



**“The Privilege of ‘Anti-Vaxxers’”**

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### The Privilege of “Anti-Vaxxers”

Despite vaccination rates being lower among minorities in the US, there is a significant number of white people supporting the anti-vaccination movement. These groups who refuse vaccination are collectively known as “anti-vaxxers,” and have consistently generated polarized views in the media. While there are widespread efforts to raise vaccination rates and bring attention to this group, these can lead to a widening of the socioeconomic gap between upper-class white people and low-income minorities. I will be showing how the anti-vaccination movement is driven by white privilege in the US, and how mass media blurs the line between those that choose not to vaccinate, and those that have no choice in the first place. Using critical race theory, as articulated in Patricia Jeudin’s “Race, Ethnicity, and Income Factors Impacting Human Papillomavirus Vaccination Rates,” and connecting it with Jiwei Ci’s concept of poverty in his essay, “Agency and Other Stakes of Poverty,” I will explore how poverty limits minorities’ choice on vaccination. By connecting this to functionalist theory, I will then compare these limitations to the “functions,” or motivations behind anti-vaccination among the upper-class white population which are considered in Matthew Hornsey’s study, “The Psychological Roots of Anti-Vaccination Attitudes: A 24-Nation Investigation.” I will use Gabriela Capurro’s “Measles, Moral Regulation and the Social Construction of Risk: Media Narratives of ‘Anti-Vaxxers’ and the 2015 Disneyland Outbreak” to examine how mass media and social networks

unintentionally obscure the various reasons behind anti-vaccination and reinforce anti-vaxxer beliefs. Lastly, I will use Joseph Fishkin's essay, "The How of Unequal Opportunity" to suggest how we view this systematic inequality, and how we can begin to lessen the consequences minorities face due to vaccination requirements.

Minorities in the US are subject to socioeconomic inequalities that limit their access to resources and participation in social activities, causing them to be more vulnerable to the physical and social consequences of vaccination refusal. In contrast, the privilege of white people in the US allows them to have a choice in participating in social networks and denying the materials that provide them with vaccination and accurate vaccine information. These social networks can increase their vaccination concerns and shield them from the harmful representation of anti-vaxxers in mass media. The mass media isolates those who don't vaccinate their children and places blame on them, leaving minorities misinformed while taking attention away from their struggle to receive proper health care. Emphasizing importance on communication between the health care provider and patient and evaluating how the inability to vaccinate limits a person's choices can begin to address anti-vaxxers' misconceptions and concerns, and let low-income minorities bypass some obstacles that are in place due to vaccination requirements.

### **Why Minorities are Undervaccinated**

Critical race theory recognizes how socioeconomic barriers prevent or deter minorities from completing vaccination. In Jeudin's study relating HPV vaccination to low-income minority females, "Black and Latina, low-income, urban, and publicly insured adolescents initiate HPV vaccination at equivalent or higher rates than do their white, higher-income counterparts," yet complete the HPV vaccination series at lower rates (Jeudin 25). Ashley

Gromis and Kayuet Liu provide insight on why this is the case: “Low SES [socioeconomic status] and ethnic minority parents have more vaccine safety concerns than high SES parents,” which suggests that the reasons for incomplete vaccination among minorities can be tied to the personal beliefs and concerns of the parents (Gromis and Liu 7065). However, Jeudin’s study observes, “Over 70% of black mothers support HPV vaccination, and studies examining parents’ intention to vaccinate their daughters found no racial differences in levels of parental support for vaccination” (Jeudin 25). While low-income minority parents hold more safety concerns than their better-off white counterparts, the majority of these parents either support vaccination, or at least recognize the importance of it despite their personal concern. As such, there are socioeconomic factors beyond personal concern that prevent these parents from going through with the vaccinations: “These issues are often more common among low-income and minority women who may have limited English proficiency or low health literacy, hold unskilled jobs with inflexible work hours, or have limited child care options” (Jeudin 31). Due to the lack of material resources to combat these factors, low-income minorities experience what Jiwei Ci describes as “subsistence poverty,” where they are unable to meet their “purely physical needs” (Ci 126). However, in a society where income and social status are closely linked, material deprivation also impacts social participation in activities that maintain respect by the community through moral regulation. As vaccination is not mandatory throughout the US, yet plays a large role in both personal and public health, it then becomes what Gabriella Capurro describes as a “social responsibility,” where people must choose to act in alignment with the morals of the community and deter themselves from risky, immoral behavior. Thus, low-income minorities who cannot get vaccinated not only suffer from subsistence poverty, but are also looked down upon due to moral misconduct, causing a downgrade of respectable status that Ci calls “status

poverty.” This impact of both subsistence and status poverty limits low-income minorities’ opportunities to specifically obtain vaccination resources as well as escape from these poverties.

The lack of access to accurate vaccination information for low-income minorities can easily lead to false information, especially when their poverty prevents them from reaching out to their health care providers. The systematic inequality that low-income minorities suffer from adds obstacles that impede them from scheduling appointments with their health care provider and having effective conversations that address both their economic and medical concerns. In cases where a provider is inaccessible or inadequate, the information they gather at home with the resources available to them plays a crucial role in forming their vaccination beliefs. In Moran’s study which measured the use of health information sources among different ethnic groups, she found that “[t]he Internet (mentioned by 74.2% of participants) was the most popular source of health information,” including for African Americans and Mexican Americans (Moran 149). The passive encountering of information through the Internet makes these groups vulnerable to “misinformation,” which Yochai Benkler defines as “[c]ommunication of false information without the intent to deceive, manipulate, or otherwise obtain an outcome” (Benkler 37). While “disinformation” (the spread of intentionally misleading information) can also play a role in influencing anti-vaccination ideals, it should be noted that the anti-vaccination movement is “not pervasively populated by intentional, well-organized, and well-resourced actors” (Benkler 38). In other words, the population of “anti-vaxxers,” in reality, represents a wide range of vaccination concerns and sentiments. The majority of the people that don’t get vaccinated, which are low-income minorities, lack the information and resources needed to form an opinion and express intent to spread a certain message on vaccination to an audience. Therefore, the ability of health care providers “to recognize these gaps in knowledge and provide appropriate counseling

to dispel all misconceptions surrounding HPV vaccination” and vaccination in general is of utmost importance (Jeudin 32). This also holds true for patients who do have a variety of information sources available to them, but deny these resources in order to explore anti-vaccination ideals.

### **How Anti-Vaxxer Beliefs are Reinforced in White Communities**

In contrast to minorities, high-income white people experience the privilege of having better access to a health care provider and vaccination. Their privilege allows them to deny these resources and instead flock to communities that align with their beliefs. This is demonstrated in Gromis and Liu’s study, which attempts to find the factors affecting “large exemption pockets,” areas with a higher concentration of children who have non-medical vaccination exemptions or personal belief exemptions (PBEs). Gromis and Liu observed that “racial homogeneity, measured by non-Hispanic white, has a uniquely strong association with large PBE clusters” (Gromis and Liu 7070). While these clusters of white people may experience socioeconomic advantages that provide them with adequate health care professionals, this distinction doesn’t stop them from feeding off of the fear of vaccination in their community and feeling the need to seek out information for themselves, especially when they can afford the means to do so. The choice of high-income white people to deprive themselves of vaccination does not pose as much of a risk to their physical or social condition, since they are more equipped to deal with any physical needs or consequences, and partake in social activities with the communities that they choose. As a result, anti-vaxxers “tend to spend a relatively large amount of time seeking information on the Internet about vaccinations,” where they can then develop online communities that further spread misinformation (Hornsey 307). As Frank Bruni says, the Internet “lets them customize their input and thus tailor their reality,” making it “very difficult for people,

no matter how well educated they are, to parse what's the wheat and what's the chaff on the internet" (Bruni 3). These people that are privileged enough to have access to correct information on vaccination yet choose to dive into other sources demonstrate what Ci calls "agency." They have the option to make choices in pursuit of something they view as beneficial or morally good, gaining respect from the communities that they willingly invest in and forming an impression of moral and social superiority. Separate from "confirming" their suspicions within their community, their agency allows them to internally rationalize their own reasons for vaccination refusal and feel more qualified to form their own ideas of vaccination without reliance on a health care provider. Through functionalist theory, Hornsey describes these reasons as "attitude roots": "the underlying fears, identity issues and worldviews that motivate people to embrace the surface attitudes" of anti-vaccination (Hornsey 308). Social networks create an outlet for these attitude roots to be shared and emphasized. Even when faced with scientific evidence, or looked down upon by the public as they have done toward minorities, high-income white anti-vaxxers' belief that they are choosing to refuse vaccination in pursuit of a morally correct life along with the support from their communities acts as a shield to inferiority and public shame, while low-income minorities experience the full effects of it.

While social networks of white populations can increase anti-vaccination sentiments, media representation can further isolate both white anti-vaxxers and minorities. The oversimplification of the factors contributing to anti-vaccination in the media not only further alienates anti-vaxxers but also makes it more difficult to address "vaccine hesitancy" (when people choose to discontinue or deny vaccination.) The panic expressed through media discourses on anti-vaccination and public health lead to a strong amount of blame and moral responsibility being placed on the anti-vaxxers. The range of concerns that vaccine hesitant

individuals express become a “biomedical and moral risk” which “can produce harmful representations that stigmatize certain groups” (Capurro 28). While vaccine hesitant parents do pose a threat to the health of the population, the media’s language prevents further discussion of why anti-vaxxers express hesitation in receiving shots, and instead label them as the enemy. Bruni’s decision to refer to anti-vaxxers as “pitiable sheep” and calling them not just a “public health crisis” but a “public sanity one” is just one of several examples that influence public opinion and contribute to moral panic (Bruni 2). Furthermore, the desire to place blame on a specific group leads to the attempts to label the anti-vaxxers with a distinguishable identity, but (as previously stated by Benkler) the anti-vaxxer group is not a “well-organized” group with a sole intent of spreading anti-vaccination sentiments. In reality, ““anti-vaxxers’ exist across social classes, racial groups, education levels, and political affiliations,” and the reasons behind their choices are tied to both socioeconomic systems and psychological attitudes (Capurro 39). The generalizing of those who avoid vaccination causes low-income minorities to have no support when attempting to escape their poverty, and pushes high-income white people to bond even more with their anti-vaccination communities.

### **The Harmful Effects of the Anti-Vaccination Movement**

The inability of minorities to get vaccinated as well as their underrepresentation in the media widens the socioeconomic gap because of the disproportionate effects that they experience compared to white anti-vaxxers. Reva Singh discusses the consequences of not getting vaccinated, which include “being denied from all public schools, and most private schools” (Singh 12). If subsistence poverty prevents low-income minorities from getting their children vaccinated or paying for their children to go to a private school that allows vaccination exemptions, their children are at risk for receiving no education, which affects their opportunities

for the future. This situation is a characteristic example of Joseph Fishkin's concept of "bottlenecks." The different paths and choices available to a person throughout their life become dependent on certain qualifications that they must fit in order to have access to more opportunities. These qualifications are "bottlenecks" in the sense that they are "narrow places" that not all people can pass through, but it is inevitable that the privilege of white people helps them pass through these points or bypass them (Fishkin 30). In the case that Singh describes, vaccination serves as a bottleneck that provides access to education, which opens up the opportunities to go to college or get a decent job. Low-income minority children that cannot vaccinate have a lower chance of passing through this bottleneck, meaning there is a higher chance that they won't attend a competitive college or receive a high-paying job. On the other hand, high-income whites can more easily afford to find a school that doesn't require vaccination, and arrange transportation or even move to that area, or pay for their children to attend a private school, letting them bypass the vaccination bottleneck. This situation provides one example of how having vaccination as a bottleneck perpetuates minorities' poverty and contributes to the socioeconomic gap between them and white people, and with the added presence of legal and financial penalties for not getting vaccinated, the impact towards minorities becomes immense. Despite the need for mass media to raise awareness on this pressing issue, mass media "arguably contributed to further polarizing of the vaccine debate by obscuring the complex and varied political, economic, and social causes for decreasing rates of full immunization coverage" (Capurro 41). Minorities end up experiencing a combination of subsistence poverty, status poverty, and agency poverty, where they not only lack the ability to get treated, but are also deprived of their choice, along with recognition, and opportunities that would benefit them in the future.

Aside from how the vaccination bottleneck will affect low-income minorities over the course of their lives, the tendency of white anti-vaxxer people to be locally clustered poses a more immediate danger to public health. Having clusters of unvaccinated children threatens “herd immunity,” which is “used to explain how vaccinating a certain percentage of the population helps to prevent the spread of an infectious disease through that group,” that percentage being known as the “threshold number” (Singh 22). Singh continues, “If the number of individuals immunized falls below the threshold number of a particular disease, the population will be in danger should that disease be introduced” (Singh 23). The threat of these white anti-vaxxer clusters that Gromis and Liu observed raises health concerns for the general public, which contributes to moral panic that becomes magnified by mass media. Capurro states, “Media not only actively participated in the construction of a health scare bordering on moral panic, it also provided a venue for denouncing parents who hold anti-vaccine views as a broader threat to society” (Capurro 40-41). This, once again, takes attention away from minorities’ struggle and instead demonizes them despite having no other options. In fact, low-income minorities are arguably more vulnerable to these clusters, as they may not be able to afford moving to a safer area or maintain their health if affected. Therefore, specific forms of intervention need to be developed that change the mindset of anti-vaxxers as a public threat and effectively address their concerns.

### **Social and Psychological Interventions as a Solution**

When we turn our backs on anti-vaxxers, they dive deeper into the social networks that reinforce their beliefs and prevent minorities from getting the resources they need to get vaccinated. Improving communication between the health care provider and the patient can give minorities the opportunity to voice their concerns, and allow public health care officials to reach

through to the tight-knit anti-vaccination communities. Hornsey suggests the “*jiu jitsu* approach,” in which “the goal of science communication is to align with people’s underlying fears, ideologies and identities, thus reducing people’s motivation to reject the science” (Hornsey 312). Singh’s approach supports this kind of communication, stating, “In addition to recognizing that vaccines are not common knowledge, medical providers need to recognize that some patients may experience cognitive dissonance based on their personal experience with illness or vaccines” (Singh 90). With misinformation having such a large impact on vaccination ideals, health care providers must learn to adjust to the amount of knowledge that each patient has on vaccination and be able to advise them without invalidating their emotions. Displaying superiority in scientific knowledge and attempting to disprove the beliefs of the patient could backlash by giving the patient a stronger desire to deny the evidence or retreat to their social networks for support. Instilling fear into them on the consequences of denying vaccination can contribute to moral panic, and would be inconsiderate of the fears of minorities who face socioeconomic barriers to vaccination. Conversations require patience in order to develop trust and understanding between the patient and provider.

While improving the relationship between the health care provider and the patient can provide the patient with accurate vaccine information and begin to break down the anti-vaccination arguments that anti-vaxxer communities are founded upon, institutions should work towards providing ways to equalize the effect of vaccination bottlenecks between high-income whites and low-income minorities. .Melanie Rozbicki suggests taking legal action: “The proposed solution is for states to eliminate the religious and personal beliefs exemption, to boost herd immunity levels back to the recommended threshold, which a state has a compelling interest to protect the public’s health and safety” (Rozbicki 152). Taking away these exemptions would

prevent white anti-vaxxer clusters and supposedly boost herd immunity. However, the decision to take away these choices of being exempt from vaccination does not appeal to patients' (or their parents') desire to have an active role in expressing their beliefs and deciding whether to get vaccinated. Taking legal action without proper discussion of the reasons behind the anti-vaccination movement can lead to greater distrust among anti-vaxxers. Gromis and Liu also state, "Banning PBEs could also concentrate unvaccinated children in independent study schools," unintentionally threatening herd immunity (Gromis and Liu 7070). Then, if restricting the actions of high-income anti-vaxxers cannot address these socioeconomic inequalities, public health officials should work toward giving agency to low-income minorities by lessening the severity of the vaccination bottleneck. In other words, social institutions must determine how and when vaccination limits a person's ability to pursue certain paths for their benefit (such as pursuing an education), and develop ways that lessen vaccination's influence on the opportunities a person has or the choices they can make. If minorities are provided with the resources to pass through or bypass these bottlenecks and take away their agency poverty, they can experience greater participation in social activities where "no one criterion stands as the bottleneck through which all must pass if they hope to pursue most opportunities," improving their status poverty (Fishkin 36). Ci continues, "And in the absence of agency poverty (and of status poverty as a potential cause of agency poverty), subsistence poverty is a lesser and, just as importantly, a more easily resolvable evil" as minorities have access to a wider range of opportunities that improve their socioeconomic condition (Ci 150). Methods such as these require more strategy and improvement of communication, but can help to redistribute agency more equally and persuade those that refuse vaccination or are vaccine hesitant to trust accurate information provided by their health care providers. It can then be easier to target social

networks, and further open up more constructive discussions that consider the different racial and socioeconomic groups being affected by the anti-vaccination movement in the media.

## **Conclusion**

The anti-vaccination movement is complex in the way that its anti-vaxxers consist of a variety of people that are under the influence of various socioeconomic systems as well as personal and interpersonal ideals. Applying critical race theory reveals how low-income minorities face struggles in obtaining both vaccination and vaccine information, and how these struggles contribute to their low social status and transmission of poverty from one generation to the next. In contrast, high-income white anti-vaxxers use the privileges that low-income minorities are deprived of to rationalize their own beliefs and maintain recognition and superiority. In consideration of functionalist theory, these deeply rooted beliefs push high-income white anti-vaxxers to seek out evidence in their favor and join social networks for validation and respect. Despite the media's effort to discourage anti-vaccination, it fails to provide assistance for minorities or weaken these anti-vaccination networks. While improving vaccination rates are important, recognizing how the requirement and societal pressure to vaccinate breeds a more stubborn anti-vaxxer communities and traps low-income minorities in a state of poverty provides insight that can be used for other projects of moral regulation and societal intervention.

Developing inclusive methods of communication between patient and provider could reduce the need for such intense forms of moral regulation through mass media, possibly working towards fostering a more knowledgeable public opinion rather than one based on fear and panic. The question of how institutions will decrease the severity of their vaccination bottlenecks and to what extent (keeping a balance will be essential to protecting herd immunity)

requires further research and thorough discussion between public health officials and health care experts. While encouraging communication and lessening the effect of the socioeconomic constraints on minorities can bring more awareness to socioeconomic inequality within the health care setting, this is much harder to do on a societal level, and altering the opinions regarding white superiority require a more comprehensive effort over time. However, these can help open the discussion on how white privilege and systemic inequalities connect to produce an immense, perpetuating impact on marginalized populations.

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