



THE NATIONAL CATHOLIC BIOETHICS CENTER

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The Rhetoric of “Vaccine Hesitancy”

Journalists and others have increasingly employed the problematic phrases “vaccine hesitancy” or “vaccine hesitant” to describe those who have so far not accepted one of the currently available COVID-19 vaccines. These descriptive terms strongly suggest that the relatively large percentage of the population in the US and several other countries, who are eligible but not availing themselves of the new immunizations, are hesitant, or “on the fence,” and in need of persuasion or even coercion from authorities who know better. “Hesitancy” is almost always portrayed in a negative light in contrast to other possible formulations, such as, exercising prudent reflection or discernment.

Vaccine hesitancy can have a more neutral meaning such as “wait and see,” but generally it is used quite negatively to portray individuals as trapped by irrational fears into inaction or tending towards a “science denying anti-vaxxer” position. Articles [like this one](#), with a more thoughtful and respectful perspective on the unvaccinated, are unfortunately not the norm.

As a bioethicist with a long background in the pro-life movement, I have seen the manipulation of language used as an effective tool of ideologues. The legalized medical killing of preborn children by the millions, sanitized as a positive choice involving only “reproductive rights” or control over women’s bodies, is a masterpiece of this strategy. The first step in every campaign that aims to unjustly discriminate against a defined group is to denigrate and ultimately dehumanize. It was common in the early stages of the abortion legalization movement to unscientifically refer to human fetuses and embryos as “blobs of tissue” or “masses of cells.” I think the voluntarily unvaccinated are being targeted as a growing rhetorical arsenal seems to be employed against them.

The Catholic Church and basic bioethics have great respect for informed consent. It is also plain common sense that every individual should, if possible, make medical decisions only after a sufficient understanding of the risks and benefits of different courses of action. One of the most frustrating aspects of the COVID-19 pandemic, however, has been the scientific uncertainties that accompany it. No one knows all the long-term effects of infection by the virus or the long-term risks or benefits from the newly created vaccines. Reasonable inferences can be made, but honesty compels us to admit that we simply cannot have a very high degree of certainty until sufficient time has passed and good scientific analysis has been done. This is deeply unsatisfying for many people.

The Church endorses the concept of “[moral certitude](#)” when information is incomplete. In most cases we cannot have absolute certainty, so how do we make a moral decision? Unlike the standard of “beyond a reasonable doubt” used in trials to determine the innocence or guilt, Catholics are called to make conscientious judgments based on a preponderance of evidence. There is a possibility of error, but to be paralyzed by indecision because of a lack of absolute certitude is worse.

Mass vaccination is a momentous public health policy and one that is being implemented in a context where the media and public authorities face a crisis of credibility among significant segments of the US population. The fact that the currently available COVID vaccines are new and only have Emergency Use Authorization, and not full approval, adds to the problem. Also, since all the currently available COVID vaccines in the USA have a connection to abortion through abortion-derived cell lines in manufacturing and/or testing, many individuals are determined to wait. At The National Catholic Bioethics Center (NCBC) we have frequent contact with persons who will get a COVID vaccine only when there is one with no ties to abortion. These people are clearly not “hesitant” but rather unwilling to compromise their ethics or consciences.

The NCBC has reiterated what the Church has often reaffirmed. Catholics and all persons are called to discern in conscience, using the best information available and according to their own personal

circumstances, if they should or should not take one of the COVID vaccines. There are many factors that are part of such a decision and the NCBC has provided [guidance](#) to help with personal discernment. There is freedom on this matter and no strict moral obligation one way or the other. At the NCBC, we agree that the best ethical decisions are made “in the moment” based on a good understanding of the facts, when people are not subjected to pressure, or in the grip of powerful emotions. That is why we do not approve of coercive pressure tactics or vaccine mandates, particularly ones without generous medical, conscience, and religious exemptions.

Ethical problems frequently follow as policy makers and other opinion leaders come up with strategies to overcome “vaccine hesitancy.” Information campaigns that disseminate solid information about the benefits of COVID vaccination, and do not overstate the case by claiming a safety level that is impossible to achieve, are a good way to help people discern. Denying access to grandchildren until fully vaccinated is an example of the kind of emotional blackmail that is not acceptable.

Requiring the unvaccinated to take some extra safety precautions can be justified but not banning them from public spaces or the ability to work. There is a fundamental ethical obligation to treat people justly and with charity. We do not want societies to punish people or discriminate against them, even in the name of the good goal of overcoming the pandemic faster. Charity and the common good are best served by addressing concerns and conscientious objections rather than by flexing the coercive powers of the state and other institutions.