PUBLIC HEALTH IN THE AGE OF ANXIETY: RELIGION, CULTURE, AND VACCINE HESITANCY

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CAVEATS

• What I am/am not

• Basic interests:
  • Religion in the public arena/discourse
  • Religion and public health
  • Religion and public safety

• How I got interested in vaccine hesitancy

• The result......
PUBLIC HEALTH IN THE AGE OF ANXIETY
Religious and Cultural Roots of Vaccine Hesitancy in Canada
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OBJECTIVES

• 1. Note the religious roots of vaccine hesitancy

• 2. Offer a brief critical reflection on the key cultural shifts that have given rise to significant levels of doubt about vaccine programs

• 3. Question the standard distinction between cultural and religious reasons for vaccine hesitancy and rejection
FIVE TRENDS: RELIGION IN CANADA

- Main changes:
  - Decline of mainline/historic forms of Christianity
  - Relative stability in conservative Protestantism
  - Rapid growth in non-Christian communities (Muslims, Sikhs, et al)
  - Rapid growth/renaissance/resurgence in Indigenous spiritualities/traditions
  - Rapid growth in “nones” - 24% in Canada; 44% in BC (2011)
RELIGIOUS OBJECTIONS: 3 MAIN ROOTS

1. Ethical dilemmas associated with using human tissue cells or any animal tissue to create vaccines
   - E.g., concerns among Catholics about human tissues from aborted foetuses used in rubella vaccine – very uncommon among Catholics

2. Beliefs that the body should be healed by God, prayer, or other spiritual means
   - Measles outbreak of 2014; pertussis outbreak in 2012, both in the Fraser Valley, British Columbia, and an outbreak of rubella in 2005 near Woodstock, Ontario
   - Fundamentalist form: Dutch/Calvinist Reformed Christianity; God’s plan; resistance to “the world”
   - Non-mainstream liberal form: Christian Scientists

3. Vaccines are part of a crusading religio-political agenda to harm/control population
   - Nigeria, Afghanistan, Pakistan: concerns about WHO and CIA use of vaccines to promote other agendas
CULTURAL FORMS: TWO ROOT CRISES

• Crisis of Trust
  • Generally high public acceptance of vaccines >80% generally (WHO 2012)
  • But there are problems, evident in:
  • Growing concern over the commodification, corporatization, instrumentalization, and securitization of human life: pop culture full of these dystopian tropes (Matrix, Blade Runner, Hunger Games, Walking Dead…); Trump and Brexit rhetoric accentuate these concerns; actual vaccine errors and poor bedside manner do not help
CRISIS OF TRUTH

- 1960s+ destabilization of “hegemonic” social/political norms
- 1970s+ globalization
- 1970s/80s+ post-modernism/post-colonialism in academia
  - Hyper-diversity of sexual/artistic norms
  - Relativism as taken-for-granted posture
  - Critique of “neo-liberalism” + “white supremacy” + “male privilege”
  - Celebration of
    - “other ways of knowing,” the “social construction” of everything, the objective/possibility of “cultural safety” and a vilification of “positivism,” “science,” “truth,” “authority,” and “tradition”
  - Dawn of post-truth era (thank you, Mr. Trump, but there were precursors)
WHAT IS THE FUNDAMENTAL DIFFERENCE BETWEEN RELIGIOUS AND CULTURAL FORMS?

- Obvious differences in referents (transcendent vs. imminent)
- Obvious differences within/among forms even of the same “type” – i.e., Christian Scientists would not necessarily affirm RC perspectives on fetal tissue; and conspiracy theorists would not necessarily affirm homeopathy

But does that conceal some fundamental similarities?

- Within most anti-vaccine subcultures, one also finds suspicions and misgivings that are rooted in what we may – in general – call spiritual, magical, or otherwise extra-rational thinking and experience.
CASE STUDIES: (1) WAKEFIELD

- When Andrew Wakefield suggested in a 1998 article published in *The Lancet* that the measles, mumps, rubella (MMR) vaccine was “implicated” in the emergence of autism, his claim became a pillar in the vaccine-hesitant and rejection subcultures.
- Article retracted; Wakefield’s licence revoked; theory debunked by most scientists.
- Nonetheless, the theory continues to have a life of its own.....
CASE STUDIES: (2) HOMEOPATHY

- Homeopathy emerged at the end of the eighteenth century and has become an important part of the alternative (or complementary) medical movement over the past several decades.

- Homeopaths and their patients believe that their “natural” remedies will suffice to protect them against infections or will adequately manage their symptoms if they do get ill.

- A 2005 meta-study of empirical assessments of homeopathy was published in *The Lancet* that demonstrated no positive (i.e., non-placebo) effect of the therapy.

- Nonetheless, the therapy/theory continued to have a life of its own….
UNDER THE “NONETHELESS….”
MORAL PANIC

• In the MMR-autism and homeopathy case studies, one witnesses not simply forms of conventional medical scepticism but the beginnings of a “moral panic” emerging from a combination of the crises of truth and trust with increasingly popular alternative, extra-rational approaches to the body, science and truth itself that are destabilizing medical authority
HOW TO EXPLAIN THE ENDURANCE OF MAGICAL THINKING?

• “We” overestimate the importance people place on non-contradiction; most people don’t live in their heads
• “We” assume everyone must value empirical facts, linearity, evidence, but most people live in their emotions/gut/intuition
• We all actually vacillate between rational and extra-rational ways of thinking/acting
• Truth – in the normal sense of the word – just matters less than we assume
IMPLICATIONS OF THIS/OUR INTELLECTUAL CONCEIT

• We alienate skeptics/rejectors with more-and-more data

• We alienate skeptics/rejectors with condescension

• There are too many skeptics/rejectors to ignore or quarantine
SOLUTIONS/BEST (BETTER) PRACTICE:

• Play the long game
• Acknowledge the role of error and capitalism in current practice
• Acknowledge our own mixing of cognitive styles
• Learn from scholars and clinicians about how people regularly do speak and interact across gaps in identity and values
• Think about vaccine hesitancy not just, or mainly, as a rejection of something but as an affirmation of something else (the wonders of the body, non-violence, mystery, universal harmony, peace, environmentalism, social democracy, individual freedom)
BACK TO WAKEFIELD AND RELIGION

- *New York Times Magazine* 2011 article on the Wakefield case
  - Wakefield’s “post-career apocalypse;”
  - “cult status”
  - “sense of mission”
  - she mentions his followers’ “faith in his theory” and sense that he is a “martyr:”
  - “to the anti-vaccine community, Wakefield is Nelson Mandela and Jesus Christ rolled into one”
  - “he is the kind of religious leader who is a true believer but who relies on the occasional use of smoke and mirrors to goose the faith of his followers”… and “with a little effort, you can believe almost anything:”
• Wakefield’s supporters dealt with challenging scientific evidence in ways similar to sincerely committed religious people faced with contradictory evidence (e.g., “when prophecy fails” research)

• The distinction between “cultural” and “religious” forms of hesitancy and rejection might be analytically convenient, but it might also prevent a consideration of some of the commonalities between the two that would have significant implications for our understanding of vaccine hesitancy/rejection.