

CORONAVIRUS

Before You Engage A Vaccine Skeptic, Here's What You Need To Know

Addressing anti-vax beliefs or hesitancy means listening first, then meeting someone where they are.

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Addressing vaccine skepticism involves first understanding the context of a person's doubts.

For a vaccine to be effective, people need to actually get vaccinated, but many Americans are distrustful and hesitant about vaccination safety and efficacy.

Take the ongoing development of a coronavirus vaccine, for example. There is not yet a COVID-19 vaccine authorized for public use in America, but if there was, a significant number of people would be reluctant to get it: 1 in 3 Americans said they would not take an FDA-approved COVID-19 vaccine if one was available to them today at no cost, according to a [Gallup poll](#) from July and August.

Although there is no COVID-19 vaccine we can evaluate to judge whether these concerns are well-founded, there is one for influenza, and [flu vaccination season](#) is here.

season, which makes the shot necessary to get on an annual basis, but adults often skip it. Only [34.9%](#) of adults between ages 18 and 49 were vaccinated during the 2018-2019 flu season in the U.S. As a result of this low participation rate, some scientists fear a “[twindemic](#)” later this year of the coronavirus and the flu.

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When you hear a family member talk about how all vaccines are fake, is there any use in engaging? If your friends want to skip the flu vaccine, should you have a conversation with them about why that is? Here are principles to keep in mind when engaging with the vaccine skeptics in your communities.

1. Before you judge, listen to what the concerns are.

Public health experts and epidemiologists agreed that dismissing someone’s questions and calling their vaccine skepticism dumb will not get you far.

“You want to understand where they’re coming from first and not shut them down,” said Lois Privor-Dumm, director of

vaccine Access Center at Johns Hopkins University. Dumm is one of 23 nationwide experts that produced a [report](#) for Johns Hopkins on how to ready communities for a COVID-19 vaccine.

“We need to recognize that people have many needs. Vaccines are not always their priority,” Privor-Dumm said. If a person does not feel like their basic needs for nutrition and being physically safe are met, for example, that may prevent them from getting a flu shot or eventually a COVID-19 vaccine, she said.

Black Americans sometimes have [lower vaccination rates](#) for the flu and pneumonia than white Americans. They also [reported](#) being more skeptical of a future COVID-19 vaccine than white and Latinx Americans. There are valid reasons for this: Black Americans may experience iatrophobia, or fear of medicine, based on [a long history of involuntary, unethical medical experimentation](#) against them that goes beyond the infamous [Tuskegee syphilis study](#).

Rev. Terris King is a Black pastor in Baltimore who is also a former director of the Office of Minority Health at the Center for Medicare & Medicaid Services. He said his experiences in public health have taught him that many institutions take a paternalistic approach toward Black communities: an attitude that “‘We are here to take care of you, and we are here to empower you,’ as if those communities don’t have power,” King said.

Researchers, laboratory experts and vaccine promoters need to first ask communities, “‘What are your needs from the health

those needs and to be transparent and honest about the environment that we find ourselves in,” he added.

2. Personal, local connections make a difference.

Emily K. Brunson is an associate professor of anthropology at Texas State University and one of the co-chairs of the working group that produced the John Hopkins report on preparing populations for a COVID-19 vaccine. She has [researched](#) how social networks play an important role in parents’ decisions about vaccinating their children.

“Those personal connections actually mattered more than official statements that people might read or what social media might be from people that they don’t know. It really comes down to who people know and what those very trusted people are saying,” Brunson said. “COVID is a different situation, obviously, than parental vaccination, but I suspect the same will hold true – that social networks, those local one-on-one connections, will matter a lot.”

One way to reach a vaccine skeptic you know on a one-on-one level is by fostering empathy. Catherine Sanderson, a psychology professor at Amherst College and the author of [“Why We Act: Turning Bystanders Into Moral Rebels,”](#) said one strategy for changing social norms is to build empathy by communicating what is personally at stake for you with a vaccine.

Sanderson said this could sound like, “Listen, my mother actually is at very high-risk [for this disease]. You may not

mother's life may be at risk.

If you do see vaccine misinformation spreading on social media, you can report it to the individual platform, or have nonprofit public health initiatives like Public Health Projects' Stronger campaign [do it for you](#).

3. The goal is not always to convince that one skeptic, but the people around them.

Sanderson said one question to ask yourself before you engage with a vaccine skeptic is "Are you trying to change that person's view or the other audience members'?"

Sometimes your best option is the latter, and calling out vaccine misinformation one person shares may stop it from spreading. By speaking up, you send a message to everyone listening that "Not everyone thinks vaccines are fake. I should probably be careful before speaking in that same way," Sanderson said.

In its [guidelines](#) for how health authorities can address vaccine deniers in public, the World Health Organization said the goal of engaging is to correct the content and unmask the common weapons that vocal vaccine deniers use, such as fake experts, conspiracies, the misrepresentation and selectivity of facts, and impossible expectations.

If the vaccine denier is using fake experts, for example, WHO tells health officials to point that out by noting that an argument is based on ideas put forward by people "who are not considered experts in the field of vaccine safety and

based consensus among scientists, nor are they representative of public opinion.”

You could also say the majority of Americans are “well aware of the huge benefits of vaccinations for the health of every individual,” according to WHO.

4. Know the facts about vaccines to manage expectations.

Familiarize yourself with how [vaccines](#) and [vaccine trials work](#).

“A lot of vaccines work by giving your body exposure to a little tiny piece of the virus. Because your body has exposure to that piece of the virus, it can learn how to respond to the virus when it encounters it for real,” said Eleanor Murray, an assistant professor of epidemiology at Boston University School of Public Health.

Murray said this is a fact people do not often understand, in her experience. “I frequently have seen people who are actually strongly anti-vaccine say things like, ‘Instead of a vaccine, we should just give people a little piece of the virus.’ That’s actually what a vaccine is,” she said.

Read up on vaccine histories so you can share them. King cited the story of [Onesimus](#), an enslaved African who introduced Boston and the United States to smallpox inoculation. “Many times, our people have a greater sense of pride around something they helped to construct,” King said.

One other fact to keep in mind is that vaccines are not 100%

mean you cannot get sick from the disease, Murray said.

“In order to be approved, the vaccine has to in general work, on average, for the community,” Murray said. “But, for example, with the flu vaccine, it’s a really great year if the flu vaccine works 60% of the time, and in some years, it’s much less than that. But it’s still better than not having a vaccine because at least some proportion of people are going to be protected.”

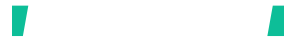
One message that the WHO [recommends](#) when encountering vaccine deniers is being transparent with language like, “Expecting 100% safety is impossible; no medical product or intervention, from aspirin to heart surgery, can ever be guaranteed 100% safe. What we do know for sure is that the risks associated with vaccine-preventable diseases by far outweigh those of vaccines.”

For the development of a COVID-19 vaccine, in particular, remember we still don’t know details.

“Because we don’t have a vaccine, you cannot make any claims of the vaccine might contain this or that, and it could be dangerous,” Murray said. When a person raises this kind of idea, “They’re basically inventing possible concerns because there is no vaccine yet” to evaluate, she said.

5. Look for an ethical leader to be the vaccine messenger.

Consider who is the best person to be sending a message about a vaccine. Sanderson’s research on changing social norms has



Privor-Dumm said people who are concerned about having their community taken into account can be good messengers about a vaccine. As this messenger becomes convinced, they can convince others.

“If you’re not completely on board with a particular vaccine, you want to hear the facts from somebody that you trust, somebody that you know has looked at the data, heard about the vaccine, has a stake in the community,” she said.

As the pastor of Liberty Grace Church in Baltimore, King is one of those trusted community members with a public platform and the knowledge of how vaccines work. He said he would not use his role to convince his community to receive a potential COVID-19 vaccine until he is confident that his questions about it are answered, but he noted it is time for the flu vaccine.

“I don’t want the members of my church and the extended members of my community to get a cold during this flu season,” he said. “I want them at rates never before [seen] to get that flu vaccine.”

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