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# *Vaccine Rhetorics*, by Heidi Yoston Lawrence. Columbus, OH: The Ohio State University Press, 2020

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Heidi Lawrence's *Vaccine Rhetorics* offers a nuanced and occasionally optimistic take on the potential for pro-vaccine persuasion. Lawrence argues that persuasion can be undermined by (what she calls) the *material exigencies* associated with vaccines. By "material exigency," Lawrence means that "objects and matter operate productively and with agency in the human world" (13). In particular, vaccines are objects whose existence and wide use change our interpersonal and social worlds by creating new possibilities for action (and persuasion) and foreclosing others. Each of the book's four main chapters takes up one of these material exigencies for vaccination: disease, eradication, injury, and the unknown.

Lawrence's main thesis is that breakdowns in pro-vaccination persuasion can often be traced to material exigencies, rather than to the epistemic or moral deficits of vaccine refusers, and that interventions at the site of material exigencies may help us understand and better respond to vaccine hesitancy and refusal. Lawrence argues that vaccines have immense power—to reshape healthcare, education, politics, and more—and that it is sometimes reasonable for people to respond with hesitancy or skepticism about how this power has been used and shaped (18). If we take up the perspective of material exigency—and focus on the agency of vaccines—then we can avoid a simplistic "pro-vaccine" vs. "anti-vaccine" framework, and we may find spaces in which persuasion can be effective (21).

Chapter 1 focuses on the power of vaccines to reshape our experiences of disease and disease management. Here, Lawrence draws on interviews with eight physicians to explore how the existence and prevalence of vaccination have changed the meaning of vaccine-preventable diseases. In particular, the "vaccine is the only way that some diseases still exist in a physician's office" (28). That is, a vaccine presents the disease as something that, in its nature, ought only to be prevented. Furthermore, the wide use of our vaccines over the previous decades means that clinicians often lack the training, experience, or resources to effectively diagnose and treat vaccine-preventable diseases. Therefore, part of the material exigency of vaccines is that they create a world in which "doctors *must* do them

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[vaccine-preventable diseases] primarily through prevention" (32; emphasis added). Also, given how vaccination shapes the professional lives of primary-care clinicians—consider the role of the pediatric vaccination schedule in structuring well-child visits—vaccination can seem more inevitable to clinicians than it does to other people. This can be a source of communication breakdown between clinicians and patients/families (45–47).

In chapter 2, Lawrence argues that our current discourse about vaccination is shaped and constrained by the material exigence of *eradication* (worldwide reduction of disease to zero) and the related idea of *elimination* (reduction of disease to zero in a particular geographic location). Vaccination advocates have often been overcome by the pursuit of eradication and elimination. As Lawrence puts the point, many health policymakers seem to believe "that because vaccination *can* eradicate disease we therefore *should* eradicate it" (59; emphasis in original). The hope of eradication quickly becomes an imperative, but that imperative also entails an openness to potentially coercive forms of immunization governance. (If you must eliminate and eradicate, then you must do *whatever is necessary* to achieve those goals.) Lawrence introduces media reports about the Disneyland measles outbreak of 2014–2015 as a key example. This outbreak caused comparatively few cases of measles, no more than the United States experienced in some previous or subsequent years. But that did not stop politicians and commentators from arguing for more coercive immunization policies to preserve the US's elimination of that disease (69). The argument was that if you were in favor of eradication and elimination (and you *should be*), then you must be against nonmedical exemptions to vaccine mandates and in favor of more coercive policies (72). Unfortunately, this kind of reasoning ignores the diversity of potential pro-vaccination efforts and the many social costs associated with coercive immunization policies (a lesson that the COVID-19 pandemic has perhaps taught us).

Chapter 3 addresses vaccine injury as a material exigence. Medical experts use *general* evidence about the risks and benefits of vaccination, but this information is often not persuasive with vaccine-skeptical parents. In contrast, parents of supposedly vaccine-injured children offer often-persuasive accounts of how *their children* were harmed by vaccines (94–95). These discourses talk past each other, and a physician's evidence cannot easily overcome the power of a parent's rhetoric about vaccine injury (96). In logic, *post hoc ergo propter hoc* (after this, therefore because of this) is a fallacy. But that does not mean that it is ineffective for parents to display before-and-after images and videos of their children to illustrate the supposedly bad outcomes of vaccination (87). Vaccine advocates must attend to the material exigency of vaccine injury.

In chapter 4, Lawrence addresses the material exigency of the "unknown," especially in the context of the flu vaccine. Lawrence bases her conclusions in this chapter on interviews with 13 college students. She argues that many people choose not to pursue the flu vaccine because of uncertainty about its efficacy or personal benefits, especially for young and healthy people. Here, Lawrence insists that refusing flu vaccination is not as "illogical, incoherent, or ignorant" as it may initially seem to be once you realize how the idea of the unknown is operating in people's decision-making processes (116).

The concluding chapter focuses on how material exigence can help us better respond to vaccine hesitancy and refusal. Lawrence calls for "making space for dissent, opportunities for deliberation, and mitigating exigencies that shape debate" (120). Vaccine exigencies can be powerful; if we are not careful, we will fail to overcome them or their ability to incline people against vaccination (122). In particular, parents may not persuade doctors that eradication of measles is unnecessary, vaccine-skeptical parents are not going to call vaccines "completely safe," and vaccine mandates are not going to make some parents stop worrying about uncertainties associated with the efficacy of vaccines (122–23). Lawrence

concludes the book by listing a set of research opportunities, methods, and orientations for rhetoricians to adopt.

Heidi Lawrence pitches her book primarily to other rhetoricians (xiii–xiv), but *Vaccine Rhetorics* will likely be of interest to many people who want to understand and respond to today's vaccination controversies. Other researchers—including me (as Lawrence notes on page 5)—have sometimes focused on the supposed ignorance, stupidity, or immorality of vaccine refusers. I think such approaches can be illuminating, but I agree with Lawrence that, by themselves, they do little to promote vaccination, and they may foreclose potential opportunities to persuade. It has also been common for people to assume that coercive pro-vaccination measures are ethically justified and will suffice to protect the community from vaccine-preventable diseases. Consider that every major physician society in the US advocates for eliminating nonmedical exemptions to school vaccine mandates. There are good reasons to be skeptical about calls for coercive vaccination policies, and we should certainly want more people to be *persuaded rather than coerced* to vaccinate. Heidi Lawrence's *Vaccine Rhetorics* provides an insightful account of where we might look to find opportunities for successful pro-vaccination persuasion efforts.

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