

Behind Low Vaccination Rates Lurks a More Profound Social Weakness

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Read the full article: <https://www.nytimes.com/2021/12/03/opinion/vaccine-hesitancy-covid.html>

the past four decades, governments have slashed budgets and privatized basic services. This has two important consequences for public health. First, people are unlikely to trust institutions that do little for them. And second, public health is no longer viewed as a collective endeavor, based on the principle of social solidarity and mutual obligation. People are conditioned to believe they're on their own and responsible only for themselves. That means *an important source of vaccine hesitancy is the erosion of the idea of a common good.*

At a recent anti-vaccine-mandate demonstration in Brooklyn, some protesters wore Black Lives Matter T-shirts and chanted, "My body, my choice!" When the Brooklyn Nets banned their star guard Kyrie Irving for refusing the vaccine, the Nets' general manager, Sean Marks, acknowledged, "Kyrie has made a personal choice, and we respect his individual right to choose."

Of course, there's a lot of good that comes from viewing health care decisions as personal choices: No one wants to be subjected to procedures against their wishes. But there are problems with reducing public health to a matter of choice. It gives the impression that individuals are wholly responsible for their own health. This is despite [growing evidence](#) that health is deeply influenced by [factors](#) outside our [control](#); public health experts now talk about the "social determinants of health," the idea that personal health is never simply just a reflection of individual lifestyle choices, but also the class people are born into, the neighborhood they grew up in and the race they belong to.

Another problem with reducing well-being to personal choice is that this treats health as a commodity. This isn't surprising, since we shop for doctors and insurance plans the way we do all other goods and services.

Recent research has shed light on this problem. Jennifer Reich, a sociologist at the University of Colorado, Denver, has [spent years studying](#) families who refuse to vaccinate their children against diseases like measles. She found that mothers devoted many hours to "researching" vaccines, soaking up parental advice books and quizzing doctors. In other words, they act like savvy consumers. The mothers in Reich's study maintain that each child is unique, and that they know their child's needs better than anyone. As a result, they insist that they alone have the expertise to decide what medicines to give their children. When thinking as a consumer, people tend to downplay social obligations in favor of a narrow pursuit of self-interest. As one parent told Reich, "I'm not going to put my child at risk to save another child."

Such risk-benefit assessments for vaccines are an essential part of parents' consumer research. For illnesses like measles, outbreaks — until recently — have been so rare that it's not hard to be convinced that the harm of vaccines outweighs that of the disease. However, we've found in our

research that for Covid-19, this risk analysis can get turned on its head: Vaccine uptake is so high among wealthy people because Covid is one of the gravest threats they face. In some wealthy Manhattan neighborhoods, for example, vaccination rates run north of 90 percent.

For poorer and working-class people, though, the calculus is different: Covid-19 is only one of multiple grave threats. In the South Bronx, one man who works two jobs shared that he navigates around drug dealers, hostile police and shootings. “I don’t want my kids to see what I’ve seen,” he said. Another man said he lost his job during the pandemic and slipped back into addiction. “Most of my friends are dead or in jail,” he said. Neither one plans to get vaccinated. Their hesitancy is not irrational: When viewed in the context of the other threats they face, Covid no longer seems uniquely scary.

In America, anti-vaccine movements are as old as vaccines themselves; efforts to immunize people against smallpox prompted bitter opposition in the turn of the last century. But after World War II, these attitudes disappeared. In the 1950s, demand for the polio vaccine often outstripped supply, and by the late 1970s, nearly every state had laws mandating vaccinations for school with hardly any public opposition.

What changed? This was the era of large, ambitious government programs like Medicare and Medicaid. In the mid-’60s, the number of government-funded social programs targeting the poor and communities of color skyrocketed. The anti-measles policy, for example, was an [outgrowth](#) of President Lyndon Johnson’s Great Society and War on Poverty initiatives. Government workers from initiatives like Head Start assisted in vaccination campaigns. **In some cities, the government sponsored the creation of health councils, made up of community members, which served as intermediaries between health centers and the public. The councils [embodied](#) the idea that public health is effective only when community members share in decision making!**

If the world is going to beat the pandemic, countries need policies that promote a basic, but increasingly forgotten, idea: that our individual flourishing is bound up in collective well-being.

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