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Vaccines in Society

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Tom Douglass and Alistair Anderson are joint first authors. Both contributed equally to the development of the ideas and writing that comprise this book.

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Vaccines as Social and Political Phenomena?

Abstract The study of vaccine hesitancy has dominated the social analysis of vaccines and the relationship between society and vaccines. Unfortunately, less sustained analytical attention has been given to many of the other social and political dimensions and consequences of vaccines. In this chapter, we set out the benefits of a wider focus within the social scientific analysis of vaccines. We argue that by looking across the composition and operation of what Kirkland has called the immunisation social order, we can reveal the social and political nature of vaccines themselves and the societal consequences or impacts that become visible during or after their development and use.

Keywords Immunisation Social Order · Pharmaceutical Life Course · Vaccine Hesitancy · Vaccine Politics · Social Science

1.1 INTRODUCTION

Vaccines are one of public health's foremost tools in the prevention and mitigation of infectious diseases. Vaccines have reduced the incidence and harm of a broad range of deadly and debilitating diseases and their effective deployment is credited with the eradication of smallpox and rinderpest. Recently, vaccines and vaccination were thrust into the centre

of public consciousness as part of the policy response to the COVID-19 pandemic (Calnan & Douglass, 2022). COVID-19 vaccines were positioned from the very early stages of the pandemic—and even when COVID-19 vaccines were only in the initial stages of their development—as the way to end restrictions on social and economic life and the best way in the medium term to protect the vulnerable. Readers of this book may themselves have hoped for the expedited development of a COVID-19 vaccine during the long months of lockdown in 2020 and 2021 to return life to ‘normal’.

The World Health Organisation recommends that 95% of children in a nation-state are inoculated against vaccine-preventable diseases. Recent data from 2021 to 2022 suggest, however, that none of the routine childhood vaccinations offered in the UK, for example, met this target (Nuffield Trust, 2023). Why is this? Vaccines provoke negative reactions, controversy, hesitancy and even rejection and condemnation from some. One narrative to explain the refusal of vaccine-critical people is that they lack an educated understanding of the benefit, efficacy and safety of vaccination. Analysis by scholars of science and technology studies (STS) and science communication demonstrates, however, that this simplistic deficit narrative insufficiently explains the situation (see, for example, Caudill, 2023, pp. 62–68). Hesitancy and vaccine-critical perceptions and responses are shaped by rather more complex assemblages of social processes and interactions. Indeed, in a book-length examination of this issue, Goldenberg (2021) has powerfully argued that vaccine hesitancy is the result of a crisis of trust, rather than public ignorance or a wider assault on scientific truth.

The study of vaccine hesitancy has dominated the social analysis of vaccines and the relationship between society and vaccines. In addition to academic social scientific concerns about trust and the epistemic basis of science communication, this focus undoubtedly stems from the recognition by governments, health authorities and other funders of research of the harm (public health and economic in nature) caused by low levels of vaccine coverage and the requirement for public buy-in for vaccination programmes to work effectively. With the aim of improving or maintaining high levels of vaccination coverage in the population, considerable social scientific attention has been given to conceptualising and empirically analysing the nature and causes of vaccine hesitancy and vaccine refusal. There is now a large body of theoretical and empirical research examining the social forces that shape decision-making about vaccines

by parents and the public. Sitting alongside Goldenberg (2021), other books on the topic, such as Reich (2016), offer considered analysis of how parents see vaccine refusal, the dimensions and dynamics of their vaccine hopes and fears and their promotion of health and ‘natural immunity’ instead of vaccination. Larson (2020), meanwhile, focuses on the cultural conditions that perpetuate vaccine rumour and misinformation. Larson argues that “debunking rumours, one rumour at a time, will not fix the questioning and convictions. It is too late for that. What is needed is a more fundamental change around the fertile ground which is fuelling the concerns, rumours, and heated debates” (Larson, 2020, p. xxviii). Together these examples—and this is by no means an exhaustive list—illustrate the complexity of vaccine hesitancy and the concern with which it is treated as a challenge to vaccine uptake.

From the very first vaccine to protect against smallpox through to the recent COVID-19 vaccines, the development and use of vaccines have attracted public dispute and debate. Many of the views that exist today about vaccines have persisted since vaccination’s inception. At different times, in different combinations and in relation to specific vaccines and vaccination programmes, people have believed that “vaccines are ineffective or cause diseases; vaccines are used to make profit; vaccines contain dangerous substances; harms caused by vaccines are hidden by the authorities; vaccination mandates violate civil rights; natural immunity is better than immunity induced by vaccines or natural approaches to health and alternative products (e.g., homeopathy, vitamins) are superior to vaccines to prevent diseases” (Dubé et al., 2015, p. 106). Vaccines therefore intertwine with a range of health, economic, governmental and social justice concerns in the public conscious.

The vaccine hesitancy evidence base reveals that safety concerns alongside (dis)trust in vaccines, health authorities, the pharmaceutical industry and the medical profession are central components in parental and public attitudes towards vaccines (Attwell et al., 2017; Goldenberg, 2021; Hobson-West, 2007; Yaqub et al., 2014). Moreover, vaccination is tensely positioned between notions of individual rights and social responsibilities—the individual’s right to choose and the responsibility to protect the health of others within the collective (Larson, 2020, p. 62) and between persuasion and compulsion (Colgrove, 2006). A growing emphasis on choice and individual responsibility—in both medicine specifically and in society more generally under the conditions of neoliberalism—sits uneasily alongside the community focus of vaccination as do compulsory

approaches to vaccination adopted by health authorities. Approaches and attitudes towards risk, past vaccination and wider medical experiences and historical factors can also influence parental and public understandings and vaccine uptake (see Calnan & Douglass, 2020 for further detail).

Unfortunately, however, less sustained analytical attention has been given to the broader social and political dimensions and consequences of vaccines; a wider lens is needed.

1.2 A CONCEPTUAL APPROACH

In modern capitalist societies, there exists what we can think of as an ‘immunisation social order’ (see Kirkland, 2016). Kirkland (2016) centres the socio-legal dimensions of the immunisation social order and its preservation in her empirical analysis—in particular, the work of the ‘vaccine court’ that adjudicates on vaccine injury in the USA context (a topic we engage with in Chapter 2). Kirkland shows us that the immunisation social order reveals a broader yet fragile web of institutional, scientific, legal—and importantly—social, and political practices, associated actors, values and relationships that produce and protect high levels of vaccination coverage (*ibid.*). In her own words, Kirkland is concerned with “the role of law in channelling social movement conflict and resolving the challenges that vaccine injuries pose to [the] immunisation social order” (2016, p. 3).

Though Kirkland’s concept of the immunisation social order has emerged from socio-legal studies (with an associated empirical interest in the uniquely positioned ‘vaccine court’ in the USA), we argue that this concept has broader social scientific potential. We suggest that it is an important concept as it directs analytical attention beyond the primacy of vaccine hesitancy as the grounds for social scientific engagement to the broader network of factors that shape how societies maintain high levels of vaccination coverage as well as the full breadth of social forces that threaten vaccination or that may prevent high levels of vaccination coverage. We argue that by looking across the immunisation social order in this way and including dimensions that have thus far been neglected or under-analysed, we can simultaneously reveal the broad social and political nature of vaccines themselves and the societal consequences or impacts that become visible during or after their development and use. Though some of the evidence we draw on is relevant only to the functioning of