

# The formulation of anti-vaccination mandate views in social work: Unpacking dissent

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## ABSTRACT

**INTRODUCTION:** A feature of the Covid-19 pandemic in Aotearoa New Zealand was the introduction of mass vaccination and vaccine mandates as public health measures to minimise serious illness and deaths. These measures were generally popular, with wide support, and 90% uptake of vaccines across the eligible population. A minority, however, objected strenuously to both mass vaccination and mandates. In a stressful period, this opposition and the unrest generated significant conflict. Social work was not immune to this conflict.

**Approach:** This commentary explores the nature of dissent in social work about vaccines in Aotearoa New Zealand after August 2021, drawing on theoretical explanations of vaccine hesitancy and refusal. Social theory is helpful in unpacking arguments for and against public health initiatives.

**Conclusions:** Opposition to vaccine mandates has been framed as legitimate dissent where freedom and rights are largely conceptualised within a lens of neoliberal individualism. Social work values heavily weigh in on the side of a collectivist public health approach and this does not negate human rights.

**KEYWORDS:** Dissent, Covid-19, risk, knowledge, populism, public health, social work.

A returnee from Australia to Aotearoa New Zealand tested positive for the Delta variant of Covid-19 in mid-August 2021, with the effect being a tranche of new public health emergency measures, with Tāmaki Makaurau, our largest city, in Level 3 and 4 lockdowns for 138 days. At the time of writing, the new Omicron variant is well-established and there have now been approaching 1.7 million cases of Covid-19 with more than 2800 deaths Covid-related deaths. The introduction of vaccine mandates in Aotearoa New Zealand in the spring of 2021 led to many debates about whether these mandates were a necessary public health intervention or an unwelcome authoritarian measure.

The debates did not escape attention in social work where mandates are applied in most health and social work agency settings. Social workers generally supported vaccine mandates. A poll conducted by the professional association Aotearoa New Zealand Association of Social Workers (ANZASW) in November 2021 provided a snapshot of views (ANZASW). The survey was available to social workers over 1-5 November 2021 and there were 1,240 responses. The majority (90%) of social workers were vaccinated or intended to be vaccinated at the time of the survey. Only 6% indicated they would not be vaccinated and 2.3% were unsure they if they will be vaccinated. The results indicated that,

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at the time of the survey, 72% of social workers were required to be vaccinated (59% because of the Covid-19 Public Health Response (Vaccinations) Order and 13% because of employer policies). In response to the question, “Should social workers be vaccinated to work with clients face-to-face?”, 74% supported a requirement for social workers to be vaccinated (58% strongly agree; 16% agree) while 11% strongly disagree, 7.5% disagree, and 7.6% were neutral, or not sure.

The ANZASW subsequently announced its position statement, “COVID-19 vaccine and your professional responsibility” (November 10, 2022). The preamble made the association’s position clear: “vaccination is a critical part of the Aotearoa New Zealand public health response to the COVID-19 pandemic. Social workers should help to protect themselves, the people they work with, and the wider community by getting their COVID-19 vaccination, unless medically contra-indicated” (ANZASW, 2021, p. 1).

### Dissenting views on vaccines

While all public health measures during the Covid-19 have been debated, none have caused the conflict and distress engendered by vaccine mandates and vaccine ‘passports’ (the requirement to show an official record of one’s vaccination status to undertake certain activities). Many health professionals and politicians have expressed shock at the intensity of the anti-vaccine sentiments during this pandemic. In an important thread on Twitter, Tara Haelle noted the following common reactions to challenges to Covid-19 public health initiatives:

—“I didn’t expect so much public loss of trust”

—“I didn’t expect political leaders to eschew public health advice because of ratings/donors/etc”

—“I didn’t expect big swathes of public opposition to vaccines/masks/etc”

—“I didn’t expect people to ignore public health recommendations.”

(Haelle, 5 January 2022, Twitter thread)

Haelle reminds us that social scientists have been grappling with understanding how individuals and groups respond to major threats to health and well-being for many years (see, for example, Haelle, 2019). While Covid-19 is the focus of this article, there are many parallels: big societal threats like climate change, mental health, and smaller ones that have led to guidance and/or legislation such as car seatbelts, domestic smoke alarms, smoking cessation or using sunscreen. Vaccine hesitancy has been a feature of public health measures and, in particular, parental choice has featured in opposition to the widespread use of vaccines against common childhood infectious diseases with links to social media influencers and the “wellness industry” (Baker & Walsh, 2022).

Sociological scholarship provides useful concepts to seek to explain the ideological origins of opposition to vaccines. Space does not allow a detailed exploration of this social history, but a snapshot of some recent publications may add light to a murky discussion. An article by Alaszewski (2021) from a risk theory lens has explored the ideas of Beck (1992) and Giddens (1990, 1991) to understand the origins of the critical response to current vaccine campaigns which have formed the major component of government responses to Covid-19. This risk theory analysis is grounded in an understanding of “the risk society” (Beck, 1992) in which individuals conduct a “reflexive project of the self” (Giddens, 1991, p. 244) and develop strategies and decision-making about their own protection. Alaszewski noted that both Beck and Giddens observed that seeking to prevent future harm relies on access to knowledge: “to protect themselves, individuals need to access the technologies and knowledge through which they can identify and mitigate risks, a process Giddens refers to as reflexivity” (Alaszewski, 2021, p. 290).

In contemporary society, decision-making is rendered more challenging because there is no one source of authority, but a plethora of experts and expertise (Giddens, 1991). With a rapid change in the volume and accessibility of knowledge, there is “a plurality of heterogeneous claims to knowledge, in which science does not have a privileged place” (Giddens, 1990, p. 2). Rather, the dominance of the natural sciences is challenged, and powerful claims-makers call on distrust of science, often involving ideas of dissent and conspiracy. These calls will often invoke social and cultural tropes that will be attractive to people who are faced with an apparent avalanche of information at a stressful time. In a recent study, Baker and Walsh (2022) used a case study approach to analyse how antivaccine influencers promoted vaccine refusal on Instagram over 2020 to July 2021. They were interested in the commonplace discussions of suburban mothers as proponents of vaccine mistrust. Their findings revealed that:

the maternal is strategically invoked in anti-vaccine content by appealing to three interrelated ideal types: the protective mother; the intuitive mother and the doting mother. These portrayals of the maternal are used to encourage vaccine refusal by presenting hegemonic ideals of the ‘good mother’ as one who is natural, holistic and authentic; depicting anti-vaccination as a feminine ideal to which mothers ought to aspire. (Baker & Walsh, 2022 p. 1)

While responses to this current threat are complex and influenced by many factors (and actors) it is important to remind ourselves of the structural context of responses to the pandemic. Pentini and Lorenz (2020) remind us of the risks of ongoing division and inequality as the Covid-19 pandemic rendered more vividly starkly the social, economic, and political divisions already present in our societies. Garrett (2021) noted the virus did not arrive in a vacuum—it came with a “pre-existing condition: it was, and is, largely structured

and driven by the imperative of the global ruling class” (2021, p. 224). We have seen how health disparities in Aotearoa New Zealand have been writ large on the daily statistics.

The literature abounds with research and commentary on how particular populations have been impacted: see, for example, Tipene-Leach et al. (2021) on children and whānau and food security; Cousins (2020) on the effect on women and girls; Cox (2020) and Morgan et al. (2022) on older adults; Ratuva et al. (2021) on Pasifika communities, and Dawes et al. (2021) on Kaumatua.

While Garrett’s book on dissent (2021) was written a little too early to have witnessed the rise of the sometimes violent anti-lockdown, anti-vaccination/anti-mandate protests and occupations that were to come in 2022, he characterises both the public health approach to Covid-19 and its opposition as reflections of two different kinds of neoliberalism. The public health campaign, with its focus on widespread measures aimed at minimisation of infections represents the form of neoliberalism that favours some interventions in the market in order that capitalism does not “self-destruct” (p. 225). The New Zealand social democratic government has taken that tack, albeit dressed up with the kindness trope and frequent exhortations to the collective solidarity of the “team of five million”. The opposing forces on the other hand, while led by a somewhat rag-tag band of conservative petit-bourgeois small business owners and seasoned far-right activists have reflected a more anarchic form of neoliberalism, at the edges straying if not galloping into libertarianism. Loosely, the “let it rip” approach has emerged since the beginning of the pandemic with evidence of initially cynical attitudes to national and international health bodies and then increasingly vocal opposition to mandates such as compulsory mask-wearing. Penetini and Lorenz (2020, p. 549) note that this opposition brings together some unlikely political views:

It seems that for classical liberals the state is suddenly massively “back in” collaboration with commercial digital giants to introduce ever more pervasive (and often invasive) social control measures. The protests which sprang up against state-ordered restrictions represent a confusing mix of what used to be left and right political concerns.

In Aotearoa New Zealand, opposition to Covid-19 policies deepened between mid-2021 and early 2022 despite most parts of the country having relatively light restrictions in comparison to Auckland. In 2020-2021, most of us could not foresee the intensification of these critiques which, inflamed by populist leaders, would create the mass protests of early 2022 and the sporadic but not insignificant verbal abuse of people wearing masks and following health guidance. At the time of writing, the New Zealand government has abandoned vaccine and mask mandates for key sectors and removed border restrictions, despite significant case numbers and deaths. Protests continue, even though most restrictions other than mask wearing in public transport and health settings have gone.

### **Dissent, human rights, and attitudes to vaccine mandates**

When announcing the “call for papers on dissent” for this issue, one social work commenter on social media saw this as ironic given social work’s general support for mandates. The implication being that an anti-mandate stance was dissent while presumably support for mandates was a form of compliance with the state and challenged individual rights. Social workers who have opposed vaccine mandates have claimed (on social media and in private communications) that vaccine mandates violate individual human rights. In opposition, they thus claim to offer a dissenting voice. However, Garrett (2021, p. 7) helpfully clarifies that all dissent (as oppositional practice) should not be

“fetishised or unequivocally supported and valorised”. The proponents of the anti-mandate arguments have asserted that vaccine mandates are dictatorial and tyrannical, and thus social workers who do support mandates are unethical.

In this opposition to vaccine mandates are social workers fetishising dissent or defending human rights? It is not straightforward. There is undeniably a real tension between a population/public health gaze and the individual choice position. Something that is obviously good across the general population may be seen to carry a different set of risks and benefits for each individual. Vaccination across a population clearly saves lives generally, but the personal risks and benefits of being vaccinated differ. This shapes decision-making too, and to consider the effects on people as individuals does not necessarily mean they are by default selfish, but rather that each decision does differ in important ways from that of a state or other governing body. People as individuals carry the risks of any adverse reactions, not the government, with its whole-population focus. On the other hand, it can be argued that individuals also bear the consequences of a pandemic that is allowed to run its course with the inevitable high death rate. We have seen across the world that the burden of illness and death is inequitably borne by people with disabilities and pre-existing illnesses. Logic in such a situation suggests that a utilitarian ethical approach—a focus on the greater good—along with some protection of the most vulnerable is better aligned with social work values. Nor can the role of organised campaigns of mis- and dis-information be ignored (see Hannah et al., 2021) as examples of social workers repeating misinformation were observed on social media and it is surely an ethical responsibility to push back against such harmful communication (Reimagining Social Work, 2022).

Haelle (2019) makes an important point that people who subscribe to an anti-vaccination position are not an homogenous group

and of course, some social workers oppose vaccination because of various beliefs and fears but would support lockdowns and other public health measures. Nor are all people who oppose mandates anti-vaccination. A vociferous minority, however, has linked vaccine mandates, mask mandates and lockdowns together in a libertarian stance that all these measures impinge on our “freedoms”. It is also helpful to remind ourselves that these views are often grounded in liberal-libertarian individualism which does fetishise personal rights, and, more broadly, in contemporary neoliberalism which focuses on citizens’ responsibility for their own wellbeing thus enabling “a radical abstraction of self from social and material context” (Adams et al., 2019, p. 190). So there is significant pressure to valorise individual rights as freedom while framing collectivist approaches as “big government”. Opposing public health measures is an individualistic approach that is steeped in liberalism: the realm of the social is abrogated by the ideal of free will. The occupation of land around the New Zealand parliament in February 2022 contained many disparate political elements but the self-styled “freedom fighters” shared a foundational belief that mandates, vaccination passports, and lockdowns were an unacceptable intrusion into the private lives of citizens and demanded their cessation.

### **Free speech and anti-vaccination views in social work**

As I wrote this article, I encountered arguments that have extended anti-vaccine or anti-vaccine-mandate from a position of critique to a kind of victim status. Those who have opposed mandates and were stood down from or left their employment used phrases like “being forced to have the jab” suggesting physical coercion for having the vaccine; and mental coercion for being excluded from some activities. Yet strangely, many of the same social workers would have been obliged to be vaccinated

in order to gain their current employment. Vaccine mandates are not new. In the 1980s, working in a health setting, I was required to be vaccinated against tuberculosis as it reappeared in Aotearoa New Zealand amongst new arrivals from South East Asian refugee camps. Vaccines are an important part of health and safety in many workplaces for workers and service users.

These critical responses to social work support for vaccine mandates reflect a rejection of a collectivist response to a community crisis. However, any critique (or even gentle challenge) of this rejection of the social response to a public health crisis was countered with accusations of suppression of free speech. Garrett’s position in respect of what is dissent—in the case of free speech—is of great relevance in considering the dynamics of tensions in social work currently. Garrett points out that dissent and social critique, in general, can be appropriated and diluted, or as he elegantly puts it “slyly abducted” (2021, p. 7) When some free speech advocates demand the individual right to utter hate speech or (in the case of anti-vaccine sentiments) to spread mis/dis-information, this can be seen as a fetishisation of a human right. What matters in dissent is the outcome. Dissent that included the street abuse of school children wearing masks or when such expression includes exposing others to harm through mischievous flouting of safety measures can hardly be valorised. It is valid to ask in dissent whose voice is heard, whose is silenced? (Garrett, 2021). Whose personal choice is valued above the ethos of collective welfare and whose is to be removed, and to what end? One person’s freedom to go about their lives without restrictions forces others who are immunocompromised to endure months or even years of virtual house arrest. Who is harmed by free speech without limits? Dis/information costs lives. This is where links between right-wing populism and the anti-vaccination campaigns should cause social workers considerable alarm.

In making the case for collective responsibility, an important point to consider is what are its limits and who defines those limits in this current crisis? People are situated differently in terms of their subject positions when the state decides who should or should not engage in collective responsibility, and in terms of their perceived power (Keddell, 2022, personal communication). Within the context of the settler colonial state of Aotearoa New Zealand, the unprecedented micromanagement of people's freedom of movement felt brutal to many who felt politically alienated. Those who may have already felt powerless, alienated, and socially marginalised might be moved to resist more strongly the perceived imposition of power by the state than someone who already has a strong sense of self-efficacy and control. How do these differences in power relations affect vaccination decisions and discussions of collective responsibility? As early as March 2021, news reports explored *mana motuhake* in Māori hesitancy as linked to ongoing impacts of colonisation, alongside deficiencies in the rollout:

Mana motuhake is about the right to choose for yourself what is right for you and your whānau or family. It is an expression of Māori self-determination and speaks to the value that our people place on having autonomy. It is something Māori hold in high regard after our disempowering experience of colonisation, which stripped us of our decision-making powers. What we are seeing with the coronavirus [vaccine] rollout is what happens when a group of people has suffered intergenerational harm through colonisation and continue to have negative experiences with authority. Many Māori people do not trust authority and will not follow suit blindly. (McLachlan, 2021, np)

It took considerable advocacy on behalf of Māori public health leaders to shift resources and communication strategies to

Iwi organisations. The ensuing flax roots activism and service delivery outreach ensured high rates of vaccination amongst Māori, with similar efforts needed in Pasifika communities. The preponderance of dis/misinformation seemed designed to disrupt communications, engender fear and generate conflict in struggling communities with downstream impacts on the work of Māori health providers:

[misinformation] means Māori have to work twice as hard, and be twice as visible, to combat the issue. That means Māori who are working to protect their communities from covid, and those who are also combatting misinformation or even basic sovereignty that doesn't align with the misinformation movement – are being subjected to threats, harassment, abuse, and acts of violence. (Ngata, 2021)

### Links to populism in the anti-vaccine movement

While individuals might need to change their behaviour in response to risk, and public policy plays on that impetus, a broader Marxist analysis emphasises collective responsibility. This is where Prime Minister Ardern's social democratic urge leads to the promotion of the idealised "team of five million"<sup>ii</sup>. The anti-vaccine movement has significantly fought against that collective approach, drawing on tropes such as "my body, my rights" which, in the abortion debates, makes sense as abortion is a matter of individual choice, with minimal impact on others, but bound by legal restrictions that pander to conservative Christianity which is out of step with the majority opinion. Social workers who fall for this argument have failed to see that while (as individuals) they feel they are resisting technologies of mass control; they are also resisting the socialist urge to find collectivist responses to external threats.

While only a few social workers will go there, the extreme view fed by right-wing populists, lurches into fascism as was

seen in the coalition of the misguided, the misinformed and the malicious manipulators that has been reported in the coverage of the occupation of parliament's grounds in February 2022 (Dalder, 2022), and more recently, in the Stuff documentary film *Fire and Fury* (Stuff, 2022). These coalitions of far-right positions within the anti-vaccination/anti-mandate arena are a prominent feature of the responses to this pandemic (see Baker, 2022). Tensions mount between the more benign "wellness" and opposition to "big pharma" approaches, and the involvement of neo-Nazi groups where the blood purity trope shouts white supremacy. Social workers will resist this overt racism. But some have joined groups that are very close to those malignant movements, in order to find social and emotional support for their isolated stance. We should not be distracted by national and regional politics that would minimise these movements because we think these are only minority viewpoints, because if they are allowed to take hold, they will threaten many hard-won human rights (Ife, 2018).

What we saw develop over spring 2021 to February 2022 in Aotearoa New Zealand is right-wing populism, predicated on preserving and strengthening the rights of dominant cultures at the expense of others. Scratch below the surface of the calls for freedom and racism and misogyny can be found. The misogyny has been overt, particularly aimed at the Prime Minister and other politicians but also in hate speech and threats of violence against women scientists and other academics.

What unites people behind populist movements is often not something positive they have in common, more that they share a mistrust in the elite(s) and see government as being to blame for current frustrations, or they find solace in attacking a common enemy who is seen to be doing the work of a malign state. Given a clear majority of people support the vaccination campaign, including mandates (Neilson, 2021), it is not surprising that those in opposition seek a sense of

community for their dissenting views. Voss et al. (2018, p. 113) argued that, "by tapping into the emotions and frustrations of disenfranchised people, logic and facts seem irrelevant". Rather, use of tactics such as false "facts", dubious sources, outright lies, and "unethical, amoral, and aggressive and discriminatory behaviour previously not tolerated" are all employed when the leaders speak to the understandable anxiety and fears of people, even when those fears have themselves have been created by the repetitive promulgation of false explanations.

It is important that social workers unpack the ideological confusion that is present in many of the calls for "freedom". A particular example is the use of the slogan, "my body my choice", which exemplifies the "muddled messages from populist leaders whose ideological base is as slippery as an eel, but fundamentally rooted in right-wing beliefs" (Beddoe, 2021a, p. 2). Reich (2017), well before the Covid outbreak, explored how two different public health examples (vaccination and family planning) challenged "the meanings of individual choice and the role of the state in shaping access to choice" (p. 50). Reich noted the significance of privilege, in that access to private resources permitted individual choice in ways unavailable to low-income families who, in turn, are also subject to more state surveillance when seeking public funds or services. These are important debates for social work. Should the state, directly or through funding contracts, demand that people who receive services use long-acting reversible contraception for example? Does this requirement, potentially viewed as benign coercion, in fact deny reproductive rights and justice for women (Beddoe, 2021b)? I return to the position that vaccine mandates aim to support a collective response to a public emergency, while forcing a contraceptive choice on people who are already denied agency in other aspects of their life embodies misogynist surveillance. These policy responses are not the same thing, and they do not have the same targets.

It is also important to note that there is much ideological slippage in the rhetoric we have seen recently as Voss et al. (2018) assert populist leadership “highlights the deficiencies of contemporary democratic systems and claims that he [sic] will fix them in their favour—*sometimes by disposing of political processes, limiting human rights* [emphasis added], and appealing to specific forms of nativism over universalism and globalism” (p. 113). Many of those arguing most passionately for bodily autonomy in the media for example, are on record as opposing abortion and supporting “conversion therapy”. Vaccine concerns do not align with other rights-based arguments such as abortion rights. As noted above, the decision to have an abortion is a private decision. Bodily autonomy and consent are vital. State policies that ban abortion force the state of pregnancy and childbirth on individuals with severe consequences. Anti-abortion laws force bodily consequences on the pregnant person’s body, with no concern for their rights, but we do not physically force people to donate organs or blood or have invasive medical treatment (Beddoe, 2021b). And, of course, despite the rhetoric of the anti-vaccination campaigns, no country has physically forced people to be vaccinated. Rather there is a continuum of mandates from mild (Covid-19 vaccine mandates for frontline health workers, who already have to satisfy vaccination requirements) to draconian requirements where people are not allowed to leave their homes if unvaccinated.

## Conclusions

This commentary has argued that opposition to vaccine mandates has been framed as legitimate dissent where freedom and rights are largely conceptualised on a continuum from neoliberal individualism to libertarianism. The waters of such dissent have been seriously muddied by the unhealthy coalition of right-wing libertarian and neo-Nazi groups and their malign ideologies. Social theory has been helpful in unpacking arguments for and

against public health initiatives, including the importance of understanding that many groups in Aotearoa New Zealand society, especially Māori, have legitimate questions and concerns about the incursion of state powers given their experiences of ongoing neglect and oppression. Social work values, however, heavily weigh in on the side of a collectivist public health approach. This does not negate human rights provided every effort is made to support all our people through culturally responsive and properly resourced public health systems.

As Covid-19 has spread its tentacles, in the Delta outbreak of 2021 followed swiftly by Omicron in 2022, we have seen at close quarters how existing inequalities and tensions in Aotearoa New Zealand society have been intensified. Garrett (2021) argued that the principles set in the International Federation of Social Workers definition of social work (IFSW, 2014) should guide us through the ongoing crisis: social justice, human rights, collective responsibility and respect for diversities. We have seen how inequities are revealed in the health disparities in many communities we work with in Aotearoa and elsewhere (Cox, 2020; McLeod et al., 2020; Morgan et al., 2022; Ratuva et al., 2021). As the events of February 2022 have shown, there are many manipulators of vulnerable people and in facing this vexed discourse as educated social workers, let us explore the best evidence, be guided by science, and ultimately support public health measures for surely, in a public health emergency this is where we need to hold tightly to our collectivist values while recognising the tensions between individual perspectives and social good.

What remains to be addressed sometime soon is how to move forward. Pentini and Lorenz (2020, p. 549) capture this challenge neatly: “The underlying dilemma of the present confusion is how to combine social solidarity with personal freedom, dependency on others with autonomy, and bring the constitutive and unresolved tension contained



in modernity ... to a critical point." It is vital for social work to remain critically engaged in building progressive social movements to counter right-wing populism. The disturbing growth of a populist social movement we have seen as anti-Covid-19 measures morphed into right-wing fundamentalist Christian coalitions goes beyond neoliberal individualism, instead signifying a deeply concerning shift toward more virulent, activist strategies to suppress the rights of others and undermine the capacity and authority of elected governments. This noxious and dangerous movement has feminism, anti-racism, decolonisation struggles, the rights of all genders/sexualities, and climate change activism in its sights.

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### Notes

- i During the lockdowns of 2020-2021, the Prime Minister frequently exhorted citizens to "be kind" and, "we're all in this together" or "he waka eke noa" in te Reo Māori.
- ii The Prime Minister also drew upon the idea of our population of five million as a team, fighting Covid-19 together.

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