

# em·pa·thy – the ability to understand and share the feelings of another.

*affinity with, rapport with, sympathy with, understanding of, sensitivity toward, sensibility to, identification with, awareness of, fellowship with, fellow feeling for, like-mindedness, togetherness, closeness to*

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All good conversations around immunizations start with empathy. Our typical emotional response may be frustration, anger, judgement, or simply questioning the intelligence of the person on the other side. However, we must put ourselves on the other side and shape the conversation around empathy to create a “safe space” to talk about controversial subjects like vaccines.

As scientists and healthcare professionals, it is easy to dismiss any utterance of pseudoscience or misunderstanding of science or the scientific process. We have to force ourselves to be patient and listen to the person. This topic is extremely personal for people – particularly those who choose to delay or forego immunizations. While we may come to the topic from a place of scientific knowledge and logic, many vaccine-hesitant people come to this topic from a place of fear, uncertainty, mistrust and a lack of understanding. This is not to say that vaccine-hesitant people are just simply uneducated. When you look at typical clusters of vaccine-hesitant communities, you will find highly-educated, affluent, predominantly caucasian populations. Low vaccine numbers generally point to an access and equity issue, and/or a subpopulation of a community who is willingly foregoing vaccines due to a variety of reasons.

A few examples of common underlying reasons for vaccine hesitancy are:

- Concerns about vaccine ingredients (e.g., toxins, fetal tissue)
- Concerns about the CDC schedule (too many vaccines overall, too many vaccines given at one time)
- Mistrust of government
- Concerns about “Big Pharma” and the financial implications of vaccines
- Belief that natural immunity is better (misunderstanding risks)
- Belief in homeopathic, alternative options (e.g., homeoprophylaxis)
- Vaccine injuries (personal or anecdotes from network)
- Autism (though this particular concern is waning, it is clearly present)

Some of the reasons listed above are easily addressed with care, and some of the topics are more challenging. In my personal experience, vaccine injuries as a source of vaccine hesitancy is difficult to overcome. To make any headway, you must be willing to accept (on the surface) that the person has suffered a vaccine injury. If you start out with refuting their injury, you lose all trust and respect. This is an important reminder that those of us who work in fields that strictly

rely on data must put aside our resistance to anecdote. It is far more powerful than facts and data alone.

In instances where data and facts can help alleviate concerns, use them calmly and wisely. Think droplets rather than a firehose. We know that there are answers to all of their questions and concerns. However, we cannot bombard with facts. Ask questions that help identify the *real* questions and concerns. If they say “toxins” – politely ask for more information. What are they concerned about? When you have the chance to add to the conversation, don’t use jargon or condescending language.

Finally, empathy can even extend to the physical experience of immunizations. When we teach vaccine education workshops for expecting families at the local hospital, we clearly empathize with current and future parents about the difficulty of seeing your baby/child in discomfort from the shot. We talk about methods to improve the experience (breastfeeding, bottle-feeding, Shot Blocker, Buzzy Bee, etc.) We discuss the common side effects and why they happen. Then we discuss the more serious and extremely rare side effects. Honesty and transparency are key, and this creates a very important opportunity to talk about risk vs. reward. It is also a great opportunity to use metaphors and analogies.

Below are a few resources to explore:

### **How to Talk to Anti-Vaxxers**

Sarah Fecht, *State of the Planet / Earth Institute, Columbia University*

1. Be respectful.
2. Don’t bombard them with facts.
3. Ask questions.
4. Find out where they’re coming from.

*The World Health Organization has more [helpful tips](https://blogs.ei.columbia.edu/2019/02/08/vaccine-conversations-anti-vaxxers/) on how to respond to vaccine deniers. You can use a lot of this advice in other contentious areas as well, such as arguments over climate change.*

<https://blogs.ei.columbia.edu/2019/02/08/vaccine-conversations-anti-vaxxers/>

### **Seven ways to talk to anti-vaxxers (that might actually change their minds)**

Vanessa Milne, Timothy Caulfield, Joshua Tepper

1. Stop thinking of all people who don’t vaccinate as anti-vaxxers
2. Keep cognitive biases in mind
3. Call out distortions in the science

4. Work with confirmation bias instead of against it
5. Think about telling real people's stories
6. Change the default
7. Tailor the message to build trust

<https://healthydebate.ca/2017/08/topic/vaccine-safety-hesitancy>

**VAXOPEDIA** is a great resource to explore for information

<https://vaxopedia.org/2017/07/17/answers-to-anti-vaccine-talking-points/>

### **How I Changed an Anti-Vaxxer's Mind**

Kastalia Medrano (local CO connection), *TONIC*

[https://tonic.vice.com/en\\_us/article/ypxdbw/how-i-changed-an-anti-vaxxers-mind](https://tonic.vice.com/en_us/article/ypxdbw/how-i-changed-an-anti-vaxxers-mind)

If you have any questions or are interested in learning more about local vaccine education & advocacy, please feel free to reach out!

Lindsay Diamond, Ph.D.

Co-founder of Community Immunity

CI is a grassroots non-profit dedicated to vaccine education and advocacy in Colorado

The logo for Community Immunity features the words "COMMUNITY" and "IMMUNITY" stacked vertically in a bold, black, sans-serif font. The text is centered within a light blue, irregular, cloud-like shape that has a soft, watercolor-like texture.

**COMMUNITY  
IMMUNITY**