

United States: Why don't some people want to get the vaccine? Here's why

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Left-leaning people wonder 'what's wrong' with the unvaccinated. But what if their non-compliance isn't that surprising?

Hospitalizations and deaths from Covid-19 in the US are now driven heavily (although [not exclusively](#)) by the small share who remain unvaccinated. According to the latest CDC estimates, an unvaccinated American is 14 times more likely to die of Covid-related complications as compared with someone who has two doses of the vaccine – and they are 68 times more likely to die from Covid-related health problems than someone who is “boosted.”

Explanations for persistent vaccine hesitancy abound. An increasingly dominant narrative, especially among progressives, is that failure to comply with the directives of public health officials is absurd and must be driven by some pathology or deficit. Among those who subscribe to this worldview, debates turn around identifying the [primary malfunction](#) of “those people”: Are they ignorant? Brainwashed? Stupid? Selfish and apathetic? All of the above? Left off the menu is the possibility that hesitancy and non-compliance may actually be reasonable responses to how experts and other elites have conducted themselves, both before and during the pandemic.

Yet there are many powerful and fairly straightforward reasons people cite for why they are suspicious of authorities, both with respect to the Covid-19 vaccine and other pandemic-related public health guidance. In no particular order:

- The Covid-19 vaccines were developed, approved, mass produced and distributed at [record speed](#). On the one hand, this was a miracle of modern science, state capacity and private sector ingenuity. On the other hand, the rapid process gave rise to questions about whether [proper protocols](#) had been followed and exacerbated concerns about how safe and effective the vaccines would be.
- These rapidly produced vaccines also pioneered the use of “[artificial proteins never seen in the natural world](#)”. Again, a miracle of modern science, but one that left many wondering if there was [sufficient research](#) on possible long-term problems and side-effects, given that the Pfizer Covid-19 vaccine was the first mRNA vaccine ever to achieve full FDA approval in the US and was developed and approved on a radically accelerated timetable.
- During the 2020 US presidential campaign, both Joe Biden and Kamala Harris expressed grave concerns about the “[Trump vaccines](#),” alleging that they may not have been properly developed, vetted, approved or manufactured – and consequently, may not be safe. The Biden administration is now depicting hesitancy around these same vaccines as [irrational and immoral](#).
- In a recent interview, Anthony Fauci [outright acknowledged](#) that he has engaged in “noble lies”

with respect to herd immunity vaccination targets in order to encourage more people to take the shots.

- Pre-Omicron, the vaccines were portrayed as providing more than [90% effectiveness](#) against Covid-19 infection. It turned out that even a two-dose sequence faced precipitous declines in efficacy, dropping to [less than 50%](#) effectiveness several months after the second shot. That is, a two-shot regime ended up at the [low end](#) of what would be considered “effective” at preventing infection at all, which is why we ended up with boosters.
- In the wake of Omicron, even people who have been “boosted” with a third shot are regularly experiencing [breakthrough infections](#). And so, over time, the justification for getting vaccinated has shifted. Rather than being sold as a means of preventing infection altogether, it is now argued that people should take the shots in order to reduce hospitalizations and deaths (the vaccines remain very effective at this). That is, the main benefit of vaccination has been revised down dramatically – from outright preventing infections to reducing *severe* infections – even as people are encouraged to get more and more shots in order to achieve that benefit.
- It was initially reported that a single shot provided great protection, although a booster could conceivably be suggested down the line. Then two shots became the standard to be “fully vaccinated.” Now, according to Fauci, three shots will [soon become a requirement](#) for being considered “fully vaccinated” – and the CDC is urging some Americans to pursue a fourth shot. There does not seem to be a [clear end in sight](#) for how many shots may ultimately be suggested.
- The CDC set a tight three- to four-week dosing schedule between the first and second vaccine doses. Robust evidence has since emerged that [waiting eight to 12 weeks](#) between doses provides much better antibody response, reducing the prospect of breakthrough infections while simultaneously extending the window of high infection resistance. That is, many breakthrough infections people are experiencing conceivably could have been avoided – and perhaps many [unpleasant vaccine side effects as well](#) – had the government been less aggressive in pumping [as many shots, as fast as possible](#), into as many arms as possible. Nonetheless, CDC guidance remains unchanged to this day.
- Each additional round of shots [generates billions](#) for vaccine manufacturers. Pharmaceutical companies have a clear stake in multiple rounds being mandated or encouraged for as many people as possible, in as many places as possible (at [as high a price as possible](#)). They have a clear interest in funding and promoting research suggesting that more rounds of vaccination are needed – and they have been [doing just that](#), while lobbying governments to adopt their vaccines over those of their competitors.
- The CDC receives immense sums of money from big pharma, while [failing to adequately disclose](#) these donations and industry ties, despite obvious conflicts of interest in many of these “gifts.” This was a big problem even [before](#) the pandemic. Yet despite vocal calls for reform, no changes were made – even as donations rapidly increased in the midst of the Covid-19 crisis. Through its affiliated foundation, more than \$100m was [pumped into the CDC](#) by corporations in the fiscal year 2020 alone (not to mention additional donations by anonymous donors and named individuals, foundations or lobbying groups associated with the pharmaceutical industry).
- The FDA approved the Johnson & Johnson vaccine as safe and effective. It [subsequently advised against](#) Americans taking this vaccine due to rare but occasionally fatal side effects.
- According to the [VAERS \(vaccine adverse event reporting system\) database](#), nearly 12,000 Americans have died shortly after receiving Covid vaccines, possibly as a result of side-effects or

allergic reactions from the vaccines. On the one hand, these casualties represent a miniscule share (0.0022%) of all doses given out, and are radically offset by the immense number of lives [saved](#) by vaccination. But at the same time, 12,000 lives are not nothing. There are [many, many](#) towns in the US with populations smaller than that. Nonetheless, people expressing concerns about vaccine-related deaths are often mocked or derided.

- Those who are harmed by vaccines (and their families) are generally not eligible to seek financial recompense. Alex Azar, the Department of Health and Human Services director under Trump, evoked federal powers to [completely shield pharmaceutical companies](#) from being sued should their vaccines produce adverse reactions. A former pharma executive, Azar [retains deep ties with the industry](#) and stood to profit financially from many policies he enacted as a “public servant” that advanced the interests of pharmaceutical companies.

- Over the course of the pandemic, legislators and other government officials have [invested heavily](#) in the stock of vaccine manufacturers, and reaped significant financial windfalls from these investments. Pharma companies have reciprocally [poured millions](#) into the campaign coffers of sympathetic congress members. They have spent [even more money](#) on lobbying in order to expand government purchases of their products and resist efforts to render their drugs more accessible or affordable. And their efforts have been paying off: despite Biden rhetorically endorsing a Covid vaccine patent waiver, the administration [has not followed through](#) with any concrete action on this front. Following aggressive lobbying by the pharmaceutical industry, Democrats [largely abandoned](#) proposed legislation that would have allowed the federal government to negotiate down the price of drugs. All said, lawmakers, government officials and agencies, and pharmaceutical companies have all made vast amounts of cash by [cooperating](#) with one another over the course of the pandemic.

Any of these factors could reasonably contribute to mistrust and non-compliance. And critically, these have just been issues related specifically to vaccines. There have been many similar tensions with respect to authorities’ approach to Covid more broadly. For instance:

- In the early days of the pandemic, the CDC insisted that Americans [did not need to mask](#), and went so far as to suggest that masking could actually be harmful under certain circumstances. They later insisted that everyone should mask in public settings, [even if they are fully vaccinated](#). Mask mandates have proliferated. Cloth masks, once deemed effective, are now proclaimed as [better than nothing](#), but not very helpful.

- Expert modeling and predictions around the Covid-19 pandemic have often been inaccurate. In particular, they tend to wildly overestimate rates of infection, the numbers of deaths, etc, over a given period. There are [good reasons](#) for the models to be skewed in this direction. Nonetheless, aggressive policies justified on the basis of these dire projections have been quite costly for many – from “[lost years](#)” of learning in schools to [devastating financial losses](#) for individuals and businesses and [increased](#) social isolation, mental health strain and substance abuse to [radical increases in antisocial behaviors](#) resulting from a breakdown of social cohesion. These costs have all been borne most heavily by those who were already relatively disadvantaged and vulnerable – populations [already inclined](#) to be skeptical of authorities. Nonetheless, those who express concern about the profound costs of Covid-19 mitigation policies are often [derided](#) as myopic and selfish.

- Statistics on “Covid-19 related hospitalizations” seem to [significantly inflate](#) the number of people who are seeking medical care specifically due to health problems related to a Covid infection (even as Covid-related deaths may be [significantly undercounted](#)).

- While Trump was in office, insinuations that Covid-19 may have originated from a lab leak were widely derided as a [racist conspiracy theory](#) and media content exploring the possibility of a lab leak

was [actively censored](#) by Facebook. Nonetheless, [significant evidence](#) has continued to build [in support](#) of the “lab leak hypothesis,” to the point where senior Biden administration officials now view the lab leak theory as [roughly as credible](#) as the natural origins theory – raising questions for many about why some public officials so aggressively (and prematurely) sought to [suppress and discredit](#) this hypothesis.

- Trump continues to be mocked and condemned for allegedly downplaying the severity of the Covid-19 pandemic. However, many in the expert class and mainstream left-aligned media outlets [did exactly the same](#) thing, and have apparently memory-holed this fact. Article after article insisted that Covid-19 was little worse than the flu (and people arguing otherwise were engaging in hyperbole and speaking well beyond “the data”). Liberals widely lambasted the Trump administration’s [travel restrictions to and from China](#) as both unnecessary and straightforwardly racist. Upon taking office, Joe Biden reimposed some of the same travel restrictions Democrats had previously condemned (on [China](#) and certain countries in [Europe](#) and [Africa](#)) – with the media largely embracing these moves by Democrats as prudent and necessary. Biden has likewise reinstated Trump’s “[remain in Mexico](#)” policy to prevent asylum seekers from entering the US, and has [revived Trump’s rapid-deportation policy](#) with respect to undocumented migrants in the US – citing Covid-19 transmission concerns to justify both policies, just like his predecessor, despite having [previously condemned these same policies](#) as immoral and unnecessary when it was Trump imposing them.

- With respect to all of these matters – possible adverse side effects, the origins of the virus, pandemic modeling, the efficacy of vaccines, masking, lockdowns, travel restrictions – experts and policymakers have been relying on data that was extremely provisional. They were regularly forced to improvise on the basis of their best judgments and theories. Robust efficacy for many recommended interventions and policies had not been empirically established. And, frankly, they got a lot wrong. This is not unusual – it is how science works. The problem, however, is that spokespeople (and “Trust the Science” stans) regularly [concealed](#) uncertainties, [suppressed](#) inconvenient information and [squashed](#) internal dissent in an ill-conceived effort to seem maximally authoritative.

Rather than enhancing confidence among skeptics, these moves often made authorities seem [incompetent or dishonest](#) when they were forced to change their positions. Because the bases for possible reconsideration had been [largely concealed from public view or debate](#), new positions often seemed to “come out of nowhere,” or to be products of material or political considerations rather than public health concerns.

At times there were blatant political double standards with respect to public health guidance. For instance, [religious gatherings](#) or [right-aligned protests](#) were widely lambasted as irresponsible public health risks, even as [left-aligned protests](#) were widely praised by public health officials – deemed not only low-risk, but also necessary. Indeed, many experts chose to very conspicuously take part in these protests, even as they [sought to present themselves](#) as neutral arbiters of “the facts.”

A constellation of scholars, bureaucrats and pundits seem invested in Covid remaining a “crisis” indefinitely. As the political scientist Oren Cass [put it](#), many have been granted more money, prestige and institutional power than they have ever had in the wake of the pandemic. For them, a “[return to normal](#)” would mean a return to being largely ignored and exerting marginal influence over society. It would mean losing new revenue streams they have grown accustomed to, and so on. In light of this reality, it is perfectly natural that many experts, administrators and “talking heads” would be disinclined to return to “normal” – [loss aversion](#) is a powerful cognitive bias. However, recognizing these impulses as banal (rather than nefarious) does not render them unproblematic. They can skew policymaking and expert advice towards continued invasive policies and a continued

sense of panic in ways that are [excessive](#) and [pernicious](#).

Again, any of these factors could easily and quite reasonably generate skepticism about authorities and their advice, including as it relates to the Covid vaccine.

In a world where the experts are regularly wrong but continue to project high levels of confidence even as they change their minds and update their policies, where elite narratives about the crisis often seem to be inappropriately colored by political and financial considerations, where those who share one's own background, values and interests do not seem to have a seat at the table in making the rules – and especially among populations that have a long history of neglect and mistreatment by the elite class (leading to high levels of pre-existing and well-founded mistrust even before the pandemic) – it would actually be bizarre to unquestioningly believe and unwaveringly conform to elite guidance. This would not be a sign of cognitive health.

Put another way, there is [no need to appeal](#) to Tucker Carlson, Joe Rogan, Donald Trump or internet “fake news” to explain why so many have been skeptical of, or resistant to, recommendation by state officials, experts, journalists, et al. As the sociologist Gil Eyal [aptly put it](#), mistrust of authorities is actually not much of a puzzle. Compelling reasons not to trust elites or conform to their guidance are almost innumerable (I barely scratched the surface in the examples above). Perhaps the real mystery, Eyal argues, is trust rather than mistrust, voluntary compliance not rebellion, effective persuasion not persistent doubt.

“Much of the resistance has not been oriented around opposition to vaccines per se, but to mandates, lockdowns and closures”

Overall, the CDC estimates that roughly three-quarters of US adults are fully vaccinated, and 87% have received at least one dose of a Covid-19 vaccine. Outright vaccine refusal, in other words, is relatively rare among Americans (although many seem to have taken one dose of the vaccine and [decided not to pursue](#) second doses or boosters).

And whether we're talking about people who have (so far) declined the vaccine altogether or those who declined to pursue second shots or boosters, most who are vaccine hesitant are not resolutely anti-vaccine. Nor do they subscribe to the eccentric theories that get tossed around on the internet and hyped up in the media. Hardcore conspiratorial “anti-vaxxers” occupy a lot of the [public discourse and public imagination](#) with respect to vaccine refusal, but they are not representative of most vaccine-hesitant Americans. Rather than being a “lost cause,” the reality is that hesitant people across the country are stepping forward to be vaccinated in ever-larger numbers.

Likewise, most of the Covid-related “resistance” movements have not been oriented around opposition to vaccines per se, but rather to vaccine mandates and passports and to Covid-19 related lockdowns, closures and masking requirements. That is, they are typically opposed to coercive (and often quite costly, [dubiously effective](#) and [legally questionable](#)) state policies intended to contain the pandemic. Irrespective of whether one agrees or disagrees with these campaigns, it is misleading and unhelpful to conflate these dissenters with “anti-vaxxers,” as many have done.

All said, despite all the significant problems described above, the Covid-19 campaign has actually been one of the [most ambitious and successful](#) rapid vaccination drives in US history. Pockets of skepticism remain. From a public health perspective, this is unfortunate. From a humanitarian perspective, it is often tragic. Yet, it is important to bear in mind that many have legitimate reasons to be apprehensive towards authorities and skeptical of their advice – and it is possible to effectively mitigate their concerns. Most holdouts are persuadable. Indeed, they are being persuaded every day.

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P.S.

- The Guardian. Tue 15 Feb 2022 11.25 GMT:
<https://www.theguardian.com/commentisfree/2022/feb/15/this-is-why-some-people-dont-want-to-get-the-covid-vaccine>
- Musa al-Gharbi is a Paul F Lazarsfeld fellow in sociology at Columbia University. His book [We Have Never Been Woke: Social Justice Discourse, Inequality and the Rise of a New Elite](#) is forthcoming with Princeton University Press. He is a Guardian US columnist.
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