringed in the Tuskegee Study

The Tuskegee Study is a case that warrants non-experts to withhold their responsible trust in the expert community. First, recall that there are two main conditions for building a responsibly-placed trust, according to Grasswick: the competency condition and the sincerity/care condition. Grasswick argues that the competency condition for a responsibly-placed trust requires that non-experts expect experts to filter knowledge for them. In addition, experts should not endanger the lives of non-experts while trying to produce new knowledge. Second, to trust responsibly, based on the sincerity/care condition, non-experts expect experts to have a moral attitude of care towards them. In the paragraphs that follow, we argue that the Tuskegee study’s scientific community infringed on these two conditions. Furthermore, we show how this affects the disposition of black people towards the reception of the COVID-19 vaccines.

First, regarding the competency condition, it is not immediately obvious that the first expectation of the expert community filtering information for the public was not met, but the second expectation was not. The expert community put their research participants at risk in the Tuskegee Study. The participants were not provided with all the information necessary to make their informed decision to participate in the study. The participants were deceived, and this deception led to them putting their lives at risk. Some of the participants lost their lives in the study. If the participants had all the information needed, they might not have participated in the study.

Second, regarding the sincerity/care condition, the experts did not show any moral attitude of care towards the participants. On the contrary, the expert placed their interest before the interests of the research participants: the experts were prepared to allow their research participants to die in order to enable them to produce new knowledge regarding syphilis. Therefore, the new knowledge produced was not in the interest of the research participants but in the interest of the expert community. With these two conditions infringed in studies like the above and other social harms that have been done to people of African descent, most laypeople of African descent are somewhat sceptical about trusting the knowledge from the expert community responsibly⁴. We give an example of the COVID-19 vaccine hesitancy amongst the black population of Africa to justify this claim.

In 2020 when there was a need to improve the clinical trials of the COVID-19 vaccines, the World Health Organisation suggested that Africans should be recruited as research participants to test the vaccines in order to get a plausible result in the vaccines produced. One of the primary motivations for evaluating the coronavirus vaccines in Africa, especially in South Africa, was to enable experts to generate plausible evidence that the vaccines produced will be effective in Africa (Makoni, 2020). However, the responses of most Africans showed that Africans⁵ did not trust the testimonies of experts in the above regard. Furthermore, some Africans argued that the aim of testing the coronavirus vaccines in Africa was to use Africans as “guinea pigs” for the clinical trials of the vaccines (BBC News, 2020, n.p.).

Okeri Ngutjinazo (2021) reported that, in Ghana, people held that COVID-19 vaccines were vaccines produced to harm Africans. Some people believed that the vaccines would hamper their DNA and cause infertility problems in the future. These people believed that the vaccines were instruments developed to depopulate the African continent. Ngutjinazo (2021) reported that in South Africa, COVID-19 vaccines were referred to as the “jab of death.” While in Kenya, many citizens resisted taking the vaccines because they considered them deadly (Ngutjinazo, 2021). In the paragraphs that follow, we argue that even though vaccine hesitancy is a global issue, it is most common and prevalent in Africa primarily because of the absence of responsibly-placed trust due to the historical events of the expert community and the non-expert community in Africa.

Vaccine hesitancy is a global issue that is not only peculiar to Africans (Aanuoluwapo and Olayinka, 2020, p. 3). According to the World Health Organisation, vaccine hesitancy is the delay in vaccine acceptance or refusal to receive vaccines by a group of people due to a lack of trust in the vaccines or the manufacturers (Marti, de Cola, MacDonald, Dumolard, and Ducios, 2017). For example, the reluctance to measles vaccine reception in the US led to the California measles outbreak in 2015 (see Zipprich, Winter, Hacker, Xia, Watt, and

⁴ Our argument here is not to insinuate that this is the only reason why the nonexpert community of African descent may have stopped trusting the expert community. There could also be other issues that have warranted Africans and African-Americans to stop placing responsible trust in the expert community. One of such issue could be a lack of transparency or racism and other forms of discrimination. However, in this paper, we focus only on the issue of competency and sincerity/care condition. This is because these conditions can also be explained in light of other issues.

⁵ When we say Africans, we mean people of colour, specifically in the sub-Saharan region of Africa.

Harriman, 2015, p. n.p). The reason for the measles vaccine hesitancy by some of the infected patients was due to personal beliefs (Zipprich *et al.*, 2015). However, in the case of Africans and the COVID-19 vaccines, one of the major reasons for vaccine hesitancy is a lack of trust (Aanuoluwapo and Olayinka, 2020, p. 3).

According to Aanuoluwapo and Olayinka (2020, p. 3), this lack of trust could stem from the nonchalant engagement of some African leaders with the COVID-19 pandemic by not implementing stringent measures. In addition, they were also unable to educate their citizens correctly about the COVID-19 vaccines. In as much as these are valid reasons for COVID-19 vaccine hesitancy, the reports we mentioned earlier focus more on the lack of trust regarding where the vaccines were produced and those that produced them. The current lack of responsibly-placed trust in the expert community by the non-expert communities of African descent due to past experiences could be the major factor for vaccine hesitancy in Africa. Given this, we contend that this refusal is an epistemic value until the reasons for this lack of trust are mitigated.

To mitigate this problem for future occurrences, we argue that expert communities must build a relationship of openness and transparency between them and non-expert communities of African descent. This can be done by publishing their findings openly and making them available to the non-expert communities to access this information. In addition, expert communities should acknowledge their past mistakes and begin conscious programs that will show that they are competent, that they care, and that they are sincere in their research. This way, non-expert communities, especially those of African descent, will have reasons to reinvigorate their trust in them again. In the next section, we consider a possible objection to our claim, and we respond to the objection afterwards.

3.0. Possible Objections

A critic may argue that the two conditions determining a responsibly-placed trust are not technically epistemic but moral conditions. Regarding the competency condition: the expectation that experts should filter knowledge for non-expert is not a case of injustice if they do not. In addition, the expectation that experts should not put their research participants at risk while searching for new knowledge is not a case of epistemic injustice but a moral injustice. For example, in the Tuskegee Study, the fact that experts were not transparent with non-expert by providing them with the necessary information before the participants were used for the research is a case of deception. And deception is not immediately an epistemic injustice but a moral injustice.

Second, relating to the care/sincerity condition, having a moral attitude of care towards non-experts does not fall under the epistemic province but the moral province. But most importantly, if research experts were to put the interest of non-experts before their interest in providing new knowledge, it is obvious that many new forms of knowledge would not arise due to a possible refusal of non-experts participating in these studies. Again, the sincerity/care condition is just a moral guide to treating participants morally, and if infringed, it is not necessarily a case of epistemic injustice but a moral injustice.

3.1. Response to the Objection

As previously argued, epistemic injustice occurs when one's epistemic agency is thwarted. In the past, it was understood that an epistemic injustice could only occur when one's epistemic agency is thwarted in their capacity as potential contributors to knowledge. However, Grasswicks brings another dimension to looking at epistemic injustice: the harms that are done to knowing agents in their capacity as recipients of knowledge. When one's agency is thwarted as a recipient of knowledge, the person has been harmed as a knower. A person's agency can only be thwarted when a person can no longer trust an expert institution responsibly, resulting in epistemic trust injustice. A person may stop trusting an institution responsibly only when the past relationship with the institution has been detrimental to the person. Such can happen when, in the past, an institution neglects the non-expert's interest (care/sincerity) and when an institution neglects its duties of providing the non-expert with relevant knowledge and putting them at risk in the pursuit of new knowledge (competency).

To respond to the above objection concisely and briefly, we contend that epistemic injustice, specifically epistemic trust injustice, is not isolated from other forms of injustice, either moral or social. This is because the social environment and the moral disposition of people somewhat inform the level of the responsibly-placed trust a person has for a system. Given that a certain population in the Tuskegee Syphilis studies were deliberately harmed morally, it follows that they cannot trust the institutions that carried out this research responsibly anymore. The withdrawal of responsible-placed trust in the above institution becomes an epistemic issue. Given this, one can argue that the moral injustice here gives rise to the epistemic trust injustice that emanates from this issue.

4.0. Conclusion

This paper has critically engaged with Heidi Grasswick's views on epistemic trust injustices and their harms as a starting point to show the contemporary perception of expert communities by non-expert communities of African descent. We argued that people of African descent no longer (or have scepticism) trust expert communities primarily because of past failures of expert communities to show care, sincerity, and competence toward black people. We began this paper by providing a concise exposition of Grasswick's argument. We then focused on the two conditions she argues are important to ground responsible-placed trust between the expert community and the non-expert community, competency and sincerity/care condition. We critically showed why competency and sincerity/care conditions are important in building epistemic trust. We contended that because these two conditions have been thwarted in the past, Africans have become sceptical of the new knowledge produced by expert communities in biomedicine. Finally, we contend that the current distrust of the non-expert community towards the expert community is an epistemic value. Unless the expert community begins to show care, sincerity and competency towards the non-expert community by being more transparent in their research, this current distrust will continue to strain the credibility of expert knowledge and knowledge that arise from expert communities, especially in biomedicine. Building on our research, future research can be conducted on the contemporary harms and social injustices that warrant epistemic distrust in expert communities.

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