A Feminist Take on Vaccine Hesitancy

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With unexpectedly good timing, I published a monograph on vaccine hesitancy in March 2021, just as COVID vaccine rollouts were reaching full steam in high income countries, including my own (Canada) (Goldenberg 2021). My years of research and writing were near completion when the SARS-CoV-2 virus was first identified; my focus was on parents' hesitancy over routine childhood vaccinations. Vaccine hesitancy in industrialized nations has been intensely studied by social and behavioral scientists and was the subject of considerable media commentary and popular science writing up until COVID vaccine hesitancy redirected that energy. Past knowledge informs current understanding, and I proposed a shift in characterizing vaccine hesitancy that pertains to the COVID situation as well.

Pediatric vaccine hesitancy presents an interesting epistemic puzzle: Why is it that despite the consensus being strong and the communications clear, many parents remain unsure about vaccinating their children? I rejected the dominant view that scientific illiteracy and science denial were at the root of problem; presumably well-intentioned public health defenders have mobilized a "war on science" metaphor that stakes out morally charged divisions between us and them, experts and nonexperts, and science versus nonsense. The battle rhetoric inflames rather than improves the public health problem. Many philosophical missteps accompany the war on science: a scientistic approach to policy formation, communications steeped in the problematic knowledge deficit model, inattention to the entanglement of facts and values, and an ill-defined public derisively labeled as "anti-vax." The downstream effects include: blaming mothers trying to make good choices for their children, polarized discourse and radicalized vaccine opposition, rampant disinformation, and vaccine mandates being politically repackaged as punishment rather than civic solidarity. The war on science has only increased in intensity with the addition of a global pandemic.

In *Vaccine Hesitancy*, I argued for an alternative framework, a "crisis of trust," that better explains the fraught science-public relationship. Trust and trustworthiness are heavily researched concepts in ethics, philosophy of science,

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Vol. 15, No. 1 DOI: 10.3138/ijfab-15.1.32

and social theory, with particularly good insight offered by feminist theorists in these domains. This is due to feminist focus on the relational aspects of morality, knowledge production, and social structures, especially relationships involving imbalances of power between participants.

The COVID-19 pandemic was a "stress test" on our structures of civic governance; many institutions and relationships did not perform well. Science and the public were heavily tested during this period, as the public were exposed to competing expert claims, and lives were severely impacted by government policies that reportedly "followed the science."

These policies kept some segments of society safe while others became more vulnerable, and the burdens of pandemic life (illness, income loss, stress, and food and housing insecurity) were distributed inequitably. Public health measures, including vaccination, became politicized and ideologically entrenched. In the United States, for example, COVID vaccine acceptance and refusal lined up with political allegiance to presidential candidates Biden and Trump during the 2020 presidential election, and with that, a polemical binary of science vs. ignorance, health vs. economy, restriction vs. freedom. Inequitable global distribution of vaccines puts profit ahead of people and nationalist interests ahead of global solidarity.

I understand trust to be crucial for successful public health interventions and argue that the scientific institutions and governing bodies that comprise public health must earn and maintain public trust rather than expect it. The latter point shifts moral responsibility from wayward public to scientific institutions, which presumably recognize their professional goals to produce trustworthy science but underrate the importance of ensuring that the public sees their directives as such. This is especially important for policy-relevant science. Trust *and* credibility are necessary for engaging public stakeholders.

While most people agree that the public needs science—to make everyday decisions and informed political choices—science needs the public too. Just as the public suffers when they ignore or reject good scientific advice, low credibility in the eyes of the public harms the primary aim of public health: to improve population health. Vaccine hesitators and refusers are vocal about their misgivings regarding the scientific establishment; when asked why they hesitate about vaccines, they frequently point to commercial conflicts of interest in health research and practice with weak regulatory oversight; communities of color draw on experiences of grave health injustices like medical racism and patient gaslighting. To dismiss these broad sociopolitical concerns as beside the point (because science!) or conspiratorial loses sight of how public health serves the public, and that public health cannot be achieved without public buy-in.

In conclusion, vaccine hesitancy signals a crisis of trust between the public and the institutions that structure civic life. Public resistance to vaccines is a demand for institutional structures that are responsive to issues and justice and equity.

REFERENCE

Goldenberg, Maya J. 2021. *Vaccine Hesitancy: Public Trust, Expertise, and the War on Science*. Pittsburgh: University of Pittsburgh Press.

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