Welcome to the Johns Hopkins University Press Podcast. I’m Mary Alice Yeskey with the Hopkins Press Journals Division. Our guest today is Dr. James Colgrove. Dr. Colgrove is a professor of sociomedical sciences at the Columbia Mailman School of Public Health and the dean of the pre-medical program at the Columbia School of General Studies. Dr. Colgrove’s research examines the relationship between individual rights and the collective well-being, and the social, political, and legal processes through which public health policies have been mediated in American history. He’s authored several books including *Epidemic City: The Politics of Public Health in New York* from Russel Sage Foundation and *State of Immunity: The Politics of Vaccination in Twentieth Century America* from the University of California Press. He recently published a piece in *The Conversation* that details the history of vaccine mandates in the United States, which he also examined in a 2004 paper in *The Bulletin of the History of Medicine*.

Thank you so much for joining us today Dr. Colgrove. I really appreciate your time.

**James Colgrove**

Thank you. It’s a pleasure to be here.

**Mary Alice Yeskey**

The first question I like to ask our guests is what is your academic origin story?

**James Colgrove**

I worked in community-based public health for many years before going back to graduate school, and I was always fascinated by the way that history would be invoked in public health policy debates. So, we should or should not control a particular disease in this way or that way because that’s what history suggests we should do. People would say, for example, we should apply these measures to HIV/AIDS, quarantine or contact tracing or we should not because of this or that historical experience and I always found myself wanting to know more about the history, and I also sort of suspected that often the people making those arguments really had no idea what they were talking about and that they could really make any claim they wanted without fear of contradiction because most people don’t know the history of public health and medicine.

So, I was fortunate to find a graduate program here at Columbia where I spent my entire academic career that provides combined doctoral training in public health and history. I’m now part of the team of faculty at Columbia who do policy-oriented historical research, so we look
at current public health issues and we ask, how can an understanding of history inform our decisions about this issue today? History doesn’t usually fully provide clear cut answers, which is unfortunate because that’s what policymakers usually want, but history can help us, I think, diagnose a situation better, and to give us a better understanding of why we are in a given situation, how we ended up where we are today and what kinds of considerations we should be mindful of. The public health questions that I’m most interested in are really ethical and political ones. So, public health is a discipline that focuses on communities and populations, and it raises questions about the relationship between the individual and the community: questions of rights and responsibilities, questions of mutual obligations, questions of how do we all get along together in a pluralistic and closely interconnected society, and those aren’t primarily scientific questions. Obviously, we have to have the best science to help answer those questions but ultimately those are value judgments and those kinds of questions have really been front and center throughout the covid pandemic over issues like restrictions on travel, restrictions on public gatherings, business closings, mask requirements, and now compulsory covid vaccinations. So, how much can we, should we, limit the individual freedom of people in order to protect those people and also the community as a whole?

I was originally drawn to studying the issue of vaccination because it’s one of the areas where questions of rights and responsibilities are most complicated, I think, and challenging and that’s because of the unique nature of vaccines. So, vaccination has a dual benefit to the person who receives the vaccine but also to others around them through the creation of herd immunity. So, when I get vaccinated, I’m doing it to protect myself, obviously, but I’m also protecting others, people who are close to me but also people who are in my community, especially people who might be vulnerable in some way: people who are immune-compromised, people who are elderly, infants, people who might be particularly at risk from infectious diseases that I could pass along if I’m not vaccinated. So, we all benefit when more of us are vaccinated. I’ve been studying vaccination policies for a couple of decades now. I started researching the history of vaccination around 2000, around the early 2000s, this was not long after the publication of a paper in The Lancet in 1998 suggesting that there was a causal connection between autism and MMR vaccinations, measles, mumps, rubella, a paper that was later determined to be fraudulent and was retracted. The anti-vaccination movement was gaining strength and visibility around this time, there were many debates about the benefits and the risks of vaccines, there were debates in state legislatures about what kinds of requirements schools should have for vaccinations, who, if anyone, should be allowed to opt-out, what kinds of exemptions we should have, and all of those questions have deep historical roots. We as a country have been grappling with them for as long as we’ve had vaccinations, since the first vaccination against smallpox in the 19th century. Obviously, we are still grappling with them today.

Mary Alice Yeskey
Right, true, and I mean the timeliness couldn’t be, not in a good way of course, I don’t suspect you thought your work would become so relevant this year (laughs).

James Colgrove

Yeah, I mean, we’ve seen, there have been sort of recurrent controversies over the past two decades. There was a big issue in 2015 with the multi-state outbreak of measles that started at Disney Land, so, you know, regularly controversies have occurred. I certainly never foresaw things playing out as they are now. I mean, covid in a way, should not be a surprise. The public health folks have been warning for year, it’s a matter of when not if we would face some new novel pathogen. I think most people have been surprised by the way that it has played out globally.

Mary Alice Yeskey

Understated. Well, to put this into context for anyone who may be listening later on or whenever, we’re speaking in mid-November 2021 as the vaccine roll out for children age 5 to 11 is rapidly underway. On a personal not, my two small children are scheduled tomorrow afternoon for their first vaccine shots, so we’re very timely this week talking to you. My question is based on what you’ve seen so far, and based on all of your research, and knowing what you know, do you think that the United States is on track for covid-19 to be added to the list of currently mandated vaccines that children have to get to attend public education in this country?

James Colgrove

That’s certainly the question of the moment. California announced last month that it would add covid vaccination to the list of required vaccinations for elementary school kids in fall of 2022, once the vaccine has received full FDA approval, as is expected, and California was the first state to announce that intention. At the other end of the spectrum, we’ve seen something like twenty states explicitly prohibit covid vaccination mandates. So, two polar opposite approaches, and I think that divide is probably a sign of things to come. Stances towards covid vaccination have become sharply polarized and politicized in this country in a way that’s really unprecedented and I think very unfortunate for public health. Given that context, given the current landscape, I don’t think we can expect to see school mandates becoming the norm anytime soon, certainly not in at least half the country and all of these decision reside at the state level, historically states have had a wide responsibility for public health and that’s why states look different from each other in many realms of public health. So, it’s up to individual states, governors, legislators, and health departments. I think the question now is what’s going to happen in those states where the population and the political leadership have been more supportive of covid vaccination and more supportive of sort of robust measures to encourage people to be vaccinated.

Mary Alice Yeskey
So, would the states that have explicitly said that the mandates can’t happen, that’s happening on a state legislative level?

James Colgrove

Mhm, or sometimes by governor’s executive order, it can happen through different political mechanisms but it’s all at the state level and, you know, often those measures have been really a response to the employer mandates, I mean that’s been as much of a concern as school-based mandates, but the measures that have been passed generally cover any kind of mandatory measure across the board.

Mary Alice Yeskey

In your recent commentary in *The Conversation*, you gave a terrific, condensed history of vaccine mandates in the United States and people that object to them. Public school mandates were upheld by the Supreme Court in 1905 and 1922, which you also detail in your paper in *The Bulletin of the History of Medicine*. Do you think that we’re on course for the current anti-vaccine movement to make it that high in the court system, if there becomes a legal case that makes its way up?

James Colgrove

I would say that’s very unlikely though not impossible, over the last century courts have been very consistent in upholding vaccine mandates as reasonable and necessary exercises of state public health powers. As recently as 2010, circuit of appeals turned down a challenge from West Virginia, I think, that states that compulsory vaccination law. In general, courts have been quite deferential to public health regulations, historically and have usually upheld public health regulations provided that those regulations are based in science, that they are reasonable and justifiable, that they’re not overbroad, that they are consistently applied in ways that don’t violate any constitutional rights like equal protection or due process. So, I would be very surprised if we saw a case making its way to the supreme court just because of the very well-established line of legal cases. I think where we might see some break with precedent is around the issue of exemptions, which people should be allowed to opt-out, to either exempt their children from being vaccinated for school or should be able themselves to opt-out of workplace mandates from their employer, and in particular, around the question of religious exemptions. So, courts have very clearly stated that compulsory vaccination laws do not have to include religious exemptions. There’s a famous 1944 Supreme Court case that basically said the right to practice religion freely does not include the right to expose the community to ill-health or death. So, it’s pretty well-established legally that generally applicable laws can sort of outweigh religious practice. Most states do offer religious exemptions to school vaccination requirements but they don’t have to. Ideas about religious liberty evolve and recent Supreme Court decisions in the context of covid have suggested that the Supreme Court is looking more closely now at religious liberty claims. Most covid vaccination requirements so far seem to be incorporating religious exemptions, they have been written in a way that allows people to opt-out, but we
might, for example, see a suit brought by someone whose request for a religious exemption is denied.

Mary Alice Yeskey
I see.

James Colgrove
That’s one of the challenges of including a religious exemption.

Mary Alice Yeskey
It’s hard to prove (laughs).

James Colgrove
Somebody has to evaluate the strength and the sincerity of that and people who get their requests denied and somebody could conceivably argue that that denial is unfairly burdening their practice of religious beliefs. So, we might see courts setting new standards, for example, around requirements for religious exemptions and what those exemptions look like exactly. So, the basic premise that vaccination mandates are constitutional, that I think remains very solid and I wouldn’t expect to see any changes in that. I certainly hope not, that would be a very bad thing for public health.

Mary Alice Yeskey
But the religious exemption is a much grayer, not scientifically backed area.

James Colgrove
Right, and there have been a couple of very high-profile cases around public gatherings where courts have enjoined governments, have prevented governments from placing restrictions on church services, for example. Those were justified on public health ground because that’s a situation where disease can spread but the counterarguments that some courts have agreed with is that that is inappropriately burdening religious practices.

Mary Alice Yeskey
Impeding their freedom, right, I understand that, and I agree with you, that’s much more complicated (laughs). You also note in your piece from The Conversation, and I’m gonna quote you here, that “misinformation spread over the internet and social media has weakened the public consensus about the value of vaccination that allowed these laws to be enacted,” and that “lawmakers will need to proceed with caution”. Can you expand on that last piece of advice that you gave, what can lawmakers, and for that matter those of us in the general public, what can we do to help convince those that are unsure of vaccine safety or efficacy?

James Colgrove
Policymakers right now are facing what I think is a very difficult situation with trying to balance two competing imperatives with respect to public acceptance of covid vaccination. So, the first imperative, I think, is give it time. Many people need time after a new vaccine is licensed to feel comfortable before taking it themselves or giving it to their children and to be clear I don’t think that we need more time to know the vaccines we have are safe. I think we can feel very confident right now that they are safe and effective based on the data that we have so far, but many people just need more time psychologically to feel more comfortable that a vaccine is safe, and the vaccines were developed on a much faster timeline. People are in some cases about how it’s possible we can be so confident given the rapid timeline, so people just, they need time to get used to it. And we actually learned this very vividly in 2006 when a vaccine was licensed against HPV, human papillomavirus, a very, very common virus which can lead to cervical cancer. So, the vaccine was licensed in 2006, within a few months a handful of states introduced legislation to make that vaccination mandatory for middle school attendance and that effort just blew up in everybody’s face. A lot of parents said, what’s going on here, this vaccine is too new, one day I had never even heard of the HPV vaccine the next day you’re telling me that my teenager has to get it before they can go to middle school. So, obviously, there are many differences between HPV and covid, but I think the lesson learned there is that there are risks in moving too fast.

So, that’s the first consideration, which is you need to allow time. The other imperative, unfortunately in tension with the first one is that we really need to get as many people vaccinated as quickly as possible. So, the numbers in the US are mostly going in the right direction but people are continuing to get sick and to die and the longer covid circulates in the community the greater is the risk that we will develop viral variants like Delta. So, there’s some urgency now to achieve high levels of vaccine use as soon as possible especially now that we are heading into flu season. So, for those people who are now hesitant because they think the vaccine is just too new and they need more time, we can hope that as time passes and even more as it continues to accumulate that the vaccines are safe and effective, hold outs will eventually come around and become more open. Unfortunately, as we discussed earlier, there are some people who for a variety of reasons are dead set against it in many cases for ideological reasons that are unlikely to be swayed by more evidence.

Mary Alice Yeskey

Reasoned with, right (laughs).

James Colgrove

Yeah, I mean this is a real challenge that a lot of people in public health have been paying attention to in the last couple of decades, really attempting to bring lots of tools to bear from psychology and communication science and everything we know about decision making. You know, people aren’t rational decision makers, we know that, and so just giving people information is not enough. I mean I think good, solid, scientific information is necessary but it’s
not sufficient. You have to appeal to the emotions; you have to appeal to peers and to peer norms and community norms.

Mary Alice Yeskey

Values.

James Colgrove

Values, yeah, these are, you’re exactly right, they’re issues of value and trust. Trust is a huge issue, people need to receive messages from people that they trust, from messengers in their community, whether that’s a member of the clergy, whether that is their friend in their club, it’s whoever. So, you need an approach that’s very tailored that looks specifically at why people are not getting vaccinated and what is their individual situation. Unfortunately, we know a lot more about what doesn’t work than what does work.

Mary Alice Yeskey

Right. I’m struck by what you said in thinking about how, I’ve had so many friends start sentences lately with, you know, I can’t wait to read this study 20 years from now that’s going to say this, and how we’re all sort of thinking these hypothetical long-term covid thoughts and how there just isn’t a single subject that it’s not going to touch. You know, behavioral psychology is something that I’m really personally interested in, and what you just said I was, like, oh yeah, this is definitely playing into that as well, it’s just kind of, it’s so pervasive across, you know, because it’s affected all of us in every waking hour for the last nearly two years. That’s really interesting, and the other thing I wanted to mention, which is sort of not directly related to what you just said but maybe slightly, was one of the things in your paper in *Bulletin of the History of Medicine* that really struck me cause it just was something I had never thought of and it was never put that way was, when you were talking about the smallpox vaccine, how that was the first example of something that people were being compelled to do as opposed to being compelled not to do in terms of public health, you know, just wash your hands, or, I think, don’t dump your toilet out the window, that was, like, don’t do that, versus you need to go have this thing scratched into your arm which is, like, just so much more of an effort, and I was really struck by that in thinking about how I hadn’t really thought of it that way. How you’re asking somebody to do something instead of just simply, stay home, and that’s kind of a whole other step for a lot of people, I think.

James Colgrove

Yeah, I think that is a particular challenge with respect to vaccination because there is that element of bodily invasiveness.

Mary Alice Yeskey

Right.
James Colgrove

It is a bodily intrusion and it’s an intervention that we give to healthy people, to people who are not yet sick, and we’re asking them to undergo a risk. I mean, you know, vaccines are very, very safe today across the board, the minor risks that they carry are vastly outweighed by the risks of the diseases that they protect against, but vaccines carry risks, even small risks. No medical intervention is completely risk-free, and so we are asking healthy people to undergo a risk or subject their children to a risk in the promise of future protection. So, I think it’s not surprising that people have concerns and misgivings about this. I think what may be more surprising is that we’ve been as successful as we have been in getting so many people to accept the vaccines.

Mary Alice Yeskey

Yeah, the thing you’re afraid of right in front of your face is so much more tangible than the unknown fear that you can’t wrap your head around. There’s so much psychology behind it, that’s really fascinating.

James Colgrove

Right, and people have a preference for errors of omission over errors of commission.

Mary Alice Yeskey

Right.

James Colgrove

So, it’s better to cause a harm, just like if you don’t do anything you can feel like you weren’t responsible.

Mary Alice Yeskey

Right, exactly.

James Colgrove

It’s worse for you to cause. What’s hard for people to appreciate though is that making that decision to not vaccinate, that is taking an action, that is a form of taking an action, and it’s hard for people to think of it that way.

Mary Alice Yeskey

Yeah, it’s the ethics, it just gets real kind of, you know, exponentially bigger in your head, and as my ten-year-old says it kind of makes his head hurt when we start explaining it to him. He’s all on board, he’s very excited for his shot tomorrow but when you explain, like what you said at the very beginning, how it’s not about your own protection it’s about protecting everybody else. What are you currently working on? What research do you have going on right now?
James Colgrove

So, I just finished a paper that’s coming out in the upcoming issue of The American Journal of Public Health which I co-authored with one of our Ph.D. students here at Columbia. The paper looks at the history of the idea that vaccine refusal is an issue of freedom and rights. So, you know the concept of freedom is just so central to our political culture, to our historical ideas about who we are as a country, and I was really interested in the history of those ideas and that rhetoric as they have been applied to vaccination. So, there’s been some, folks have done research in recent years suggesting that vaccine critics have increasingly framed vaccine refusal as an issue of rights. So, for example, there was an analysis after the 2015 Disney Land measles outbreak where researchers looked at social media posts, they looked at what people were writing on Facebook, and they found that rejection of vaccines was being framed more often than before as a right, or as freedom, or couched in terms of freedom, and in a way that’s kind of a strategic argument for vaccine critics to make because it moves the debate away from matters of fact into matters of judgment or an opinion. So, the claim that vaccines cause autism, for example, that has been convincingly refuted by a mountain of scientific evidence, so if I’m trying to say, well, I don’t want to vaccinate because vaccines cause autism, you can disprove that claim. But if I make the claim that I don’t want to do it because it’s my right, well rights claims are not really possible to refute or not because they’re not factual claims, they’re judgments, and rights claims are very, very powerful in our society.

Mary Alice Yeskey

Yeah, and they protect you. Saying it’s my right doesn’t necessarily make you a selfish person, you know, which would be the argument, just do it for it for the good of humanity because you care about humans, but it’s true.

James Colgrove

Yeah, and it’s not wrong. I mean, people do have the right to bodily integrity, but no ethical school says that that right is unlimited, no ethical system says that you have a right to endanger others through your actions or to harm others, but rights claims often get framed in a very absolutist way that doesn’t permit any argument. And historically, anti-vaccination rhetoric in this country had always had those sort of two, linked threads. So, one is vaccines are unsafe, the other is that efforts to force or even encourage vaccination represents a violation of rights, and those two threads of argument have been woven together over the past two centuries with one or the other thread becoming more prominent and doing more time.

Mary Alice Yeskey

Right, right.

James Colgrove
We’re now in a moment where I think rights claims for various reasons are really getting much more prominent. Anyways, so I was interested in this kind of paper and looking at how those arguments took shape in the latter part of the 19th century.

**Mary Alice Yeskey**

I’ve seen several political cartoons from the turn of the century and the 1910 and the 1920s that are just frighteningly applicable. That you could just change their clothes and it would be a cartoon that someone could run today.

**James Colgrove**

Yeah, definitely.

**Mary Alice Yeskey**

It’s not comforting at all that nothing’s changed in a hundred years (laughs).

**James Colgrove**

It’s true, I mean you can read vaccine critical rhetoric from the latter part of the 19th century and change virtually no language and it’s the same language that we see today. It’s very durable, I think that’s one reason why it retains its power, is that it draws upon.

**Mary Alice Yeskey**

Yeah, like you said, you can’t fact argue it down, it’s just people sticking to their guns. Well, thank you so much, I’m really looking forward to that paper as well and I just want to say thank you so much for taking the time to talk to us today, this has been really great.

**James Colgrove**

It’s a pleasure, thank you very much for taking the time.