

Vaccine Controversy in the Covid Era

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What bothers people about vaccines?

From *Anti/Vax: Reframing the Vaccination Controversy* (2019) p. 197.

- Belief in the value of natural illness.
- Desire to avoid unnecessary medicine and treatment.
- Belief in nutrition as first defense against illness and as essential to basic health.
- Enmeshment of ideas about health and the body with spiritual and religious practices.
- Alternative views about health and medicine.
- Lived experience with illness, especially with illness that is not effectively treated by mainstream medicine.
- Protection of the body and control over what goes into the body.
- Experience with perceived vaccine injury.
- Distrust of mainstream scientific studies of vaccine safety.
- Distrust of medicine's entanglement with big business (especially "Big Pharma") and government.
- Rejection of the idea that vaccinations are necessary to health.
- Perception that there are too many vaccines given routinely to children.
- Perception that vaccine mandates do not distinguish between less severe and more severe illnesses.
- Rejection of one-size-fits-all prescription of vaccine mandates.
- Belief that parental responsibility for child health involves deliberative decision making about vaccination.
- Concerns about toxins in the environment, food, medicine, and household goods.
- Experience of being bullied by mainstream healthcare providers, in birth experiences and also in pediatric care.
- Responsibility to the community that involves not going out when sick.
- Global worries about how vaccination may change the world and children's futures.
- Perception of children as persons with rights over their bodies.

Vaccines trouble the nature/culture balance, because

- Vaccines cause disease
- Vaccines are the result of dangerous collaborations between medicine, the government, and big pharma
- Vaccines diminish the future for our children by changing their bodies and/or limiting their capacity for organic growth
- Natural illness is a better basis for human flourishing than artificially preventing disease
- Responding to illness in communities is a behavioral responsibility rooted in nature and bodily support

Vaccine Hesitancy in the 20th and 21st Centuries

- **Rising tensions** around the meaning of disease and the experience of illness, especially in the context of **emerging infectious diseases**
- Getting close to herd immunity levels puts **pressure on those who dissent**
- Reduced tolerance for **nonstandard viewpoints**
- **Vaccination and values:** how much dissent from mainstream views is acceptable or operable in the context of differing opinions about the value of illness and ways toward (public) health?
- **Reframing vaccination controversy:** setting aside the science versus misinformation frame and addressing people's concerns, beliefs, and experiences about infectious disease and mechanisms to contain it

Emerging concerns during Covid

- **Operation Warp Speed**—anxieties about compromised safety and efficacy data in the context of longstanding concerns about “new” vaccines
- **Erosion of trust** in government agencies—evident political manipulation of FDA and CDC (hydrochloroquine, blood plasma treatments, CDC guidance)
- State-level closures, social distancing requirements, and mask wearing have become politicized—coming to represent (for some) the **strong arm of the state** infringing on individual liberties of citizens
- **Minority group lack of trust** in process and outcomes of vaccine development, related to recognition of longstanding discriminatory practices in biomedical research and clinical experience, as well as broader patterns of inequity and social injustice

In other words . . .

During and after Covid, what might have previously seemed like fringe conspiracy theories now feel a little more normal.

This might seem counterintuitive in the context of a pandemic, but . . .

. . . instead of making more people feel comfortable with vaccines,

- the highly politicized social context,
- authoritative state-level orders limiting activity,
- contested truths in the public domain, and
- recognition of longstanding health disparities

have all contributed to **lessening public trust** in vaccine development and use, rather than strengthening it.

Guidance

- Acknowledge that the COVID pandemic has been difficult for everyone, there are still many unknowns, and we have all struggled.
- Stop prognosticating about “those people” who aren’t willing to be vaccinated or who are hesitant. “Those people” are our neighbors, friends, family, and us.
- Notice and reinforce the shift from the *misinformation frame* to the *confidence frame*.
- Recognize that the phased roll-out of COVID vaccines offers the opportunity to build confidence in the COVID-19 Vaccine Program, especially if safety data and effectiveness rates in population use are conveyed transparently and frequently to the public.
- Remember that people who dissent from vaccination are not a homogeneous group, and that vaccine resistance “is not a durable trait” (Emily Wentzell).

What We Don't Know

- Whether rare adverse events to COVID vaccines will occur during roll-out and over the next year or so, and how such events will affect vaccine confidence.
- Whether durable vaccine injury narratives will emerge in tandem with COVID vaccine roll-out and what form these will take.
- Whether transient severe side effects erode or support confidence in COVID vaccines.
- Whether health disparities will be amplified or diminished through vaccine roll-out, and whether communities of color associated with medical racism will feel confident in COVID vaccine programs.
- **Whether the vaccine confidence frame will endure, reorienting vaccination debates from arguments about mis/information to arguments about trust in institutions, government, scientists, public health, and medical practitioners.**

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Anti/Vax: Reframing the Vaccination Controversy, Cornell Univ. Press, 2019