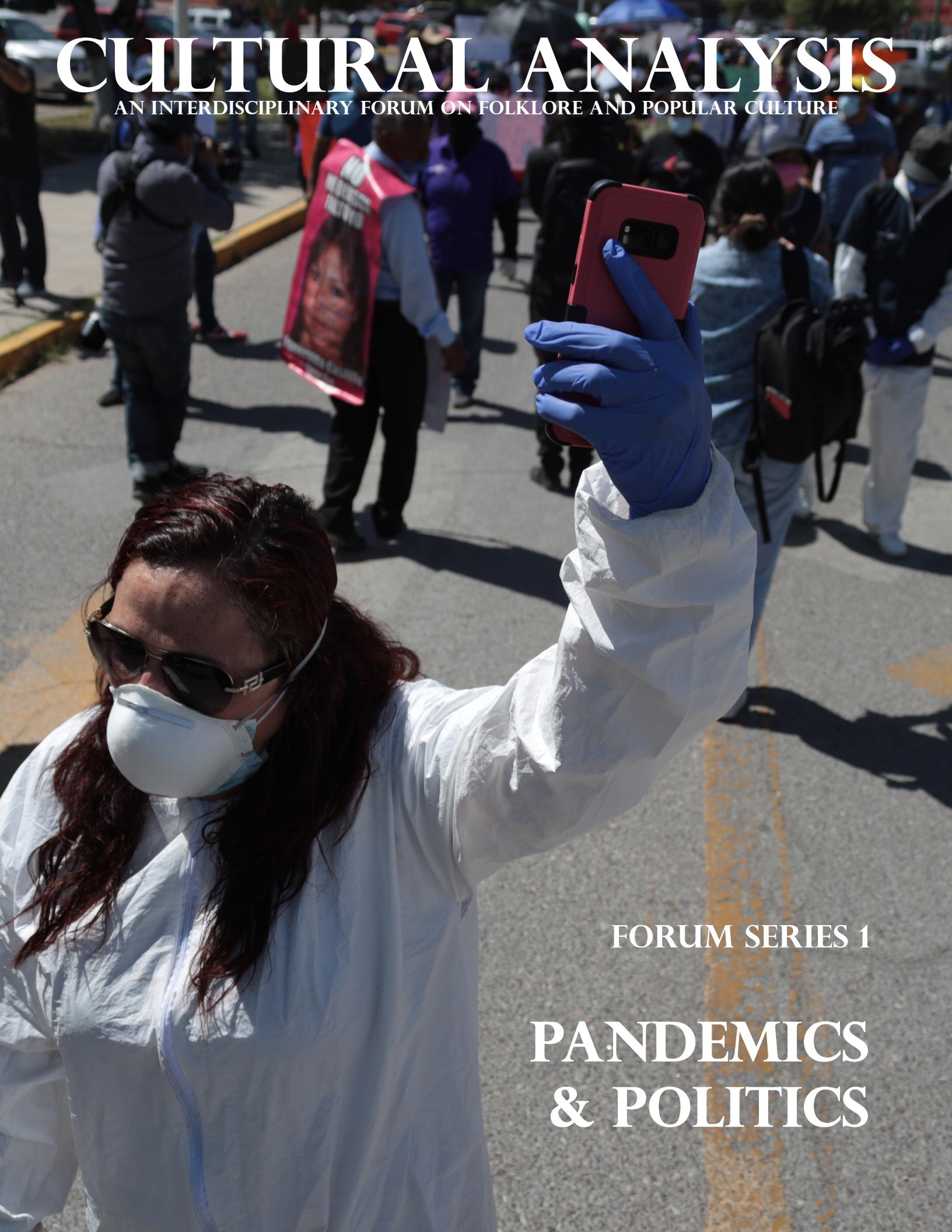


CULTURAL ANALYSIS

AN INTERDISCIPLINARY FORUM ON FOLKLORE AND POPULAR CULTURE



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Essay

God is My Vaccine: Religious Belief and COVID in the United States

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During the COVID-19 pandemic, many outspoken religious groups declared that they didn't need masks or vaccines because they were protected by God and the immune system He designed. This conflict between science and religion is not new but highlights one area of vaccine hesitancy that is often misunderstood. In this essay, I'll explore the logic and belief of the intersection of religion, freedom, and the COVID-19 vaccine. In media interviews, when I've been asked about religious vaccine hesitancy, most outlets have assumed that smaller groups, such as the Amish or Jehovah's Witnesses, are the most likely culprits instead of larger group like Catholics and Evangelical Christians. Even though the leaders of these denominations support vaccination, their followers often use otherwise dismissed arguments to justify their personal beliefs, demonstrating themselves as "true believers." Historically, rejecting what church leaders say would have caused rejection from the group, however, in this brave new world, individuals justify their personal belief systems over the official belief systems.

In January of 2021, during a conversation with an acquaintance, I mentioned that my husband had just received his second dose of the COVID-19 vaccine: as a critical care physician and pulmonologist he was a clear candidate for being one of the first in our region to get it. Her immediate response was to ask me if he had received "one of those dead baby vaccines." I was initially surprised at the response, but I immediately knew what she was referencing: it was a common belief among anti-vaccinators that vaccines contained fetal tissue from recent abortions. This is a complete misinterpretation of the manufacturing process, which may or may not include, depending on the vaccine, a cell line harvested in the 1960s from aborted fetal tissue. Knowing that my acquaintance had all her standard vaccinations, voted Democrat, and identified as Christian, I told her I wasn't sure, that I was just relieved that he finally had a vaccine to protect him, and that I would be glad to take any vaccine available to me. She agreed that she was also looking forward to being vaccinated, but hoped it wasn't a "dead baby vaccine."

This story is a perfect example of how complex vaccine hesitancy and refusal can be and how easy they can be to misinterpret. At first, I assumed my acquaintance would not be getting one of the COVID vaccines because of her stance on abortion, but instead she was willing to be vaccinated, but hoped it wouldn't be one from that cell line. Throughout this essay, I attempt to understand both the religious and non-religious beliefs of individuals regarding vaccination, which may or may not be tied

to official or vernacular religion, but that are still part of an individual's belief system and therefore crucial to understanding their concerns.

Vaccine hesitancy is a complicated issue entailing more than just a binary acceptance or rejection of vaccines. Some vaccine hesitators refer to themselves as *vaccine safety advocates*, which may mean that they are inclined to accept some to all vaccines, but express concern about newer vaccines, vaccine production, and/or how adverse events are handled. Others might identify as *vaccine layers*, meaning that they may wait until past the age of recommendation to vaccinate their children, but will eventually vaccinate them or they may modify the vaccine schedule so their children receive their vaccinations one at a time. *Philosophical objectors* question everything from mandatory vaccinations to parental rights, whereas *religious objectors* feel that it violates their relationship with God. Simply painting individuals as either for or against lacks both sympathy and understanding of this complex issue and is a sure way to end any chance of dialogue.¹ A more nuanced approach is necessary, one with knowledge about potential themes and belief systems, but that doesn't assume all members of a group—especially the heterogeneous “vaccine hesitant” community—share the same beliefs. These beliefs, whether or not they are religious, can be deeply held and core to the belief system of the individual. There are many factors at play when it comes to belief systems and while that is important to recognize, in this essay I focus on religious belief and how it manifests and is manipulated in vaccination discourse.

Several major themes of vaccine hesitancy become obvious over time. In my past research (2011) I noted the following themes: vaccination is against God's will and/or nature; the human body could be contaminated by using animal materials and chemicals; mandatory vaccines are a violation of civil liberties; and vaccines are ineffective and/or unsafe. These themes certainly carry over to the COVID-19 vaccine and have also been applied to the related act of mask-wearing. Clearly vaccine hesitancy precedents are happening once again, and it is important to understand the nuances of vaccine hesitancy over assuming a for or against stance if one wants to understand why vaccine hesitancy exists. For example, pictures from anti-masking rallies held in the United States showing people holding signs with “I don't need a mask, God gave me an immune system” and “Christ is King, He is in Control.” Other signs read “My Body, My Choice” and “No untested GMO vaccines,” linking the ideas that God or nature are better than science and that bodily autonomy is important to the participants. Other photos show signs stating, “My faith is in God not Pharma” and “Vaccines are made with aborted fetal cells,” again demonstrating that the previously mentioned themes persist today.

Anti-mask and anti-vaccination memes online also echo these sentiments. Commonly shared images such as pictures of Jesus or Abraham with the phrases like “My father messed up your immune system in the beginning so y'all need to self-isolate and social distance until a man called Bill Gates will come and invent a vaccine for you” and “Everyone listen up, I messed up the immune system, I'm going to need you all to inject foreign materials into your bodies with needles around 1900 years from now.” This is echoed in a statement by a San Antonio, Texas minister, John Hagee, who contracted COVID-19 and survived, giving full credit to Jesus, never mentioning

the hospital staff who cared for him for fifteen days, instead stating, “We have a vaccine. The name is Jesus Christ, the Son of the living God. Let Him sweep through this country and heal the righteous who dare to ask for it” (Nowlin 2020).

Many of these memes and video clips are used online to ridicule believers, such as someone who retweeted a “Vaccinated by the Lord” card with the following traditional joke, “A guy’s treading water in the ocean. A boat comes up and asks if he needs help. The guy says, ‘No, God will save me.’ Another boat comes by and the same answer. A 3rd boat – same. Finally the guy drowns. When he meets god he asks why god didn’t save him. God says ‘I sent you 3 boats.’” (RobbWuddog, 2021). This joke was mentioned again in a comic posted on Reddit which shows a medical professional saying “Moderna?” and a man responding, “No thanks, God will help me,” the following frame shows a different medical professional saying “Pfizer?” with the same response. The third frame repeats this with “J&J?” with the final frame showing a voice from above saying to the man who refused the vaccines “Oy! I sent you 3 vaccines already, what more do you want?” (Edinciville 2021).

While some of those who oppose vaccination are religious, it would be incorrect to say that they are *all* religious. My current and previous research indicates that anti-vaccination sentiment is not specifically tied to religious belief, however, especially when I speak to non-American audiences, the assumption is that religion is always a factor, with the supposition that this is a belief that is often tied to smaller, more extreme sects. While many organized religions are thought to be anti-vaccination, few officially are. Groups commonly associated with religious exemption have little to no official opposition to vaccination. For example: Hindus approve of vaccines, even those made with bovine components; Jews and Muslims approve of vaccines, even those made with porcine components; Buddhists and Jainists have no religious texts which opposes vaccination; Catholics and other Christians approve of vaccines, even those associated with human fetal tissue; the Amish have no opposition to vaccination; Christian Scientists have no opposition to vaccination; Jehovah’s Witnesses were opposed to vaccines, but took a neutral stance in the 1950s and became pro-vaccination in the 1990’s; the Dutch Reform Church does have a formal anti-vaccination stance, which states that vaccines interfere with their relationship with God, yet even that messaging is unclear, as some church officials see vaccination as a gift from God (Grabenstein 2013).

However, not everyone agrees with the official statements issued by their chosen religion. During the COVID-19 pandemic, the Vatican Congregation for the Doctrine of the Faith issued a statement, approved by the pope, that “It is morally acceptable to receive Covid-19 vaccines that have used cell lines from aborted fetuses in their research and production process” (Vatican News 2020).² The Congregation also noted that these cells come from a cell line derived from two fetuses aborted in the 1960s. However, this did not stop individual Catholics from claiming that they would not be vaccinated for religious reasons. Take for example this tweet by Catholic Zealot, “It seems that the Catholics who have accepted the moral liceity of the current COVID vaccines feel the need to justify their choice by name-calling and shaming those of us who refuse to knowing [sic] profit off of the backs of aborted babies. Guilty con-

science?" (2021). Meagan Richmond states on Twitter "Medicine & drugs don't stop a virus infection. Medicine & drugs can only treat symptoms from a virus infection. Jehovah's Witnesses refuse blood transfusions on religious grounds. I'm Catholic so I refuse this experimental drug they call a vaccine on religious grounds" (Richmond 2021). These sentiments reflect vernacular interpretations of core teachings in Catholicism (and much of Evangelical Christianity), with arguments primarily focusing on when life begins and the commandment that thou shall not murder. The faith-based approach of papal approval of the vaccine seems to not matter to some individuals. I certainly encountered people who were relieved to hear that the pope approved of the COVID-19 vaccine, but many of them also stated that they would have gotten it anyway. As Leonard Primiano (1995) pointed out in his article on vernacular religion, there has been a history of scholarship based on the dichotomy of "folk religion" vs "official" religion, which is detrimental to the real beliefs of the individual. Instead, Primiano calls for an inductive approach to generate a "theory of and method for the study of religion based on criteria of religious validity established by the inner experience and perception of the believer" (1995, 40).

A belief system is always individual, yet the knowledge that we should believe in the ideal belief system still exists. On social media, there are many fights about "Cafeteria Christianity" or "Cafeteria Catholicism," a derogatory term which is used against members of the group who reject major teachings in the doctrine, such as pro-abortion Catholics, who purportedly "pick and choose" which beliefs to maintain. While no person believes the exact ideal belief system, this rejection of those who question or reject dogma is clearly an example of how one should speak and behave about their individual belief system when it conflicts with the official belief system. For example, in Christianity, the idea that one is not perfect but is always striving to be better is crucial and making one's own beliefs meet one's perception of the divine is the goal. However, with movements in Protestantism like the Gospel of Prosperity and Evangelicalism, the definition of what makes one a good Christian and what good Christians should and should not do is changing.³

One group, dubbed "Christian Nationalists" by some, seems to be at the center of this debate. Sociologists Andrew L. Whitehead and Samuel L. Perry state that

Christian nationalism is an ideology that seeks to have a particular expression of Christianity be privileged in the public sphere — in the national identity, public policies and sacred symbols of the U.S. It focuses on defining the boundaries of American citizenship, who is (and isn't) a "true" American. Most often, a "Christian America" is one where white, native-born, politically and religiously conservative Christian Americans are at the center of the culture. (Whitehead & Perry 2021)

In their previous research, Perry, Whitehead, and Grubbs noted a strong correlation between racist and xenophobic views of COVID-19 and Christian Nationalism (2021). Additionally, research has indicated that the knowledge of racial health disparities decreases the support of health safety measures in White Americans (Skinner-Dorkenoo, et al. 2022). These beliefs seem in direct opposition to the teachings of the

biblical Jesus, who welcomed outsiders and the less fortunate, cared for the sick and poor, and encouraged others to do so as well (see Coomber 2011; Crossan 1994), but may fall in line with other vernacular beliefs of individuals. These differences in what it means to be a Christian and all the complicated beliefs and social pressures associated with religious belief can be difficult to navigate for many believers.

So, what is a believer to do? Disagreement with official church doctrine to the point of forming new churches, anathema in Catholicism, is a frequent occurrence in Protestantism. When I first moved to eastern North Carolina, someone jokingly told me that most churches in town have the same five or six words in the name, just in a different order than the church they left. It is not uncommon here to find both small churches, with less than fifty participants, and mega churches held with stadium seating and televisions throughout. One's church and one's congregation is a crucial part of identity here, and one is frequently asked what church one attends before being asked about occupation or even one's name.

Like religion, vaccine hesitancy and refusal can also become a part of an individual's identity, and particularly how they understand themselves as a parent, which in turn may be accompanied by other movements: environmentalism; veganism or vegetarianism; "natural health" movements; organic food movements; and anti-fluoride sentiment, among others (see Kitta 2011; Kitta 2019). Part of being "a good parent" is being "in the know," which is often expressed in ways that indicate that parents both know their children better than doctors and can understand and research what is right for their children. This might not be the full-blown conspiracy theory that we think of when one uses the term, but it falls under another term that I prefer to conspiracy theory—conspiracy thinking.

Conspiracy thinking is a spectrum, and we all engage in it. No one is immune from conspiracy thinking, from thinking that companies are tracking your information (they are, but we're not in the realm of fact vs fiction just yet), to thinking that the universe is working against you on a bad day, to believing that Bill Gates has put a microchip in the COVID-19 vaccine. Some conspiracy thinking is true or turns out to be true over time: one of the limits of the term conspiracy theory is that it is no longer called that once it becomes true. Watergate, the Tuskegee Experiments, the forced sterilizations of the disabled, and police violence against Black citizens were all considered at some point to be conspiracy theories. However, neither the existence of conspiracies nor the revelation that some historical events were at one time dismissed as conspiracy theory proves that any given content of conspiracy thinking is factually true.

The level of belief differs from person to person and topic to topic. Conspiracy thinking can be linked to core beliefs, while other, less important beliefs are not as central and can be disentangled (see Tangherlini, et al. 2020; Shahsavari, et al. 2020). This means that, depending on how core the belief is, it may or may not be linked to other beliefs, making it easier to unravel. For some people, it is their deeply held beliefs that drive their vaccine refusal, however, for others this is more of a political issue than a religious one and religion is an easy way to legally refuse vaccination. Only four states (California, Mississippi, New York, and West Virginia) have laws that do not allow either religious or philosophical exemptions from vaccination, while nineteen states

allow both philosophical and religious exemption. This means that, in twenty-seven states, if you choose not to vaccinate you must declare it for religious reasons to circumvent laws concerning schooling or employment. Since options are limited, some people may opt to use religious reasons when their belief may be personal rather than an official part of religious belief.

In my research thus far, people who use the #GodIsMyVaccine also use the hashtag #IHavRights, a hashtag that is also often used in conjunction with #Trump2020 and #Trump2024 and anti-mask sentiment, although anti-mask rhetoric is in the minority, at least on Twitter (Lang, Erickson & Jing-Schmidt 2021). This clearly shows a possible linkage between vaccine refusers, Trump supporters, and anti-maskers with at least some connection to religious belief (or the convenience of religious belief). Political belief and religious belief are often linked, and Americanism has been thought of as akin to a religion (Hamid 2021). However, it would be incorrect to assume that all vaccine refusers are Trump supporters, as there is a large contingency of liberal and libertarian vaccine refusers. Research on political association with vaccination is varied, demonstrating again that this is a complex issue, with significant shifts over the last decade. A 2009 Pew Study showed that 71% of Democrats and 71% of Republicans felt that childhood vaccinations should be required (Funk & Rainie 2015). A Gallup/USA Today poll from 2009 showed that while Democrats were more likely to be aware of Jenny McCarthy's anti-vaccination statements, they were also less likely to believe them. A 2015 poll showed that 61% of Democrats and 62% of Republicans thought that the science behind vaccination was indisputable (More 2015). When it comes specifically to people who identify as democrats and/or liberals, we see that they were more likely to get the H1N1 flu vaccines (and trust in the government) (Schlesinger 2009; Mesch & Schwirian 2015); more likely to get HPV vaccine (Rosen, et al. 2015); more likely to accept the scientific information behind vaccination (Blank & Shaw 2015); more likely to accept vaccination as "fact" over "belief," and less likely to believe that everyone agreed with their views (even though more people are in favor of vaccination (Rabinowitz, et al. 2016). Conversely, Republicans and/or conservatives perceive the risks of vaccination to be greater and the benefits lesser (Kahan 2014), are less likely to have their children fully vaccinated (Rabinowitz, et al. 2016), more likely to express less intent to vaccinate (Baumgaertner, Carlisle & Justwan 2018), more likely to believe in vaccine conspiracy theories (Featherstone, Bell, Ruiz 2019), less likely to say they would get the COVID-19 vaccine (Ruiz & Bell 2021) and more likely to perceive that everyone agreed with their views, even though they didn't (Rabinowitz, et al. 2016). These are interesting findings, but overall, there are "mixed findings on the relationship between political ideology and vaccine skepticism" (Latkin, et al. 2021).

A recent *Washington Post-ABC News* poll found that 86% of Democrats have received at least one shot of a vaccine and another 7% are likely to do so, compared with Republicans at 46% and 4%. According to this poll, only 6% of Democrats say they aren't likely to get vaccinated: 47% of Republicans state they aren't likely to be vaccinated and, indeed, 38% go so far as to say they will definitely not get the COVID-19 vaccine. 54% of Independents say they have received at least one shot and another 11% say they are likely to do so with 22% saying they will definitely not get

vaccinated (*Washington Post-ABC News Poll* 2021). The *Washington Post* also projected when each state would reach 70% of adults vaccinated, which clearly demonstrated that the majority of places who voted Democrat would reach that percentage before the states that voted Republican (Ahmed & Kirkpatrick 2021). Vaccine rates remain low in Republican-led states with Alabama, Wyoming, Louisiana, and Mississippi being the lowest in the country (*New York Times* 2021). President Biden's goal that the US would hit a 70% vaccination rate with at least one vaccine happened about a month after his original goal of July 4, 2021, however, this was overall in the US, with some states seeing much higher rates than other states. If one considers individual states, the numbers still show that Republican states lag and the fully vaccinated rate for the US is only 66.4% as of April 18, 2022 (Ritchie, et al. 2022). The most current evidence seems to indicate that there is an overlap between religious belief, conservative views, and anti-vaccination statements with a strong correlation with voting for Trump. This is an interesting place to begin, but we still cannot rely solely on this data to categorize who will or will not vaccinate.

One interesting new study from the Public Religion Research Institute (PRRI), in association with the Interfaith Youth Care (IFYC), demonstrates that faith-based approaches are influential with vaccine hesitant communities, but are not as effective with vaccine refusers (PRRI-IFYC 2021). While certain religious and racial groups seemed to lean more into vaccine hesitancy and refusal, there was greater correlation between belief in QAnon conspiracy theories and right-wing news media with vaccine refusal (PRRI-IFYC 2021). The faith-based approaches they explored included:

a religious leader encouraging vaccine acceptance, a religious leader getting a vaccine, religious communities holding information forums, learning that a fellow religious community member received a vaccine, a nearby religious congregation serving as a vaccination site, and religious communities providing vaccine appointment assistance. (PRRI-IFYC 2021)

Their results stated that "Among those who attend religious services at least a few times per year, 44% of those who are hesitant and 14% of those who are resistant say faith-based approaches would make them more likely to get vaccinated" (PRRI-IFYC 2021). This research also found good results with white evangelical Protestants who are vaccine hesitant. Of those who regularly attend services, 47% said faith-based approaches would make them more likely to get vaccinated. Results were also significant with 36% of Black Protestants, 33% of Hispanic Americans, 26% of Republicans, and 24% of rural Americans who said that a faith-based approach would help with their vaccine hesitancy (PRRI-IFYC 2021). Overall, this could also be an issue of trust – people attend services where they trust the leaders and other members. Trusting a doctor is also important and a good indication as to whether someone will follow their advice, even if they may have a different background or religion from their physicians. This is where nurses often come in as trusted members of their community. However, many newer strategies have involved including faith-based communities in partnership with local hospitals and doctors. This will likely be an effective strategy to improve vaccination rates.

Ozarks Healthcare in West Plains, Missouri has also begun a campaign where they promise to secretly vaccinate people for COVID-19 so the individual does not suffer any social or community scorn. After beginning this campaign, they stated on Twitter that they received nearly double the number of appointments after the announcement (Henderson 2021). Many states are now also allowing those under 18, depending on state law, to be vaccinated without their parents' permission or knowledge. For some teens, this is crucial for their social lives, but also their own deeply held beliefs that vaccination is the right thing to do both for their bodies, loved ones, and communities (Hoffman 2021). There may be other potential ways to encourage vaccination, in addition to these suggestions and the use of faith-based practices. Using more community partners, including anyone who is a trusted member of the community such as restaurant owners, an often overlooked and under-utilized community member, especially with ethnic restaurants where these establishments can be a locus of gathering for established and recent immigrants.

Some vaccine refusers also fall under a different category: the privileged (Kitta and Goldberg 2017). As mentioned previously, at the core of vaccine refusal is the firm belief that the individual either knows better than experts or that they are "in the know" and have information that either conflicts or subverts the dominate narrative. In these cases, where hesitancy becomes refusal and vaccine hostility, there is little we can do to sway their beliefs. A quote, which is often attributed to Dr. Anthony Fauci but was first tweeted by Lauren Morril⁴, sums this up succinctly: "I don't know how to explain to you that you should care for other people." Vaccine hesitancy, which is different from vaccine refusal and vaccine hostility, is where we should put our efforts, and is more complex and involves the personal experience and belief of the individual. Those who are vaccine hesitant are questioning vaccination, not outright refusing it, and are often actively searching for answers and reassurance that they are making the right decision.

That being said, there will always be people we cannot reach. For these people, vaccine refusal is a core part of their identity and/or belief system. Here, we need to think of vaccine refusal both as a spot on the conspiracy thinking spectrum and a part of a belief system that is entangled with other beliefs. Vaccine refusal isn't merely a single belief, but rather a part of a complex system that might also link to other beliefs, both tangential and core beliefs.

For example, to return to my hesitant acquaintance, vaccine refusal may be linked to a core belief in abortion being morally wrong in all forms, so even a vaccine created from a sixty-year-old cell line is morally reprehensible and unacceptable. However, others might believe abortion is wrong, but that a vaccine is something that came out of a bad situation and can benefit people, and/or believe that what's done is done and there's no harm is a vaccine created from a cell line, or even seeing that cell line as a spark of life that has helped millions of other lives. How people interpret and connect their beliefs is unique and complex. If one wants to understand vaccine hesitancy and refusal, this is where one needs to begin – in the understanding of personal belief systems with the knowledge that religion may or may not play a part in these beliefs.

For those opposed to vaccination because of deeply held beliefs, regardless of

whether or not they are religious, we need to parse out if they are vaccine hesitant, vaccine refusers, or vaccine hostile. These last two categories are no longer worth our immediate time or effort, especially when there are still worldwide issues of access. Vaccine refusers and the vaccine hostile have received more than enough attention: to give them more is only to the detriment of those honestly concerned and questioning vaccines, not to mention taxing the time and mental health of frontline workers. While this can also be a frustrating endeavor for researchers, I will still encourage research in these areas, especially ethnographic research. While quantitative research can give us interesting data, the subtleties and complications of vaccine hesitancy require ethnographic research and different approaches are necessary for different groups. I would encourage researchers to use ethnography over other methodologies to explore these questions in their own regions and would be happy to share my research questions with others to facilitate this process. However, there are some people who we will never reach and the more we cater to them and their beliefs, the more entrenched they will become in those beliefs. We should always default to giving an individual the benefit of the doubt and listen to them before assuming what their belief system might entail. There are also areas of vaccine refusal and hostility that only serve to fuel their personal belief system and cause the researcher additional harm. Our efforts should focus on those who are vaccine hesitant.

Notes

- 1 Even though I am specifically discussing the COVID vaccine in this essay, one cannot overlook childhood vaccines in discussions about vaccine hesitancy.
- 2 There was some controversy when the US Conference of Catholic Bishops stated that Catholics should avoid the Johnston & Johnson vaccines, if possible, but to take it if no other options were available (Dyer 2021).
- 3 Even though Catholicism officially rejects the Gospel of Prosperity, it still has influence on Catholics (Kingsbury & Chesnut 2018; Bailey 2017).
- 4 See Spencer 2020 for more information on the complex history of this quote.

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