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Worth a Shot: Encouraging Vaccine Uptake Through “Empathy”

Dr. Jody Lyneé Madeira

ABSTRACT

Pro- and anti-vaccine organizations and individuals have frequently invoked empathy as a strategy for increasing uptake of COVID-19 precautions, including vaccinations. On one hand, vaccine supporters deployed empathy to defuse conflict, prioritize safeguarding the collective welfare, and avoid government mandates. On the other hand, vaccine opponents used empathy to emphasize the alleged individual effects of pandemic precautions, mobilize public voices, and stress the importance of medical freedom in policy-making contexts.

This Article first defines empathy and reviews empathy scholarship, paying particular attention to its relationship with narrative and the contexts where empathy can be difficult or dangerous. It then applies these perspectives to the issue of vaccine uptake. Finally, it deconstructs empathy messaging in pro- and anti-COVID-19 vaccine social media messaging and at a rally opposing Indiana University’s vaccine “mandate” on June 10, 2021.

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I. INTRODUCTION

Throughout the COVID-19 pandemic, public health officials, politicians, celebrities, and others urged the US public to practice empathy concerning ever-changing health restrictions. Empathy has become the emotional cure-all to COVID-19’s antisocial ills. When confronted with another individual who is breaking quarantine, we must understand how to encourage the practice of empathy and provide a pathway of trust and healing.
reluctant to wear a mask, or hesitant to get vaccinated. Americans are advised to be patient and nonjudgmental—not to become frustrated and argumentative. Admittedly, this advice is often aspirational; President Biden himself has blamed unvaccinated individuals for increasing COVID-19 cases, stating, “if you’re not vaccinated, you’re not nearly as smart as I thought you were.”

In the COVID-19 era, this turn to empathy—the ability to understand and share the feelings of another—should not be surprising; this tactic is listed among best practices for crisis and emergency risk communication (CERC). But few have explored how empathy is used—and to what effect—in crises, particularly how it is deployed in policymaking. Often, these strategies differ from conventional understandings of empathy as interpersonal identification. For example, pro-vaccine messages invite vaccine supporters to exercise understanding towards others with different perspectives—not to actually step into their shoes. Conversely, COVID-19 vaccine opponents use empathy for entirely different purposes—to reframe the issue from public health and social obligations to individual rights and autonomy; to dignify their

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5. Biden also stated: “We have a pandemic because of the unvaccinated, and they’re sowing enormous confusion. . . . And only one thing we know for sure: If those other hundred million people got vaccinated, we’d be in a very different world.” President Joe Biden, Remarks at the Office of the Director of National Intelligence (July 27, 2021), https://www.whitehouse.gov/briefing-room/speeches-remarks/2021/07/27/remarks-by-president-biden-at-the-office-of-the-director-of-national-intelligence/[https://perma.cc/JLB3-8DCX].


8. See Huizen, supra note 4.
This Article explores how empathy was used in the months following the COVID-19 vaccine’s release by pro- and anti-vaccine organizations and individuals. Ironically, both vaccine supporters and opponents strategically deployed empathy to avoid more stringent—and controversial—measures such as vaccine mandates. Vaccine supporters were hopeful that empathic educational conversations would increase vaccine uptake among hesitant individuals in order to potentially avoid more draconian measures; their uptake strategies deployed emotion to encourage self-regulation over governmental intervention, and usually did not include explicitly making policy arguments. In contrast, vaccine opponents used empathy to individualize the effects of the COVID-19 vaccine, alleged that it was dangerous, and argued that medical freedom trumped collective well-being; these arguments translated well to policymaking contexts and were easily mobilized to oppose vaccine mandates.

Part I of this Article discusses how empathy has been defined, provides a brief literature review of scholarship on empathy, explores the interdependency of empathy and narrative, and addresses what happens when empathic processes are difficult or dangerous. Part II explores empathy and narrative in the specific context of vaccine uptake, focusing on COVID-19 vaccines in particular. Finally, Part IV analyzes dimensions of empathy in pro- and anti-COVID-19 vaccine social media messaging and at a rally opposing Indiana University’s vaccine “mandate” on June 10, 2021.

II. UNDERSTANDING EMPATHY

A more thorough understanding of empathy is critical to grasp the nuances of how pro- and anti-vaccine advocates strategically deployed various forms of empathy to achieve different goals, from increasing identification to persuasion. The following sections summarize empathy research, discuss its interdependence with

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10. See infra app. I, at Figure 6; Alana Wise, The Political Fight over Vaccine Mandates Deepens Despite Their Effectiveness, NPR (Oct. 17, 2021, 7:00 AM), https://www.npr.org/2021/10/17/1046598351/the-political-fight-over-vaccine-mandates-deeps-despite-their-effectiveness [https://perma.cc/STM7-WH5P].
12. See id. at 1719.
narrative, and address what happens when empathy becomes difficult or impossible.

A. What is Empathy?

The term “empathy” was first formed through the work of German psychologist Theodor Lipps and US psychologist Edward Titchener.\textsuperscript{13} While Lipps contributed the aesthetic concept of \textit{einfühlung} (German for the “feeling one might have while viewing beautiful works of art or nature, that is, ‘feeling into’ the art”), by applying it to “the feelings one has while reflecting the feelings of another person,”\textsuperscript{14} Titchener “[a]nglicized the Greek word \textit{empatheia}, which means ‘in passion’ or ‘in suffering,’” to coin “empathy.”\textsuperscript{15}

Because there is no single agreed-upon definition of empathy, it is best to choose the most inclusive one: “[A] set of constructs that connects the responses of one individual to the experiences of another.”\textsuperscript{16} Empathy is a “role-taking emotion[]” like guilt, embarrassment, and shame; these emotions are social and are felt when a person becomes aware of how others in her social networks perceive her.\textsuperscript{17} Empathy has been described as both emotional (“feeling the way another feels, or having a congruent emotion, \textit{because} the other feels that way”) and cognitive (“the capacity or process of \textit{knowing} what another wants, believes, or feels as a result of placing oneself in her situation”).\textsuperscript{18} It differs from sympathy, or “feelings of sorrow or concern for the other” and an “other-oriented desire for the other person to feel better.”\textsuperscript{19} Moreover, empathy is not so much an emotional state as a process or a “capacity, a tool used to

\begin{thebibliography}{9}
\bibitem{13} Fritz Breithaupt, \textit{The Dark Sides of Empathy} 77 (Andrew B. B. Hamilton trans., 2019).
\bibitem{14} Segal, \textit{supra} note 7, at 5–6.
\bibitem{15} Id. at 6.
\bibitem{17} Jessica Fields, Martha Copp & Sherryl Kleinman, \textit{Symbolic Interactionism, Inequality, and Emotions, in Handbook of the Sociology of Emotions, supra} note 16, at 155, 158.
\bibitem{18} Antti Kauppinen, \textit{Empathy, Emotion Regulation, and Moral Judgment, in Empathy and Morality} 97, 99 (Heidi L. Maibom ed., 2014); see Davis, \textit{supra} note 16.
\bibitem{19} Kauppinen, \textit{supra} note 18.
\end{thebibliography}
achieve a variety of ends.”

We use empathy to negotiate interpersonal relations and make moral judgments.

B. Empathy’s Effects

Empathy affects intrapersonal and interpersonal behaviors. For example, an individual might experience empathy when exposed to a “target”—someone who triggers an empathic response that can be cognitive, affective, motivational, or behavioral. Several factors affect these “empathy episodes,” including antecedent factors (characteristics of the empathizer, the target, and the situation), how the empathic reaction is produced, the empathizer’s intrapersonal empathic reaction, and the interpersonal behavioral outcome (how the empathizer responds to the target).

An individual can experience emotional reactions that either align with or differ from the target’s feelings, such as sympathy, empathic concern, or personal distress; these reactive emotions can, in turn, prompt either peaceful or aggressive behavior. Intrapersonally, an individual may feel closer to a target, feel anger on their behalf, or draw away to reduce “the intensity and frequency of unpleasant emotion[s]” or attempt to maintain personal integrity.

Most of the time, empathy refers to an interpersonal phenomenon or experience. An individual’s empathic reactions are motivated by and affect their interactions and relationships. The closer or more compatible an individuals’ emotion is to a target, the more likely that person is to agree with another’s perspectives while also experiencing emotional concordance and compassion. Individuals feel greater affinity for those “close to [them] in affection, time, and place,” such as friends, ingroup members, and others who

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22. Davis, supra note 16, at 443–44.
23. Id. at 443.
24. Id. at 443–44.
25. Id. at 446.
26. Kauppinen, supra note 18, at 103; see Davis, supra note 16, at 453.
27. See BREITHAUPT, supra note 13, at 7.
are deemed to be fair, kind, or good. Thus, empathy may mitigate bad behavior in relationships; instead of retaliating against someone, empathizers who have a relationship with that person may accommodate the other’s behaviors and treat them with more respect. Here, empathy is a “warm feeling,” conveying tolerance or moral approval. This type of empathy can also apply to entire groups; social empathy is “the ability to understand people and other social groups by perceiving and experiencing their life situations” through “learning about and understanding the historical context of group experiences.”

Emotion regulation techniques—whether and how someone restores “calmness or balance” after emotional engagement with another person or issue—also impact empathic engagement. Emotion regulation prevents individuals from getting “swept away” and allows them to “take control and adapt [their] feelings appropriately” to various situations. One can regulate her empathic responses by changing how she is interacting with a particular target or situation; for instance, she can pay attention to a target or on something else, can reappraise what is going on and her reactions, and can even suppress emotional responses altogether. If an individual is unable to empathize, this translates into “a coldness toward others,” indicating moral disapproval.

C. Empathy and Narrative

Stories are powerful vehicles for empathy because they are compelling and more likely to elicit emotions and behavioral reactions than statistics or bare facts. Placing events into a narrative order affects whether and how these events impact others. People “order [their] experiences into stories . . . with familiar structures and conventions—plot, beginning and end, major and minor characters,

32. Kauppinen, supra note 18, at 113.
33. SEGAL, supra note 7, at 4.
34. Id. at 19–20.
35. Id.
36. Kauppinen, supra note 18, at 103.
37. Id. at 113–14.
39. See Bandes, supra note 20, at 363.
heroes and villains, motives, [and] a moral." Empathy is often induced by “reading, viewing, hearing, or imagining narratives of another’s situation and condition.” Critically, past experiences affect interpretations of new ones; new stories are interpreted through the old. Often, a dominant narrative interpretation “drowns out or preempts another,” and comes to resemble common sense, so that “its character as narrative is invisible.” Moreover, certain stories “are relegated to the status of outsider narratives—suspect, implausible, and optional—while others speak the rhetoric of universality and inevitability, and are thus authoritative.”

Much of the research on empathy and narrative stems from narrative theory and literary criticism. Scholars have identified several dimensions of narratives, characters, and narrators that affect empathic efficacy. A character with whom readers personally identify, a narrator who speaks in first person, or an omniscient third-party narrator who peers into characters’ minds are more likely to generate empathy than other techniques. These processes of narrative engagement and identification mirror how individuals form relationships with others—through media consumption or real-life interactions—and help educate them in understanding and deciding to act upon social cues. In this way, narrative can prompt introspection and personal development.

To be empathically effective, a narrative must hold a reader’s attention; doing so long enough can spark emotional resonance and transportation (the sensation of being “caught up” often triggers

40. Id. at 383.
42. See Bandes, supra note 20, at 385.
43. Id. at 386.
44. Id. at 389.
45. Narrative qualities affecting empathic efficacy include “narrative consonance or dissonance, unreliability, discordance, an excess of narrative levels with multiple narrators, extremes of disorder, or an especially convoluted plot.” Suzanne Keen, A Theory of Narrative Empathy, 14 NARRATIVE 207, 215 (2006). Character qualities affecting empathy include “naming, description, indirect implication of traits, reliance on types, relative flatness or roundness, depicted actions, roles in plot trajectories, quality of attributed speech, and mode of representation of consciousness [first person versus third person point of view].” Id. at 216. Narrator qualities affecting empathy include such as relation to and perspectives on other characters. Id. at 215–16.
46. Id. at 216.
47. Id.
48. Id. at 215–16, 219.
49. Zak, supra note 38.
50. Id.
empathic processes.) Transportation is often triggered by a narrative’s dramatic arc, which holds attention and generates the hormone oxytocin, priming the brain for empathic engagement. This dramatic arc starts with “something new and surprising,” builds tension as characters confront challenges, then escalates to a climax that transforms one or more characters, after which tension falls. One common dramatic arc is the “hero’s journey,” which features “[a]n innocent treated unfairly, and a protector who seeks to right the wrong—but can only do so by finding the courage to change himself and become a better person.”

D. Dark Empathy and Difficult Empathy

Empathy’s inherent utility—whether it is “good” or “bad”—necessarily turns on context. Researchers disagree as to whether empathy is always a net good. Peter Goldie argues that empathic perspective-shifting could replace a person’s preexisting perspectives about a subject, possibly “mak[ing] what is irrational or unfounded appear . . . rational or well-founded.” It is also possible that a person’s empathic identification with another might prompt personal distress that preoccupies her, decreasing her ability to feel compassion for another’s suffering and increasing the risk that she will cope through defensive dissociation. Finally, empathy is selective; individuals identify with specific persons and specific aspects of their feelings or perspectives. Empathic reactions are complex; individuals can feel overwhelmed by their empathic feelings but may be unwilling to help, might feel irritation at another’s distress, or may be moved to a violent cathartic reaction.

51. Id.
52. Id.
53. Id.
54. Id.
55. See Bandes, supra note 20, at 374–75. See generally Kauppinen, supra note 18; Peter Goldie, Anti-Empathy, in Empathy: Philosophical and Psychological Perspectives, supra note 21, at 302.
57. Id. at 312.
59. Id. at 11–12.
60. Id. at 12.
Empathy by itself does not motivate individuals to act;\textsuperscript{61} “feeling” another’s pain does not guarantee that someone will be motivated to help.\textsuperscript{62} Thus, empathy might not be the most valuable pro-social process. “Although framed as an antidote to detached concern,” empathy is still disconnected; instead, caring may be more beneficial because it “is a sustained emotional investment in an individual’s well being [sic], characterized by a desire to take actions that will benefit that person.”\textsuperscript{63}

Individuals can design narratives and situations to trigger empathy for both pro- or antisocial purposes.\textsuperscript{64} For instance, individuals naturally use “manipulative empathy” to “guide the other into a particular situation in which they will be emotionally predictable” so that “the empathizer [can] coexperience [sic] their emotions.”\textsuperscript{65} Although manipulative empathy usually has negative connotations, this form of empathy is not inherently sinister.\textsuperscript{66} It includes several positive, “socially sanctioned behaviors,” including gift-giving, pedagogical successes (“a teacher sharing in a student’s moment of recognition”), and telling others good or bad news.\textsuperscript{67} Another form of manipulative empathy, therapeutic empathy, is explicitly beneficial; it is an intentional act directed toward another with a moral value that aims to “make[] people feel better and show[] them that they are not alone and that their suffering is being witnessed.”\textsuperscript{68} Negative forms of manipulative empathy can include “moralizing; teasing; criticizing; patronizing; testing; bullying; threatening; pressuring (as in employees or subordinates); blackmailing; giving false hope and disappointing; irony; sexism; all forms of coercion, including subtler forms of duress; and deliberate embarrassment.”\textsuperscript{69}

But sometimes empathy seems unattainable; for example, it may seem impossible to tell a story that induces empathy for a perpetrator. A person might be personally or behaviorally problematic, along a spectrum of actions ranging from merely being disagreeable to

\textsuperscript{61} Id.; Saul J. Weiner & Simon Auster, \textit{From Empathy to Caring: Defining the Ideal Approach to a Healing Relationship}, 80 \textit{Yale J. Biology & Med.} 123, 126 (2007).

\textsuperscript{62} Weiner & Auster, supra note 61.

\textsuperscript{63} Id.

\textsuperscript{64} BREITHAUPT, supra note 13, at 186.

\textsuperscript{65} Id.

\textsuperscript{66} See id. at 187.

\textsuperscript{67} Id.


\textsuperscript{69} BREITHAUPT, supra note 13, at 187.
committing terrible acts such as murder. In “difficult” or “dark” empathy situations, a narrative can explain the motives behind a perpetrator’s acts, and one can understand this explanation but not experience the “sympathetic identification required for empathy.” In this context, an individual may feel as if their moral sensitivity or behavioral code actually inhibits their ability to engage imaginatively. Moreover, someone who can experience empathy for such a perpetrator might be regarded as a dangerous outsider—a “dark empath” who may exhibit neuroticism, aggression, malicious humor, narcissism, Machiavellianism, grandiosity, and exploitativeness. Thus, empathy is both a social lubricant and a social barrier; “we want to take empathy as easy, to ease everyday interaction, and we want to take it as difficult, to keep a distance between us and those we despise.”

Difficult empathy situations often motivate people to form moral judgments. An individual can use empathy to take a moral stance; first, they will likely feel “a disposition to praise or blame someone on account of an attitude [or] action,” and then they may develop a “normative expectation that everyone share the [same] disposition to praise or blame.” Through this process, people not only develop moral judgments but also form expectations about how their social communities will evaluate these judgments; “we do not act morally because we feel empathy; rather, we moralize to justify our quick and empathetic side-taking.” These expectations of social agreement or disagreement also entail the conviction that these judgments are natural or “given,” formed on the basis of a person’s or situation’s characteristics and not personal biases.

Moral judgments approximate what Professor Terry Maroney terms “emotional common sense”—“what one thinks she simply knows about emotions, based on personal experience, socialization, and other

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70. Morton, supra note 21, at 321.
71. Id. at 318.
73. Morton, supra note 21, at 329–30.
74. Kauppinen, supra note 18, at 104.
75. Id. at 107.
76. Breithaupt, supra note 13, at 17.
77. Kauppinen, supra note 18, at 108.
forms of casual empiricism.”78 If common sense is “unreflective knowledge not reliant on specialized training or deliberative thought” that seems to be a “simple truth,”79 emotional common sense is its effective counterpart.80 Emotional common sense is “based on human observation and experience, accumulated and passed on over time” and thus “embod[i]es certain truths that appear both universal and stable.”81 But these truths actually incorporate “distortion, myth, and bias,” and are fairly accurate with respect to “familiar, consciously accessible phenomena” but not “rapid, nonconscious, largely invisible ones.”82 Because emotional common sense embodies cultural beliefs and values,83 it is inconsistent and subjective “not just between cultures but within individual subjects.”84

III. EMPATHY, NARRATIVE, AND VACCINE UPTAKE

Given empathy’s narrative dimensions and interpersonal dynamics, it is understandable why researchers have focused on how it can be used to encourage positive health behaviors, such as promoting vaccination and education about vaccine safety and uptake.

A. Empathy and Health Behaviors

Health-behavior research has identified the importance of emotional engagement and health-related activity, and the complex relationship between the two.85 Empathy-based messaging is generally more effective in changing health behaviors than fear-based messaging.86 While both fear and empathy can have persuasive effects, empathy can suppress a fear-triggered, defensive psychological reaction that people (especially high-risk individuals) experience when they think that their freedoms may be eliminated.87 Thus, empathic

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79. Id. at 852.
80. See id. at 861–62.
81. Id. at 862.
82. Id. at 863.
83. Id. at 865–66.
84. Id. at 866–67.
86. See infra notes 94–97.
identification with a health-related message can inhibit users’ anger and defensiveness toward recommended changes, making advice seem like a personal decision rather than a constraint that others impose.\footnote{\cite{88}}

“Fear is also notoriously fickle in creating successful behavior change.”\footnote{\cite{89}} For instance, in testing eight antismoking public service announcements, Professor Lijiang Shen found that empathy-arousing messages were more persuasive, and fear-based messages triggered stronger psychological reactance.\footnote{\cite{90}} Shen concluded that, since empathy facilitates “social bonding and relationship development . . . a) the recipients tend to approach the message, instead of avoiding it, b) unintended responses such as counterargument and anger tend to be reduced, and c) the recipients are more likely to internalize the message, hence perceived manipulation can be minimized.”\footnote{\cite{91}} Empathy—particularly when facilitated by narrative—can also help people avoid blaming others for stigmatized health-related behaviors.\footnote{\cite{92}} For example, Shaffer et al. found that healthcare professionals felt an increased positive attitude and empathy after reading a narrative about a woman who smoked while pregnant, and were encouraged to find external reasons for her behavior.\footnote{\cite{93}} Thus, the researchers concluded, “narrative writing would be an efficacious intervention promoting attitude change toward patients who engage in unhealthy, and often contentious, behaviors.”\footnote{\cite{94}}

Moreover, empathy can help increase compliance with health recommendations.\footnote{\cite{95}} King et al. found that when individuals responded with greater empathy to the threat of a pandemic like H1N1, they were more likely to endorse recommended health behaviors and

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\textit{Are We Scaring with High Fear Road Safety Advertising Campaigns?,} ASIA PAC. J. TRANSP., Summer 2002, at 1.
\footnote{\cite{88}} See generally Shen, supra note 87.
\footnote{\cite{89}} Id. at 406.
\footnote{\cite{91}} Shen, supra note 87, at 411.
\footnote{\cite{92}} Id. at 412.
\footnote{\cite{94}} Id.
\footnote{\cite{95}} Id. at 1.
\footnote{\cite{96}} See generally David B. King, Shanmukh Kamble & Anita DeLongis, \textit{Coping with Influenza A/H1N1 in India: Empathy Is Associated with Increased Vaccination and Health Precautions,} 54 INT’L J. HEALTH PROMOTION \& EDUC. 283 (2016).
\end{flushright}
perceive the pandemic as a threat. Finally, Heffner et al. found that pro-social appeals evoking highly positive emotional responses associated greater compliance with self-isolation measures during COVID-19.

B. Empathy, Vaccination, and the COVID-19 Vaccine

One recent context in which empathy has played a prominent role is in encouraging participants to get the COVID-19 vaccine. Here, as elsewhere, narrative plays an important role for vaccine supporters and opponents—both in using empathy to educate individuals about the vaccine and in attempts to resist it.

1. The COVID-19 Vaccine, Narrative, and Social Media Messaging

Researchers have begun identifying and tracking narratives related to promoting or resisting the COVID-19 vaccine. Smith et al. analyzed over 14.3 million posts on Twitter, Instagram, and Facebook, including the word “vaccine” or “vaccination” in English, Spanish, and French, finding that a number of distinct communities were engaging with one another around the COVID-19 vaccine topic, including “[l]ibertarians, traditional anti-vaxxers, New Age groups, [and] Q-anon adherents.” Moreover, these interactions centered around two subjects: “the political and economic motives of actors and institutions involved in vaccine development and the ‘safety, efficacy and necessity’ concerns around vaccines.” These narratives were broken down into six themes: 1) development, provision, and access; 2) safety, efficacy, and necessity; 3) political and economic motives; 4) conspiracy theory; 5) liberty and freedom; and 6) morality and religion.

Development, provision, and access themes addressed the “ongoing progress and challenges of vaccine development,” including vaccine testing, provision, and public access. Safety and efficacy

97. Id. at 290.
98. See Heffner et al., supra note 90.
100. Id. at 7, 12.
101. Id. at 2.
102. Id. at 9.
103. Id.
themes, on the other hand, covered “how they [the vaccines] may not be safe or effective” and their “perceived necessity.”\textsuperscript{104} Political and economic motive narratives included “posts related to the . . . motives of actors (key figures, governments, institutions, corporations, etc.) involved with vaccines and their development.”\textsuperscript{105} Conspiracy theory themes addressed narratives that “feed[] off a deep mistrust of the intentions of political actors and institutions,” including the claim that the COVID-19 vaccine was a mechanism for microchipping individuals and developing population-tracking systems.\textsuperscript{106} The liberty and freedom theme was related to “concerns about how vaccines may affect civil liberties and personal freedom.”\textsuperscript{107} Finally, the morality and religion theme discussed moral and religious concerns about vaccines and their development, including composition and testing.\textsuperscript{108}

Many of these themes were connected to particular cultural narratives.\textsuperscript{109} The theme of political and economic motives linked to a narrative of capitalistic corruption.\textsuperscript{110} This narrative posited that untrustworthy politicians and business leaders (i.e., Bill Gates and “Big Pharma” executives) produced and promoted the COVID-19 vaccine for personal benefit and controlled the government and the media.\textsuperscript{111} The safety, efficacy, and necessity theme was associated with several competing narratives.\textsuperscript{112} While pro-vaccine narratives suggested that the COVID-19 vaccine was the “the silver bullet solution” allowing normal life to resume,\textsuperscript{113} anti-vaccine narratives posited that the COVID-19 vaccine was unnecessary or harmful because it was less powerful than a healthy immune system; COVID-19 could be treated with other effective and inexpensive drugs; COVID-19 was not dangerous or was less deadly than the flu; mRNA vaccines were not safe; and vaccines, in general, were dangerous.\textsuperscript{114} The liberty and freedom theme was associated with a narrative of governmental control designed to “railroad[] our rights’ and freedoms,” beginning with mask mandates.\textsuperscript{115} Finally, the morality

\textsuperscript{104} Id.
\textsuperscript{105} Id.
\textsuperscript{106} Id. at 41.
\textsuperscript{107} Id. at 9.
\textsuperscript{108} Id.
\textsuperscript{109} See id. at 67.
\textsuperscript{110} Id. at 34.
\textsuperscript{111} Id. at 33–35.
\textsuperscript{112} Id. at 36.
\textsuperscript{113} Id. at 13.
\textsuperscript{114} Id.
\textsuperscript{115} Id. at 13, 52.
and religion theme was linked with narratives that suggest either that God enlightened scientists, allowing them to discover the COVID-19 vaccine, or that the only effective vaccine was the Blood of Christ.\textsuperscript{116} Narratives often addressed multiple themes; for example, one merged the political and economic theme with the morality and religion theme, positing that Bill Gates was using the COVID-19 vaccine in his global depopulation plan and that the vaccine was associated with the “mark of the Beast.”\textsuperscript{117}

Anti-vaccination advocates use certain strategies to make these narratives more visible, including taking advantage of public ignorance of vaccine ingredients and technologies to spread disinformation through individual accounts and “news” outlets,\textsuperscript{118} recycling preexisting vaccine myths and conspiracy theories that are adapted to COVID-19,\textsuperscript{119} and adapting vaccine-related headlines from legitimate news stories to fit the anti-vaccination agenda.\textsuperscript{120}

2. Research on Emotion and COVID-19 Vaccine Uptake

Some pre-COVID-19 research has assessed the use of empathy in promoting vaccine uptake.\textsuperscript{121} According to Bodelet et al., for instance, healthcare workers listed protecting patients as a pro-social reason for obtaining a flu vaccine, and “self-reported compassion” was a predictor for adopting pro-social behavior; emotion was “self-transcending,” and participants overcame their own emotions to focus on others.\textsuperscript{122}

As of late 2021, research concerning uptake of the COVID-19 vaccine is still minimal. Assessing the role of emotion in COVID-19 vaccine hesitancy, Chou and Budenz observed that people felt emotionally charged about vaccines before the pandemic, but that individual anecdotes were most influential in determining vaccine behaviors and “influence vaccine risk perceptions and intentions more strongly than statistical information.”\textsuperscript{123} Accordingly, anti-vaccination groups attempted to “manipulate[] emotions to promote

\begin{itemize}
\item \textsuperscript{116} Id. at 70–72.
\item \textsuperscript{117} Id. at 46.
\item \textsuperscript{118} Id. at 11.
\item \textsuperscript{119} Id.
\item \textsuperscript{120} Id. at 12.
\item \textsuperscript{121} See generally Céline Bodelet, Julien Bodelet, Caroline Landelle & Aurélie Gauchet, \textit{Seasonal Flu Vaccination, a Matter of Emotion? An Experimental Study on Role of Compassion, Socioeconomic Status and Perceived Threat Among Healthcare Workers}, 36 \textit{PSYCH. & HEALTH} 1461 (2020).
\item \textsuperscript{122} Id. at 1461–62.
\item \textsuperscript{123} Chou & Budenz, \textit{supra} note 85, at 1719.
\end{itemize}
misinformation and conspiracy theories, sow confusion, and create division.” Anti-vaccination Twitter accounts were more likely to express anger; analyses of anti-vaccination websites demonstrated that between 76 and 88 percent of websites leveraged emotional attacks or assertions, like vaccines violated civil liberties and had dangerous side effects. The COVID-19 pandemic also had high emotional valence due to isolation, loss of loved ones, apprehension, financial difficulties, increasing fear, anxiety, anger, uncertainty, emotional detachment, and related attitudes such as racism and xenophobia. These factors contributed to vaccine hesitancy and declines in vaccine uptake; “coupled with anti-vaccination rhetoric [they] may cause confusion, nervousness, apathy, and other emotions affecting vaccine decisions.” Thus, vaccination education efforts should address emotions and present factual information. Rather than using negative emotional appeals, for instance, it may be more effective to characterize the COVID-19 vaccine as a “concrete[,] actionable strategy to reduce COVID-19 risk [and] ... increase self-efficacy.”

This same perspective is advocated in a widely-discussed essay published in the spring of 2021. Larson and Broniatowski’s editorial, *Volatility of Vaccine Confidence*, discussed yo-yoing public willingness to get the COVID-19 vaccine, exemplifying “emotional epidemiology.” Vaccine uptake rates initially appeared high following news reports of the Pfizer vaccine’s efficacy, but then decreased, potentially reflecting public disappointment or despair after news of additional infection waves, new variants, and potential side effects. Larson and Broniatowski distinguished between two different unvaccinated populations, the vaccine-hesitant and the “anti-vaxx.” They asserted that confusing the two could have dire consequences for public health education and vaccine uptake because

124. *Id.*
125. *Id.*
126. *Id.* at 1718.
127. *Id.* at 1719.
128. *Id.*
129. *Id.*
131. *See id.*
132. *Id.*
133. *See id.*
134. *Id.*
“being hesitant or undecided in the face of a possible safety risk is not being anti-vaccine.”

Vaccine hesitant individuals could lack knowledge about the vaccine, be anxious about vaccine risks, and be fearful because of “historic individual or community experiences.” They may seek information about vaccines, and thus are vulnerable to manipulation by anti-vaccine individuals and organizations. They could also be unfairly labeled as anti-vaxx, even by individuals who can encourage vaccine uptake, such as healthcare workers.

Anti-vaccine groups, on the other hand, are entirely committed to opposing vaccines and use three key messages: COVID-19 is not dangerous, the vaccine is dangerous, and pro-vaccine individuals and organizations are untrustworthy. These individuals “typically represent well-organized entities with explicit agendas, ranging from financial interests (such as selling alternative cures) to ideological or political commitments (such as opposing specific legislation).” Larson and Broniatowski advise using empathy when discussing the COVID-19 vaccine with hesitant individuals to avoid stigma, including “listening to their concerns and helping them contextualize information,” nonjudgmentally acknowledging reasons why someone may be hesitant to vaccinate, and using individuals’ well-established relationships with businesses like salons and healthcare services to increase confidence and endorse vaccination.

In summary, vaccine advocates, vaccine-hesitant individuals, and vaccine opponents all have different relationships to “empathy” and different empathic needs or agendas.

Vaccine advocates were told to use empathy when communicating with hesitant individuals trying to make good healthcare decisions for themselves and others; these individuals needed education and patience when trying to disentangle controversy, misinformation, trial data, safety anxieties, and historical distrust of medical providers and institutions. Here, “empathy” refers to particular communication practices like patience, a nonjudgmental orientation, and reflective listening—not a process whereby one attempts to take another’s perspective or imagine another’s experience. The strategy reflected advice for creating a new

135. Id.
136. Id.
137. Id.
138. Id.
139. Id.
140. Id.
141. Id.
non-threatening narrative about COVID-19 that would be informative to vaccine-hesitant individuals. The approach utilized empathy to change public health behaviors instead of fear, in accordance with research findings. But the strategy was also deeply ironic since it used empathy as a purely instrumental way of talking to unvaccinated individuals, some of whom supporters might otherwise dislike—potentially even viewing them as a group of perpetrators responsible for rising COVID-19 infection rates.

In contrast, anti-vaccine institutions and individuals built fearful COVID-19 vaccine narratives, positioning themselves as the bastion guarding the United States against dangerous medical products, coercive policies, and other threats to individual freedoms and rights. They used empathy to build respect for their perspectives, rehabilitate their moral identity, and gain a public presence. To do so, they weaponized empathy, arguing that they were victims of bias or discrimination, or that they have a right to their anti-vaccine beliefs and to impose their perspectives on others through anti-vaccination policies.

Understanding these different orientations to empathy helps facilitate effective communication practices and realistic health policies.

IV. ANALYZING EMPATHY IN COVID-19 VACCINE MESSAGING

The following sections will analyze empathy themes in COVID-19 vaccine messaging from two primary information sources. The first source is representative of social media messages and memes from pro-vaccine sources like the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and private accounts of anti- and pro-vaccine individuals and organizations. The second source is signs and speeches from the “Rally for Medical Freedom” held on June 10, 2021, at Indiana University (IU) in Bloomington, Indiana, to protest the university’s vaccine “mandate.” This rally was one of the earliest efforts opposing a vaccine mandate. These protests culminated in a lawsuit brought by eight IU students in the US District Court for the Northern District of Indiana, claiming that IU’s policy infringed on bodily autonomy and


privacy; this suit was ultimately rejected by the United States Supreme Court.144

Empathy had a visible presence in both pro- and anti-vaccine messaging in the first several months following approval of the COVID-19 vaccine, from public health statements advocating nonjudgmental conversations to anti-vaccine messaging that deployed empathy to recast the COVID-19 vaccine from a public health issue into one about individual rights. Both groups created COVID-19 vaccine narratives that recycled elements of past stories related to other vaccinations, educational campaigns, and unethical experiments.

A. Empathy and Pro-Vaccination and Media Messages

Several government agencies, public officials, health organizations, and news media organizations engaged in manipulative empathy over social media, posting messages supporting an empathic attitude towards the COVID-19 vaccine.145 The CDC and the WHO were among the most powerful and visible sources of pro-vaccine messaging on social media.146 The CDC’s “COVID-19 Vaccine Conversations” infographic series on Twitter explicitly invoked empathy; one tweet advised users to “help friends and family by listening with empathy and identifying the cause of their concerns” while refraining from any judgment.147 This tweet positioned empathy as an educational strategy and normalized vaccine hesitancy.148 Public figures and news media stations tweeted similar messages, emphasized related emotions like “compassion” and “understanding,” quoted experts who stressed these emotions’ importance, and often profiled someone who got the vaccination.149 Health care providers’ social media messaging followed a similar strategy; one tweet from the Centene Center for Health Transformation, a “community-industry-academic partnership,” mentioned “3 Key Tactics to Convince Vaccine Skeptics,” which included empathy.150

145. See, e.g., infra app. I, at Figures 1, 2 & 3.
147. See infra app. I, at Figure 1.
148. See infra app. I, at Figure 1.
149. See infra app. I, at Figure 2.
150. See infra app. I, at Figure 3.
Pro-vaccine messages from individuals’ private accounts were less likely to advocate empathy. Typical vaccine-supportive posts discussed why refusing the COVID-19 vaccine was antisocial and characterized vaccination as a communal, pro-social act, rather than an individual healthcare decision. Often, users blamed unvaccinated individuals or implied that they were ridiculous, stupid, or selfish. One meme picturing an adult’s hands tying clown shoes stated, “Before you judge anti-vaxxers, walk a mile in their shoes.” This meme mocked empathic perspective-taking, inviting users to identify with pro-vaccine messages while simultaneously what the author of the meme saw as a clownish viewpoint. However, some posts did not use humor; one Facebook user posted that people who refused vaccines were “too stupid and too lacking in human empathy to wear masks and social distance.” Another Facebook user called university students contesting a vaccine mandate “pro-epidemics.”

These examples illustrate that pro-COVID-19 vaccine messaging from public health, government, and news media organizations was not so much a call to understand, identify with, or evaluate the perspective of a vaccine-hesitant individual; rather, it was a request to gatekeep (manage or exclude) negative emotions, use a particular communication style, and educate others. This goal used manipulative empathy, albeit in a socially sanctioned way, to create a safe space for vaccine conversations. Public health authorities’ messages in particular positioned vaccine supporters as members of a communal public with responsibilities to and for one another, who could utilize interpersonal or parasocial relationships to reach particular pro-social goals. These messages created a twofold narrative: a) getting vaccinated was the mainstream strategy for safeguarding one’s self and others, and b) the preferred way to increase vaccine uptake was for vaccine supporters to converse with and educate vaccine-hesitant individuals. Messaging that instructed

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152. See infra app. I, at Figures 5, 6 & 7.
153. See Stopera, supra note 151.
154. See infra app. I, at Figure 4.
155. See infra app. I, at Figure 4.
157. See infra app. I, at Figure 7.
159. See Cohn et al., supra note 158.
vaccine supporters on persuasive communication styles were designed to help them get through a difficult empathy experience, reflecting the assumption that they may find it hard to empathize or speak with individuals who were not yet vaccinated.\textsuperscript{160}

Representative posts from private individuals supporting the COVID-19 vaccine, however, suggested resistance to these strategies.\textsuperscript{161} Despite the potential benefits of employing patience and a nonjudgmental attitude, supporters readily disagreed with, blamed, and attributed negative qualities to vaccine opponents.\textsuperscript{162}

These reactions suggest that COVID-19 conversations were considerably more complex than messages acknowledged. Messages did not address how vaccine supporters should handle continued disagreement, or what to do if they felt that anti-vaccine rationales were persuasive.\textsuperscript{163} Moreover, these messaging strategies did not consider how interpersonal affinity or preexisting relationships could derail the persuasive process.\textsuperscript{164} Take the example of a vaccine supporter who converses with a beloved relative who then refuses the COVID-19 vaccine. The vaccine supporter could respond empathically by accommodating that relative’s views, differentiating that person from others who refuse vaccination, and excluding them from blame or stigma. In deciding to “excuse” her relative because of the kinship, the vaccine supporter resolves the \textit{intrapersonal} discomfort, but in a manner that ignores the communal, \textit{interpersonal} problem of individuals who refuse vaccination. If she were instead attempting to persuade a work colleague to get the COVID-19 vaccine, the vaccine supporter might have a different, more judgmental reaction because she is not as close to her colleague.\textsuperscript{165} These complex, unforeseen interactions make conversations a less constructive policy tool; for them to be most effective, vaccine supporters should be equally invested in every individual regardless of kinship and emotional distance—but that is an unrealistic expectation.

Empathic pro-vaccine social media messaging also positioned vaccine supporters as “good guys” who were instructed not to moralize

\begin{itemize}
  \item \textsuperscript{160} See infra app. I, at Figure 1.
  \item \textsuperscript{161} See infra app. I, at Figures 5 & 7.
  \item \textsuperscript{162} See infra app. I, at Figures 5 & 7.
  \item \textsuperscript{165} See Kauppinen, supra note 18, at 106–07.
\end{itemize}
Vaccine-hesitant individuals were cast as victims of bad information, who could be further hurt through stigma or aggression. They were tragic figures who could either save themselves and others by undergoing vaccination or doom themselves through refusal, casualties of their flawed reasoning. This characterization gave vaccine supporters a discharge valve for their personal distress after unsuccessful conversations. A polite, non-adversarial vaccine supporter who did not persuade a hesitant individual to become vaccinated could walk away with a clean conscience knowing she did everything possible—and discharge any empathic distress by blaming the vaccine refuser.

Critically, these vaccine refusal interactions could have great emotional, educational, and persuasive resonance when turned into exemplary narratives instead of interpersonal encounters. Some messages, usually news media stories featuring a person who experienced vaccine-preventable COVID-19 harms, painted a vaccine-hesitant individual as a tragic figure to persuade unvaccinated individuals that they could experience similar consequences and should get the shot. For example, one CNN story headlined, “Families Mourn the Loss of Loved Ones Who Hesitated on the COVID-19 Vaccine,” was a triple whammy, profiling three individuals who regretted not getting the vaccine earlier. The story first discussed Mike Lewis, whose fifty-eight-year-old father died four days after being diagnosed with COVID-19; he had been working multiple jobs and did not prioritize getting the shot. This loss prompted Lewis and his wife to get vaccinated. Second to be profiled was Darryl Preissler, sixty-three years old, who did not get vaccinated

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167. See Huizen, supra note 4.

168. See FACEBOOK ET AL., supra note 163, at 6.

169. See Keen, supra note 41.


171. Id.

172. Id.

173. Id.
because he was on immunosuppressants; after he died following almost one month in the hospital, his wife, a healthcare worker, regretted not scheduling a vaccination appointment for him. The final profile was of Josh Garza, who initially did not take COVID-19 seriously and spent almost four months in the hospital after receiving a double lung transplant; Garza was angry with himself, but grateful to be alive to share his story.  

These profiles positioned readers—particularly unvaccinated ones—on the sidelines of others’ suffering, inviting them to empathize with people who, like them, may have delayed or refused vaccination. These stories also give vaccine supporters another type of informational tool to deploy in interpersonal interactions, conveying the potential consequences of remaining unvaccinated without imposing blame.  

Critically, the empathic goal of these pro-vaccine messages was not to foster the alignment in perspective that is conventionally empathy’s most desirable outcome. Instead, these messages were designed to encourage patience and non-adversarial knowledge transfer—outcomes that, while well-intentioned, preserved and reinforced interpersonal distance between the vaccine supporter and the vaccine-hesitant individual. Reminders to be patient and non-adversarial strengthened the assumption that it was difficult for vaccine supporters to empathize with individuals who remain unvaccinated. These conceptions of empathy became strategies for defusing other antisocial emotions, like embarrassment or shame, that could undermine persuasion. A patient, kind, and informative vaccine supporter would be far less threatening to another’s personal autonomy compared to someone who is combative and judgmental. Such a person could provide accurate information to support others’

174. Id.  
175. Id. Another type of story utilizes an expert to comment on these experiences of suffering. For example, the Huffington Post published a story that featured Alabama doctor Brytney Cobia, who had previously released a Facebook statement describing how COVID patients beg for the vaccine just before they are intubated. Josephine Harvey, ‘It’s Too Late’: Doctor Says Dying COVID-19 Patients Are Begging for Vaccines, HUFFPOST, https://www.huffpost.com/entry/brytney-cobia-doctor-covid-vaccinemessage_n_60f8b4c9ae4b0158a5edcede?utm_source=Sailthru&utm_medium=email&utm_campaign=Morning%20Email%202021%20-%20US%20-%20Morning%20Email[https://perma.cc/AVN3-VF5Q] (July 22, 2021). Dr. Cobia detailed how patients cried, claimed they thought the virus was a hoax, and didn’t think they would get sick. Id.  
176. See Killough & Lavandera, supra note 170; Harvey, supra note 175.  
177. See Harvey, supra note 175.  
179. See FACEBOOK ET AL., supra note 163, at 4.
vaccine decision-making thus diminishing confusion, powerlessness, and perceived loss of control.

These messaging strategies also placed vaccine supporters on the scientific (and moral) high ground; they were the “teachers” deputized to educate unvaccinated individuals (who were vaccine-hesitant or vaccine opponents).\footnote{See Tonya Russell, How to Talk to Anti-Vaxxers: Advice from the Experts, VERYWELL FAM., https://www.verywellfamily.com/how-to-talk-to-friends-who-are-against-vaccines-5093658 [https://perma.cc/BWU2-NQDP] (Oct. 13, 2021).} Unvaccinated individuals were assigned the “student” role, suggesting that they were selfish, stupid, or backwards.\footnote{See infra app. I, pt. II, at Figures 16, 19, 26 & 30.} The teacher-student relation had obvious power disparities; the term “empathy” was more palatable than “educate” because it implied equality and dialogue, not disparity and lecturing. But given their potential disagreement about the COVID-19 vaccination, these groups were not natural, empathic targets for one another. Ironically, this strategic positioning also put vaccine-hesitant or oppositional individuals on the defensive—just like a mandate.

\textbf{B. Empathy and Anti-Vaccination Social Media Messages}

In contrast to vaccine supporters, vaccine opponents cast themselves as victims, or potential victims, vulnerable to discrimination, experimentation, and loss of freedom.\footnote{See infra app. I, at Figure 6.} Vaccine opponents painted themselves as the underdog characters who battled corrupt, controlling, and hostile individuals or institutions in David versus Goliath encounters.\footnote{See infra app. I, pt. II, at Figures 14 & 31. The classic underdog story of David versus Goliath comes from 1 Samuel 17 in the New International Version of the Hebrew Bible. See 1 Samuel 17:45–50. King Saul and his Israelite army were fighting the Philistines in a valley. Id. Goliath, a Philistine giant, stepped forward twice a day for forty days and dared the Israelites to send out a warrior to face him in single combat. Id. King Saul was afraid to fight Goliath, but a boy named David obtained the King’s permission to fight the giant. Id. While Goliath was wearing armor and carrying a javelin; David had only a staff, a sling, and stones. Id. After telling Goliath that God would give him the power to kill him, David fired a stone from his sling that hit Goliath in the forehead; after he fell, David cut off his head. Id. Cf. infra app. I, at Figure 1.} This messaging contrasted with vaccine-supportive narratives, in which all citizens were supposed to band together to battle the virus—an army of Davids confronting a giant viral threat.\footnote{Cf. infra app. I, at Figure 6.} It more closely resembled private posters’ messages that opposed supporters and opponents.\footnote{Cf. infra app. I, at Figure 6.}

Vaccine opponents alleged that pro-vaccine narratives unfairly cast them as ignorant or antisocial, while lauding vaccine supporters.
as intelligent heroes, rescuers, or missionaries.\textsuperscript{186} Deploying the underdog strategy allowed vaccine opponents to counter these “heroic supporter” themes, explaining that they, too, were good people with moral identities who deserved empathy.\textsuperscript{187} If vaccine opponents were victims, after all, they were unlikely to be thoughtless and cruel humans who intentionally spread COVID-19.

Finally, opponents designed narratives to achieve several other goals: discrediting scientific research and drug trials,\textsuperscript{188} suggesting that industry and government were corrupt,\textsuperscript{189} and countering mainstream pro-vaccine narratives.\textsuperscript{190} But the victim narrative could also trap vaccine opponents in a catch-22. Individuals claiming victim status usually do so because they feel powerless and need external assistance to exercise their rights, hold others accountable, and regain personal agency.\textsuperscript{191} Vaccine opponents, however, claimed victim status to recast COVID-19 as an issue bearing upon individual freedoms instead of public health; their narratives portrayed them as strong and savvy, not helpless or powerless.\textsuperscript{192}

Anti-vaccine messaging utilized several themes to build empathy, including that: the COVID-19 vaccine was not based on sound science and was harmful to humans (particularly children),\textsuperscript{193} vaccines constituted unethical experimentation,\textsuperscript{194} COVID-19 vaccine disputes were divisive to relationships,\textsuperscript{195} vaccinated individuals were foolish or even bestial,\textsuperscript{196} and vaccine regulations were threats to privacy and autonomy.\textsuperscript{197}

1. COVID-19 Vaccines Were Not Based on Sound Science and Were Harmful

Perhaps the most prominent anti-vaccine theme was that COVID-19 vaccine science was flawed, or that science was an

\textsuperscript{186} Cf. infra app. I, at Figure 4.
\textsuperscript{187} See infra app. I, pt. II, at Figure 17.
\textsuperscript{188} See infra app. I, pt. II, at Figure 24.
\textsuperscript{189} See infra app. I, pt. II, at Figure 28.
\textsuperscript{190} See infra app. I, pt. II, at Figure 32.
\textsuperscript{192} See infra app. I, pt. II, at Figure 8.
\textsuperscript{193} See infra app. I, pt. II, at Figure 32.
\textsuperscript{194} See infra app. I, pt. II, at Figure 9.
\textsuperscript{195} See infra app. I, at Figure 8.
\textsuperscript{196} See infra app. I, pt. II, at Figure 13.
\textsuperscript{197} See infra app. I, pt. II, at Figure 15.
untrustworthy process. Ironically, these posts and memes often claimed to be based on “research,” implicitly endorsing the scientific method. One meme represented itself as a COVID-19 fact-checking site that proffered mock health guidance that included avoiding fresh air and sunlight, trapping bacteria and germs on the face, watching the news, “[g]et[ting] injected with unknown chemicals,” “[i]nstill[ing] a sense of fear and anxiety in your children,” and “[a]ttack[ing] and insult[ing] anyone who disagrees with you.”¹⁹⁸ Another meme portrayed “germ theory” as a paranoid masked woman grocery shopping with a bedsheet lining her cart and a clear veterinary cone over her head.¹⁹⁹ A third meme deemed vaccine advocacy as “peer pressure[]” and compared it to illegal drug awareness campaigns promoting “experimental drugs.”²⁰⁰ These messages sought to undermine mainstream information about the COVID-19 vaccine research or science, and build affinity with other vaccine opponents through pity for misinformed vaccinated individuals.

Other memes used technical language to counter scientific research on its own terms. One meme took issue with applying terms like “cure,” “data,” “research,” and “science” to the COVID-19 context, stating that cures did not kill, adverse event data was being censored, contradictory information was being deleted, and individuals could not question “science.”²⁰¹ These posts often used scientific terminology and discussed scientific, experimental, or clinical processes.²⁰² Such messages varied in their anti-science extremity. On one end of the spectrum were messages from users who opposed coerced vaccination but claimed to not be anti-vaxx or anti-science.²⁰³ On the other end were messages opposing vaccines or scientific conclusions in general, or promoting conspiracy theories suggesting the COVID-19 vaccine was poison or a population control technique.²⁰⁴ One meme listed the “five stages of vaccine awareness,” starting with “[v]accines are safe and effective” and degenerating into the assertion that “[v]accines are silence weapons for human farming: killing, sterilizing, mind control & disease creation for fear and income.”²⁰⁵ Another meme featured a gruesome painted image of naked men and women impaled on sinister hypodermic needles like a Christian crucifixion scene, captioned, “How

¹⁹⁸ See infra app. I, pt. II, at Figure 21.
¹⁹⁹ See infra app. I, pt. II, at Figure 22.
²⁰⁰ See infra app. I, pt. II, at Figure 9.
²⁰¹ See infra app. I, pt. II, at Figure 24.
²⁰² See infra app. I, pt. II, at Figure 7.
²⁰³ See infra app. I, pt. II, at Figure 7.
²⁰⁵ See infra app. I, pt. II, at Figure 25.
do you cull 7 billion people?... Convince them to beg for the poison that kills them.”

These anti-vaccine messages were fostered to scare or disgust unvaccinated users, counter-narratives that vaccinated supporters were more knowledgeable or powerful, and reinforce anti-vaccine adherence among the like-minded.

To undermine COVID-19 vaccine science, opponents argued that the vaccine was harmful or poisonous, thus creating what they termed a “need” to protect the unvaccinated. Here, memes and posts constructed anti-vaccine advocates as heroes who could save potential “victims” from the dangerous vaccine and its supporters—and both figures could easily trigger empathic reactions. One Facebook meme stated, “I am happy to say no one in my immediate family is taking the poison [smiley face]. Share if you can say the same if not try harder lives depend on it!! [sic]”

2. COVID-19 Vaccines Were Unethical Experimentation

A related theme was the contention that the COVID-19 vaccine constituted unethical experimentation—largely premised on the vaccine’s emergency use authorization approval from the FDA (it has since received full FDA approval).

Experimentation messaging often focused on children, a group especially vulnerable to manipulation and exploitation, and therefore likely to inspire empathy. Posts cast vaccine supporters who endorsed child vaccination as heartless monsters who would harm innocent youth; one meme featured a young girl holding hands with an older female and cautioned that the COVID-19 vaccine was “EXPERIMENTAL and unapproved” and that recommending children be vaccinated was “unethical, unscientific, immoral, and WRONG.”

Other—and more extreme—memes and private posts compared the COVID-19 vaccine to genocide or the Holocaust. These messages warned of discrimination towards and punishment of unvaccinated individuals, invoking situations where being made “other” had

206. See infra app. I, pt. II, at Figure 26.
207. See infra app. I, pt. II, at Figure 29.
209. See infra app. I, pt. II, at Figure 32.
210. See infra app. I, pt. II, at Figure 32.
211. See infra app. I, pt. II, at Figure 31.
unthinkable consequences, like Nazi experiments. Mask mandates and mitigation testing were transformed from public health measures into sinister steps toward government control and power at the expense of citizens’ personal autonomy and dignity. These allegations were intended to not only trigger empathy, but to capture users’ attention by invoking the unthinkable and casting vaccine opponents either as experimentation victims or as individuals bearing witness to crimes against humanity. Some memes exploited historically marginalized groups’ suffering and discrimination (here, Jewish and Black people). One meme implied that mask wearers were slaves; it featured a photoshopped image of a medical mask attached to a flagpole with the header, “THE FLAG OF SLAVERY.” Another drew parallels between vaccine opposition and resistance efforts during the Holocaust, including hiding Jewish people.

3. COVID-19 Vaccines Were Relationally Divisive

Another theme particularly relevant to empathy was that the COVID-19 vaccine caused mistrust and divisive interpersonal relationships. Anti-vaccine messaging advised users that friends and family were the most trusted information sources about COVID-19 vaccine safety, not anonymous strangers or corporations—countering pro-vaccine “listen with empathy” messages from the WHO and CDC. One Facebook post asks, “Someone is lying. Is it your friends and family who truly care about you and have taken the time to do extensive research? Or is it big p[harm]a who stands to make billions.” Other messages advised users how to remain polite and civil in a vaccine-related conflict. One post featured a sign instructing individuals on how to “decline vaccine service,” instructing users, “DO NOT ‘flatly refuse’ a vaccine. Otherwise, you may be considered belligerent. Instead, you can politely decline the service BY respectfully seeking more safety information…”

Some anti-vaccine messages went much further, suggesting that users terminate relationships with vaccinated individuals, or that

212. See infra app. I, pt. II, at Figure 31.
213. See infra app. I, pt. II, at Figure 33.
215. See infra app. I, pt. II, at Figure 33.
216. See infra app. I, pt. II, at Figure 31.
217. Compare infra app. I, pt. II, at Figure 7, with infra app. I, at Figure 1.
218. See infra app. I, pt. II, at Figure 7.
219. See infra app. I, pt. II, at Figure 8.
220. See infra app. I, pt. II, at Figure 8.
such people were not worth the interpersonal investment—mirroring vaccine supporters who advocated for denying unvaccinated adults’ empathy.221 Here, the choice to get a COVID-19 vaccine was portrayed not as a pro-social, thoughtful decision, but a choice to intentionally harm oneself—with the implication that adults who self-harm do not deserve assistance.222 One Facebook poster reasoned that vaccinated adults did not merit compassion because they “choose[] to get jabbed by these MORE THAN OBVIOUS genocidal concoctions.”223 Another Facebook post stated that vaccinated individuals did not deserve outreach: “Do as you wish, but personally, I will expend zero time or energy reaching out to the already CV vaccinated.”224 Still, other messages asserted that vaccinated individuals were not merely fools, but animals undeserving of human companionship or empathy—for example, that they “have the intelligence of a lab rat,”225 were transformed into animals by vaccine-mutated DNA,226 or were like zombies.227

4. COVID-19 Vaccine Policies Violated Privacy and Autonomy

The themes of privacy and “medical freedom” were ubiquitous; for vaccine opponents, refusal was a right, and measures to determine who was vaccinated were violating personal privacy. Anti-vaccine messaging claimed that inquiries about vaccination status were intrusive and unnecessary.228

Many messages merely expressed defiance; one altered the “Don’t Tread on Me” slogan from the American Revolution Gadsden flag, now identified with the gun rights movement, to read, “Don’t Vaccinate Me.”229 Another announced that its author was “unmasked, unmuzzled, unvaccinated, unafraid.”230

The term “medical freedom” was synonymous with personal autonomy but had more flag-waving connotations. Medical freedom was simultaneously a God-given, “natural” individual trait or right,

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221. Compare infra app. I, pt. II, at Figure 13, with infra app. I, at Figure 6.
222. See infra app. I, pt. II, at Figure 10.
223. See infra app. I, pt. II, at Figure 10.
224. See infra app. I, pt. II, at Figure 11.
225. See infra app. I, pt. II, at Figure 12.
226. See infra app. I, pt. II, at Figure 13.
227. See infra app. I, pt. II, at Figure 14.
228. See infra app. I, pt. II, at Figure 15.
229. See infra app. I, pt. II, at Figure 19.
230. See infra app. I, pt. II, at Figure 20.
and something for which one had to fight.\textsuperscript{231} These messages remained silent on others’ rights, government powers, and obligations to act for the public welfare, or exactly how or which freedoms were being threatened or eliminated.\textsuperscript{232} For instance, one meme featured a dramatic black-and-white image of a syringe with the caption, “I don’t need to justify my refusal[]. You need to prove your right to force me.”\textsuperscript{233} This example reduced the COVID-19 controversy from the global level (for the common good) to the local level, requiring vaccination supporters to justify public health regulation and ignoring the robust body of case law allowing the state to act to preserve public safety.\textsuperscript{234}

Other messages attacked the way supporters referred to vaccine opposition, reframing these choices in more positive terms.\textsuperscript{235} For example, one post took issue with the term vaccine refusal: “People who don’t want the vaccine aren’t ‘refusing’ it. . . . You can decline without refusing. . . . Refus[ing] is a manipulative term, loaded with unfair moral pressure.”\textsuperscript{236} Those who “refuse” something useful—even life-saving—may be undeserving of empathy.

In summary, these memes and posts constructed the choice of whether to get the COVID-19 vaccine as an individual “right,” not a collective issue. Citizens had responsibilities to protect themselves, not other strangers. Vaccinated individuals were characterized as everything from sheep deserving pity, or willfully moronic fools engaging in self-harm, to human rights criminals on par with Nazis or slave owners. None of these groups, of course, had moral authority or merited empathic engagement.

\textit{C. Messaging at the Indiana University “Rally for Medical Freedom”}

The second source of COVID-19 messaging consists of signs and speeches from the “Rally for Medical Freedom” held on June 10, 2021, at IU, to protest the university’s vaccine “mandate.” This case study illustrates how easily opponents’ messages could be adapted to protest a particular policy—in this case, IU’s vaccine mandate for students, faculty, and staff.

Because attendees gathered in opposition to a specific institutional policy, rally messaging starkly illustrated how vaccine

\begin{footnotesize}
\begin{enumerate}
\item \textsuperscript{231} See infra app. I, pt. II, at Figure 16.
\item \textsuperscript{232} See, e.g., infra app. I, pt. II, at Figure 16.
\item \textsuperscript{233} See infra app. I, pt. II, at Figure 18.
\item \textsuperscript{234} See, e.g., Jacobson v. Massachusetts, 197 U.S. 11, 24–25 (1905).
\item \textsuperscript{235} See infra app. I, pt. II, at Figure 17.
\item \textsuperscript{236} See infra app. I, pt. II, at Figure 17.
\end{enumerate}
\end{footnotesize}
supporters and opponents strategically used empathy in COVID-19 policy-making. While vaccine supporters urge empathic, educational conversations in lieu of mandates and cast vaccination as a benevolent act, opponents usually address why the COVID-19 vaccine was scientifically, ethically, morally, and religiously untenable.

On May 21, 2021, IU announced that students, faculty, and staff would be required to be vaccinated and upload proof to an online university website. However, after Indiana Attorney General Todd Rokita issued an advisory opinion stating that the mandate violated a new state law banning “vaccine passports,” IU, as a state institution, had to retract its requirement that individuals provide proof of vaccination, instituting other incentives to encourage reporting in its place. The June 10th rally was organized by groups such as the Children’s Health Defense and IU Family for Choice, Not Mandates, and also attracted a presence from advocates for other movements, such as anti-abortion activists.

Signs at the IU rally mentioned a variety of slogans that echoed themes of danger, experimentation, and marginalization evident in anti-vaccine social messaging, including the following:

“It’s mutating into medical dictatorship[.]”
“I am not IU’s $cience Experiment[.]”
“Religious and Medical Freedom[,] Rescind all Mandates[.]”
“I’m not a lab rat[.]”
“Stop the hate in the vaccine debate[.]”
“Medical Segregation [with an X through it]”
“My body, my choice.”
“Fraudci & I.U. Lie.”
“Not anti-vax[x] I just don’t want my kid to be a part of the experiment[.]”
“Tyranny disguised as safety[,] coercion is NOT consent[.]”

238. Compare infra app. I, at Figures 1, 2 & 3, with infra app. II, at Figures 34 & 40.
“Vaccine mandates create medical apartheid[,] No thank you!”
“Remember the Nuremberg Code” (held up by a young child)[422]

Empathy played a role in several interconnecting narratives that rally speakers used. First, they argued that science was untrustworthy because data could be manipulated or hidden, and scientific studies or vaccine trials were inconclusive.[243] Second, they asserted that pro-vaccine individuals and organizations (like IU) used data deceptively and were untrustworthy; asserting that Big Pharma and other organizations paid them off.[244] Third, speakers claimed that vaccines were harmful and should be resisted.[245] Instead, they urged people to put their trust in core values such as Christianity, personal autonomy, freedom, and liberty.[246] As in other messaging, vaccine supporters who pressured others to get the COVID-19 vaccine merited scorn, whereas their unvaccinated victims were wholly deserving of empathic engagement and support.[247]

1. Untrustworthy Science

Many signs and speeches were devoted to discrediting the science and technology that had enabled experts to quickly produce the COVID-19 vaccine.[248]

Although she was introduced as having a background in radio and marketing, Ann Dorris president of IU Family for Choice Not Mandates, claimed to “have a very strong science background”; she claimed that “only the strength of the correlation [] shows that a specific set of data can most likely be true.... There is no way to prove anything in this world.”[249] Dorris alleged that scientists had censored data showing the vaccine was harmful and that other treatments worked: “Why is the EAU actually allowing a drug to be

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244. See Rally for Medical Freedom at Indiana University (June 10, 2021).
246. See id.
247. See Dorris, supra note 243.
248. See, e.g., infra app. II, at Figure 40.
249. Dorris, supra note 243.
used in this purpose when there were already therapeutics peer reviewed and that information was being suppressed? . . . [T]he environmental hygienists [] already knew this information for many, many years.”

Libertarian speaker Lucy Brenton also linked COVID-19 cover-ups to other past conspiracies, including the alleged concealment of an effective AIDS treatment. To contradict mainstream research, speakers offered other information to show the vaccine was unnecessary or that naturally acquired immunity was more effective. Sandy Spaetti a medical freedom activist, described an Indiana healthcare worker who had donated her blood after acquiring COVID-19 and whose plasma was used for antibody therapy—something she allegedly could not have done with vaccine antibodies.

Speakers also attempted to twist legitimate scientific findings to suggest that studies had concluded the COVID-19 vaccine was unnecessary or that immunity from infection was as effective. For example, Spaetti claimed a Cleveland Clinic study had found that employees who had SARS-COV-2 were unlikely to benefit from the COVID-19 vaccine. Spaetti’s description was inaccurate; the article actually was about who should initially receive vaccine priority; it concluded only that individuals who had contracted COVID-19 had some antibodies and thus should receive lower vaccine priority than individuals who had never been naturally infected and had no antibodies.

250. Id.
251. Id.
252. Spaetti, supra note 245.
253. Id.
2. Pro-Vaccination Individuals are Untrustworthy

Rally speakers and messages also asserted that pro-vaccination individuals and institutions were untrustworthy for several reasons: they did not engage with vaccine opponents, they dodged accountability, they threatened to take away essential resources from vaccine opponents, and they created an atmosphere of fear and attempted to control vaccine opponents.256

Speakers complained that IU did not engage anti-vaccination advocates’ concerns.257 IU Board of Trustees candidate Margaret Menge complained that the Board of Trustees had not responded to her requests for a conversation and that the rally organizers just wanted visibility: “We just wanted to be heard. We wanted them to see us. . . . [T]he better thing for them to do would have been to come out and talk to us.”258 Stephanie Deemer, a mother to three IU students, asserted that all the organizers wanted was for others to respect their decision not to vaccinate.259

The allegation that IU would not interact with rally organizers has obvious implications for empathy; one party’s refusal to engage with another stifles opportunities for empathic reaction and interaction and might appear to denigrate the other or her perspective(s). By the date of the rally, however, IU had already retreated from its original vaccine mandate requiring proof of vaccination.260 An IU press release stated these changes came from listening to stakeholders: “Feedback from students, parents, faculty, and staff, as well as conversations with legislative leaders, led to adjustments in the vaccine verification and exemption process.”261

Some speakers argued that vaccination was not a pro-social, utilitarian action as supporters claimed.262 They further asserted that vaccine opponents were being subjected to antisocial, potentially discriminatory treatment because they were unvaccinated.263 For
instance, Spaetti claimed that vaccine supporters were pushing COVID-19 vaccines with “religious devotion” to “trample” opponents’ religious beliefs, imposing coercive regulations, and deprive unvaccinated students of important IU entitlements. Menge analogized IU’s consequences for vaccine mandate noncompliance to “termination” (a euphemism for death):

[C]ould IU have gone any further than to say you must get this shot or your classes will be cancelled [sic], your Crimson Card will be cut off so you can’t even buy yourself lunch on campus, right? Your email account will be cut off, you will have no access to university resources, and for employees you will be immediately terminated. Now I don’t, I hate that word “terminated.” . . . we are human beings with innate dignity. . . . I can’t be terminated. You can’t be terminated. Terminated is ended. None of us can be ended. We can’t. We’re free Americans.

Such remarks indict vaccine supporters for supporting mainstream pro-vaccine messages, and cast the COVID-19 vaccine as a false idol. Speakers also claimed that, if the COVID-19 vaccine was so miraculous, it would not be necessary to use mandates and incentive programs to increase uptake, and that such measures were proof of coercive intent and the vaccine’s danger. Spaetti stated:

[Y]ou all have also been tempted with free donuts, free beer, free gift cards, free groceries, free tuition, the chance to win a million dollars, and all sorts of prizes. . . . If a medical procedure is so necessary and so life-saving, if it is so safe and effective, why on God’s green earth would the government need to partner with universities, organizations, and corporations to tempt the public with free prizes?

Brenton compared IU’s incentive lottery to a deadly game show: “[I]t’s like the ‘Price is Right.’ Here, take more poison and hopefully you win a million dollars. Oh, you’re dead? No problem. We’ll just give it to the next guy. That is just insane.”

Thus, like anti-vaccine social media messaging, rally speakers characterized vaccine supporters and their advocacy efforts as untrustworthy purveyors of a deceptive agenda who merited scorn, not empathy. Getting the COVID-19 vaccine was not a benevolent act of communal caring, but a dangerous decision often imposed through unethical coercion.

264. See Spaetti, supra note 245.
265. Menge, supra note 256.
266. See Spaetti, supra note 245.
267. Id.
268. Brenton, supra note 251.
3. Vaccines and Vaccine Mandates Created Victims

Vaccine opponents strategically referred to themselves as victims of fear and coercive policies to generate empathy from rally attendees.²⁶⁹ Some speakers alleged that vaccine supporters victimized opponents by cultivating fear.²⁷⁰ Menge told rally attendees they no longer needed to be scared: “We’ve got to get rid of all of this. The charade is [] over. . . . We had a virus, it was scary. . . . The university took extraordinary measures . . . now, we have more information. . . . Time to get back to life.”²⁷¹ Dorris claimed to be inundated with messages from “people just complaining and upset and they, they don’t know what to do and they’re scared,” and said, “That’s the last thing that people should be right now is scared.”²⁷²

Vaccine opponents also claimed exploitation through other regulations such as mask and testing mandates.²⁷³ According to Dorris, “They’re [the students, faculty and staff] still going to be forced to horrible testing on a regular basis. They’re gonna have to wear the face diaper. They’re going to be segregated and discriminated against. That has to stop.”²⁷⁴

IU students, in particular, were vulnerable to such victimization.²⁷⁵ Spaetti stated:

You’re so looking forward to FREEDOM. . . . You’re beyond excited to stand on your own two feet, make your own decisions and just be an adult. Then bam, out of nowhere, you hit a brick wall. You get this vaccine mandate thrown at you. You’re told you must comply or else. Suddenly, you’re feeling panicked. This sure doesn’t feel like that freedom you’ve been yearning for. You don’t want this vaccine. . . . You have so many questions. Can they really cancel your classes and campus privileges if you don’t comply? Is this legal? You’re feeling confused, upset, pressured, and angry. Well, let me tell you. You do not have to comply. Your body is your own.”²⁷⁶

Brenton intimated that these measures could create a slippery slope leading to “the beginning of the end.”²⁷⁷ These messages were

²⁶⁹. See Spaetti, supra note 245.
²⁷⁰. Id.
²⁷¹. Menge, supra note 256.
²⁷². Dorris, supra note 243.
²⁷³. See id.
²⁷⁴. Id.
²⁷⁵. Spaetti, supra note 245.
²⁷⁶. Id.
²⁷⁷. See Brenton, supra note 251. Brenton warned that “[i]f . . . forcing a medical procedure through coercion becomes lawful and supported by authorities, we’re setting a precedent for a future without the human right to refuse things being done to your body without
also present in rally signs, including those reading, “medical segregation [with an X through it],” “Stop the hate in the vaccine debate,” and “It’s mutating into medical dictatorship.”

Jaime Carini, a PhD student in the IU Jacobs School for Music, invoked a personal victimization narrative, directly appealing to attendees’ empathic processes. Carini stated that she was “kind of scared to be here because I’ve been living under a veil of fear for the past year,” and claimed to represent others. She explained that she “suffer[s] from invisible diseases,” that her treating physician had recommended remaining unvaccinated, and that she did not currently qualify for a medical exemption. She faulted IU officials for believing that “they have the right to insert themselves into the relationship between me and my doctor” and “encouraging a culture in which asking and divulging private medical information is normalized.” Carini’s story was particularly powerful because she was unvaccinated for medical reasons, following her physician’s advice; audience members could easily envision themselves in her situation, caught between needing to finish an academic program and complying with regulations.

Speakers’ most extreme victimization claims invoked the Holocaust; two speakers, Ashley Grogg and Indiana state representative John Jacob, described direct family connections. Grogg described her grandfather’s experiences in Auschwitz to exemplify the consequences of fear, drawing a parallel between bearing witness to the Holocaust and to coercive vaccine policies:

I really and truly can’t imagine what my great grandmother thought as her children were ripped away from her, put on box cars [sic] and sent to Auschwitz. That is what happens when fear dictates people’s behavior. I can’t imagine what my grandfather thought as he marched into the death camps, was kicked in the shins by the SS with steel-toed boots because his poor malnourished child body couldn’t move fast enough. And he drug the murder victims to their mass graves. That is what happens when fear wins. Not on my watch.

consent.” Id. Brenton deemed this “objectively immoral” and “the beginning of the end if [it] becomes reality.” Id.

278. See infra app. II, at Figures 34, 37 & 38.
279. See Jaime Carini, Speech at the Rally for Medical Freedom at Indiana University (June 10, 2021).
280. Id.
281. Id.
282. Id.
283. See Ashley Grogg, MSN-RN, Founder, Hoosiers for Med. Liberty, Speech at the Rally for Medical Freedom at Indiana University (June 10, 2021); John Jacob, Ind. State Representative, Speech at the Rally for Medical Freedom at Indiana University (June 10, 2021).
284. Grogg, supra note 283.
In linking her relatives’ fear to that experienced by rally attendees, Grogg implied that IU officials (and, by extension, other vaccine supporters) employed coercive, persecutory behaviors akin to the Nazis, rendering them perpetrators undeserving of empathy. Representative Jacob linked his family’s Holocaust history to pro-life arguments and the need to safeguard liberty for the “preborn” lest all citizens’ freedom be lost:

My mother was Polish. And she was there when the Nazis took over Poland. The Germans kidnapped her and took her back as a forced nurse’s aid to tend wounded German soldiers... Our founding fathers believed in Liberty. But the first thing they talked about was life.... If you’re not alive, everything else doesn’t matter.... If we’re so concerned about our liberty, but we’re not concerned about the preborn that are being murdered at over 3,000 children a day in our nation, God’s not concerned about our liberties and don’t expect that God will allow our liberties to come back.285

Representative Jacob cast Nazi actors and abortion (and COVID-19 vaccine) supporters as criminals, intimating that all were enemies of liberty who victimized abortion (and vaccine) opponents.286

4. Vaccines are Physically Dangerous

Speakers argued that the COVID-19 vaccine was dangerous, supporting these claims through personal anecdotes, not statistical information.287 Like other rally messaging, this strategy portrayed vaccine opponents as empathic figures, vulnerable to harm through coerced medical procedures. Speakers believed that the COVID-19 vaccine was experimental based on its emergency use authorization status from the Food and Drug Administration (FDA). Invoking the Holocaust, Dorris stated that COVID-19 vaccination campaigns constituted illegal medical experimentation:

[W]hy are they pushing this injection, this chemical cocktail, onto the least of the ... demographics that are actually affected by Covid ... why are we going to subject our children to a global experiment that appears to have a little more nefarious tendencies to it .... I truly believe wholeheartedly that this could actually become one of the biggest crimes in humanity. To force this on our kids is not just morally and ethically wrong; it’s criminal.288

Another speaker, Brenton, conflated coercion and vaccine dangers, painting a fantastical, fear-inducing image of vaccine injury consequences:

285. Jacob, supra note 283.
286. See id.
288. Dorris, supra note 243.
It’s really darn hard to take care of your family when you’re shaking like a Parkinson’s patient. If you take on the risk of this vaccine, you can lose your life. You can lose your ability to provide for your family and you will lose your dignity because you’re being forced. There is no recourse. And I would like to know who pays the bills for the people that can no longer work. Who pays the bills for the people that are dead. Who takes care of the children of the parents who are dead. There will be, there will be dead people as a result of the vaccine; now they have 5,000 of them . . . You’ve probably seen the Harvard study that says that 11% of vaccine injuries are reported. . . . Who’s paying for the funeral? [] I’m going to start crying.

Brenton also accused Doctor Anthony Fauci and the federal government, among others, of censoring data and covering up health harms, and told attendees that only they could stop this abuse: “I want you all to say with me, I own me. [Audience: I own me.] You have to decide that you’re free. Slaves act like slaves. Free people act like free people. Do free people submit? No!”

Another group, besides vaccine supporters, who did not merit empathy were Indiana politicians whose passivity had sunk anti-vaccination legislation. Dorris berated Indiana Governor Holcomb: “You need to find at least a warm body with a spine in it. Because I would take that right now over what we’ve got sitting in the mansion . . . the state of Indiana people don’t ever want to see another traitor in their governor’s mansion again.” Other speakers argued for holding politicians accountable.

These remarks about experimentation and medical harm construct vaccine supporters as moral monsters and COVID-19 vaccine mandates as atrocities—a strategy that not only positions these individuals as perpetrators undeserving of empathy, but that demonstrates their brutality and inhumanity.

5. Core Values are Trustworthy

As mentioned, rally speakers attempted to generate empathy for themselves and other vaccine opponents through appeals to core values, such as Christian religious principles, personal autonomy, liberty, and freedom. They claimed these core values were under attack from numerous sources, including IU. Menge stated that “the university was riding roughshod over the constitutional rights of
students,“ and Spaetti described IU as a bully: “Indiana University is stepping outside the law with their COVID vaccine mandate. Do not cave into their coercive threats and bullying. Do not cower down to medical tyranny. Do not fear this illegal mandate. Be brave, stand up, stand firm and hold your ground.”

Some speakers invoked a battle metaphor, stating these core values were under attack, positioning vaccine supporters as “adversaries” and vaccination as succumbing to the enemy or surrendering the fight, acts of moral cowardice. For example, Indianapolis pastor Micah Beckwith—a former candidate for Indiana’s Fifth Congressional District for the House of Representatives—gave an opening prayer that stated, “God is a god of freedom; . . . we’re going to ask his blessing so that we can walk in that freedom and defend that freedom today. . . . would you protect us from overbearing, overarching, tyrannical overreach into our personal lives, Father.”

Similarly, Speaker Becky Cash characterized herself and other parents of children who were allegedly vaccine-injured as “warriors”:

Thankfully, I was raised to search, seek, and stop at nothing. . . . I went to biomedical conferences, full of thousands of moms who had enough knowledge to get medical degrees. I was not in a secret society. I, the daughter of a microbiologist. I, the daughter who was told it was child abuse not to vaccinate. . . . the day the doctors helped me put the dots together, that was the day a warrior was born among warriors.

Speakers suggested that these core values were akin to fundamental rights that trumped the common good, including autonomy and religious freedom.

Rally speakers described autonomy as a right existing in both natural law and Christian principle. Spaetti informed attendees that autonomy was “[t]he moral or natural right to have bodily integrity. This is natural law. This is God-given law.” But speakers cautioned this right had to be claimed to be useful; Spaetti urged, “You are within your God-given rights to guard your temple. . . . Be informed, know your rights, be brave, and claim them. Do not consent to handing over medical decisions for yourself to the CDC, FDA or to

295. See Menge, supra note 256.
296. Spaetti, supra note 245.
297. See Jacob, supra note 283; Micah Beckwith, Speech at the Rally for Medical Freedom at Indiana University (June 10, 2021).
298. Beckwith, supra note 297.
299. Cash, supra note 287.
300. See Spaetti, supra note 245.
301. Id.
302. Id.
Indiana University.” Finally, Brenton challenged attendees to think about who “owned” them and defy coercion: “[Y]ou have to decide, who owns you? Do you own you? Does God own you? I own me. . . . I will not submit to coercion. I will not submit to fraud. I will not submit to force. And I will certainly not submit to a lottery.”

Speakers also discussed another core value, religious freedom, a natural right supported by Indiana law. Speakers usually conflated religious and moral objections to vaccination. Spaetti cataloged potential grounds for objection:

There are numerous moral issues with vaccines that may justify one’s desire to claim a religious exemption to some or to all vaccinations. Examples include aborted fetal cell lines, animal cells, and blood products used in the research development, and or production phases of many vaccines. . . . Some individuals simply believe in relying on their God-given immune system as a primary means, the primary means to maintaining health. They may have a moral objection to injecting live or attenuated viruses, or for example, injecting messenger RNA coded to trigger in your body to develop SARS COVID2 spike proteins.

Thus, speakers drew boundaries around those protecting core values (vaccine opponents) and those threatening them (vaccine supporters, IU, and others) to educate attendees about which were proper targets for empathy, and which deserved scorn.

6. Self-Advocacy as a Path to Freedom

Speakers beseeched attendees to advocate against the COVID-19 vaccine, often invoking the David vs. Goliath theme present in social media. Several characterizations of vaccine advocates, including the protective “mama bear” parent and the underdog crusader, were deployed to trigger attendees’ empathy. Many speakers linked their advocacy to a parent’s responsibility to protect college-age children from harm (through the vaccine), triggering empathy for potentially vulnerable (if older) populations. For example, Deemer stated that her children were “going to be forced to take a vaccine if IU doesn’t fix this. And that’s

303. Id.
304. Brenton, supra note 251.
305. See Spaetti, supra note 245.
306. See id.
307. Id.
308. Brenton, supra note 251.
309. See Deemer, supra note 259.
310. Id.
why I’m fighting . . . And I’m not backing down. And I’m not afraid. And we’re going to get this mandate overturned and trash canned.”

Speakers described advocacy as a courageous, morally correct behavior. Spaetti told attendees:

Know this, there are many of us fighting for you. We fight for freedom, religious freedom, medical freedom, freedom from coercion and tyranny, freedom of choice. We fight against all medical mandates. We fight [for] truth. We stay firm knowing beyond a shadow of a doubt that God is on our side. We do not fear because he goes before us.

Several speakers emphasized advocacy’s personal benefits, like overcoming fears and regaining control. The speakers quickly affirmed that advocates included medical professionals; Cash reassured attendees that medical professionals were risking unknown perils because of their anti-vaccination stance:

[T]here is an entire medical community treating the families that have been called liars and cast aside. They too are warriors in this fight. They risk losing medical degrees from prestigious medical schools like Indiana University. They risk jail time. They risk being called crazy because they cannot and will not abandon what is under the iceberg.

Speakers told attendees that these personal benefits might only come through more visible engagement. Claiming that self-efficacy raised self-esteem, rally speakers urged attendees to “step up.” Grogg remarked,

I was once hiding in the shadows too. It's time to step out. . . . Right now, we are literally standing out in the sunshine. We are letting our voices be heard, and we need to continue to do this. Those who want to forcibly inject you and your family will win if we start going back to hiding. . . . I don’t let fear control me. I use it as motivation.

Speakers also cast themselves as cheerleaders for fundamental rights. Spaetti stated, “I’m here today to encourage the students of Indiana University to be brave. Embrace your right. Recognize your bodily autonomy. Maintain your dignity as a human being and claim

311. Id.
312. See Spaetti, supra note 245.
313. Id.
314. See id.
315. Cash, supra note 287.
316. See Grogg, supra note 283.
317. See id.
318. Id.
319. See Spaetti, supra note 245.
your personal sovereignty.” Spaetti called upon attendees to join her in advocating to preserve rights for all:

I for one will not remain silent as our freedoms are threatened with illegal mandates. I will not remain silent as the students, staff and faculty of Indiana University are bullied, threatened and coerced into submitting to a medical procedure that many do not want and for which many stand in strong religious opposition. I will fight for our God-given rights, which supersede all other rights, our rights to bodily, autonomy, and integrity. I encourage you to fight with me.  

Anti-vaccine advocacy could even amount to religious calling, a battle of good versus evil. For instance, Brenton stated, “We wrestle not against flesh and blood, but against principalities, against powers, against the rulers of the darkness of this world, against spiritual wickedness in high places. We are being hunted by an ancient evil, and they have your children in the crosshairs.”

Through these six themes, vaccine opponents at the IU rally deployed the same types of messages seen in social media posts to oppose the university’s vaccine mandate. These strategies attempted to give a coherent case for why opponents merited empathy, as well as the consequences of empathic identification: conceding that opponents’ individual freedoms outweighed the university’s obligations to protect its community members against the virus. Here, the desired outcome of empathic identification was not perspective-taking, but policy-dictating.

V. WAS EMPATHY OUR BEST SHOT? LESSONS LEARNED

Several lessons can be drawn from these case studies of empathy in the COVID-19 vaccine context. It would have been legal under federal law (and in most states) to impose or incentivize vaccine mandates in early 2021; it may have been wiser—and ultimately easier—to lead with mandates and to use educational and empathic conversations to increase compliance. After all, empathic conversations were already likely to put unvaccinated interlocutors on the defensive. Perhaps more anecdotal narratives could have been proffered to the public along with the “empathy” messaging—or

320. Id.
321. Id.
322. Id.
323. Brenton, supra note 251.
simply more efficacious narratives. Such a strategy might also have been more successful in reaching vaccine opponents who used anecdotes to counter supporters’ claims that the vaccine was safe and effective. Throughout late 2021 and early 2022, tensions ran higher with the advent of the Omicron variant. Some schools, governments, and employers mandated vaccines and masking, while others refused to employ these same protections, creating a terrible natural experiment.

In late summer 2021, COVID-19 infections began to rampage through communities with low vaccination rates, leading the CDC and public health authorities to recommend mask mandates once again, even for vaccinated individuals. It was apparent in September 2021 that supporters’ use of “empathy” was not as efficacious as hoped. Adopting an empathic orientation did not sustain high uptake rates any more than it convinced most individuals either that the COVID-19 vaccine harmed recipients or that it was a dangerous product created through collusion and corruption. As a result, companies, states, cities, and the federal government began to express their intent or willingness to push empathy tactics aside and mandate vaccination.

By this point, vaccine supporters were even more unwilling to exercise patience and avoid passing judgment on those who remain unvaccinated (without medical exemptions). In public remarks given shortly after he proposed his controversial federal vaccine mandate, President Biden expressed frustration with the approximately eighty million individuals who remained unvaccinated: “We’ve been patient. But our patience is wearing thin. And your refusal has cost all of us.” He also had sharp remarks for governors of states who imposed anti-mask or anti-vaccination policies: “If those governors won’t help us beat the pandemic, I’ll use my power as president to get them out of the way.” Thus, empathic reactions may have run their course.

Paving the kinder, gentler, more empathic path to vaccine uptake may have been the less efficacious solution. If vaccine mandates were imposed from the outset, empathic communication

326. See supra note 324.
328. Id.
329. Id.
strategies and conversations could have been used to explain the need for this stringent policy determination, instead of first persuading citizens that the need for vaccination existed and then demonstrating that the COVID-19 vaccines were safe. Perversely, this failure to use law and policy to adequately address public health concerns and improve health outcomes contributed to gaps in belief, trust, and information which vaccination opponents were eager to fill.

VI. CONCLUSION

In conclusion, COVID-19 vaccine supporters and opponents relied on empathy as a policy-making tool to avoid vaccine mandates, but in different ways. Pro-vaccine organizations and individuals used empathic messaging to encourage others to have patience with those who were unvaccinated, and to engage them in conversation to listen and provide accurate vaccine-related information. Thus, vaccine supporters deployed empathy for a particular policy purpose: to steer away from more coercive mandates. Anti-vaccine organizations and individuals, however, used empathy to directly engage with medical risk, coercion, and threatened loss of rights, introducing themes like the idea that the COVID-19 vaccine was dangerous, that it constituted unethical and illegal medical experimentation, and that its use violated core values, particularly if uptake was encouraged or required through incentive programs or mandates. Vaccine opponents then used empathy to legitimate their perspectives, to regain dignity, and to open social and policy spaces for these perspectives and arguments, strategies that could only compel one policy outcome: no mandates.

Although “empathy” and empathy-related themes were ubiquitous in both pro- and anti-vaccination messaging throughout the first several months of the COVID-19 vaccine rollout, these terms did not carry their customary meaning. Usually, empathy connotes a process of emotional and cognitive engagement and exchange between an empathizer and a target that often utilizes narrative, whereby the empathizer comes to appreciate, understand, and accept the target’s perspective. Here, empathy assumed various other forms as deployed by vaccine supporters and opponents, from education and communication strategies to a mechanism for differentiating trusted “insiders” from distrusted and corrupt “outsiders.” Vaccine supporters never intended for empathy-related messages to create a “meeting of the minds” in which supportive empathizers validated anti-vaccine perspectives at the cost of their own support for the COVID-19 vaccine. Instead, supporters used “empathy” to denote the patience and compassion necessary for creating non-adversarial conversational
spaces in which to educate and listen to others, perhaps overcoming personal disagreement in the process. Vaccine opponents, however, used empathic messaging to encourage others to a) contextualize COVID-19 vaccination as an issue primarily affecting local, individual rights and not the communal good; and b) persuade others that the vaccine was unnecessary and dangerous.

Despite these semantic shifts, the purpose of “empathy” remained largely unchanged; it was still an educational mechanism, a tool for outlining ingroup and outgroup boundaries, and a means of conferring or denying humanity. Empathy and its associated themes conveyed who merited concern and protection in the COVID-19 context (and how concern and protection should be conveyed), and who should be left to their own devices. For vaccine supporters, empathy was an instrument for protecting others through educating and encouraging vaccination, enhancing the collective good. For vaccine opponents, empathy was a useful tool for refocusing attention on individual rights and personal autonomy instead of pro-social, utilitarian, communal concerns. Both uses were narrative in nature, and manipulative in purpose; each aimed to influence policy, regulation, and public opinion. Time will expose which empathic appeals were most effective.
VII. APPENDIX I

A. Pro Vaccine Messages

Figure 1: CDC “Listen With Empathy” Infographic

![CDC “Listen With Empathy” Infographic](image1)

Figure 2: KSL 5 TV Twitter Post Describing Compassion

![KSL 5 TV Twitter Post Describing Compassion](image2)
Figure 3: Graphic Urging Persuasion Through Empathy

Figure 4: Pro-Vaccine Meme Making an Empathy Pun
Figure 5: Individual Pro-Vaccine Facebook Post

Someday, I’m going to die.
This, I grudgingly accept. I have no idea how it’s going to happen. Maybe I will die of having a tree fall on me, of eating tainted shellfish, or of being struck by lightning. But this much I guarantee: I will not die of having wagered my life that TV carnival barker, political hucksters and MAGA-hat-wearing geniuses know more than experts with R.N.s, M.D.s, and Ph.D.s after their names.

In other words, I will not die of stupid.
—Leonard Pitts, Jr.

Figure 6: Individual Pro-Vaccine Facebook Post

I can tolerate friends who are reluctant to get the vaccine, even though I personally am a bit flustered by your decision, but the moment I see any actively anti-vax or conspiracy propaganda (“It’s just the govt’s way of tracking you!” “They’re doing experiments on us!” “I don’t trust that healthcare is so expensive but suddenly this vaccine is free?!”) nonsense, you should know that I’ve lost an enormous amount of respect for you and I will absolutely cut you out of my life over it.

If you’re reading this and feel targeted you should know that I am absolutely and entirely, ashamed of you. You are a huge part of the reason that 1) the pandemic has lasted this long and 2) so many people have died.

Enough is enough. You wouldn’t listen to reason since the beginning before the bodies even began to pile up. You ignored medical professionals. You disregarded people who have lost loved ones. You have spit in the faces of those of us who have had to bear the awful weight of responsibly adapting to a modern pandemic while you whims about minor inconvenience or discomfort. And now that we have a way forward you’re actively opposing the best solution we have.

I’m sure you won’t miss something as trivial as our connection on social media but you have no business in decent society until you fix your broken perspective. I hope you’re held accountable for the harm you’re inflicting on your neighbors.

At the end of all things, let’s just say theoretically I learn at the end of my life that it was all a hoax after all. I will still have ultimate peace of mind knowing that I made my decisions based on an effort to do good to my fellow neighbors and have no regrets about wearing a mask or abstaining from crowded socializing for a time or taking an early vaccine in an emergency situation.

But it’s not a hoax. People “have” died. If you’re not aware of anyone in your personal life who’s been affected by Covid and this has caused you to question the legitimacy of this pandemic, you’re very lucky but also you are an absolutely shameful excuse for a human being who clearly has no sense of sympathy or empathy or compassion in your bones.

You should never dismiss someone’s struggles just because they don’t affect you personally.

That’s why I have divorced the conservative mindset and find it perpetually frustrating to converse with most conservative-identifying Christians. A religion based entirely on the principle of a man who literally preached “Love one another” and doing good unto others has lost their way and found every excuse to do the exact opposite.

I don’t agree with everything on the left, but for all its faults it’s a system largely based on an attempt to treat everyone fairly regardless of their lifestyle or the conditions they were born with or have come into for any reason. It asks those with a lot to do more for those with a little and that to me is much closer to the fundamental Christian M.O than the one that people apparently interpret as “I refuse to be considerate to people who believe differently than I do”, or “I don’t care what happens to you as long as I get mine.

I’m just so emotionally spent. My heart is broken and I can’t deal with your abhorrent nonsense anymore. I’ll gladly reconnect with no grudge if you ever reevaluate your position. In the meantime, live your selfish life however you please. I can’t stop you. But do it far away from me.
Figure 7: Individual Pro-Vaccine Facebook Comment

Don't call them ani-vaxxers nor deniers, they are simply pro-epidemics. If they do not have relevant knowledge to know that they are inherently immune to that whatsoever. If they know but choose to ignore the scientific proof due to a whim or a trend - they shall not be students in the first place. If you go to the university (BTW a sanctuary of knowledge and truth) it means that you generally are fond of getting smarter. They act to the contrary of that idea.

Like · Reply · 11m

Figure 8: Individual Facebook Post Against Viewpoint Isolation

What's sad about these days really isn't the masks, vaccines, covid or politics! What's sad is that someone like me can post something that someone doesn't agree with and suddenly I'm a different friend or family member! Suddenly, I'm an outcast because I may have a different theory, belief or fact that someone doesn't care to even discuss! What made our world amazing is the ability to have conversations and agree to disagree! Today whatever is written is gospel even if its written in a way that opens up discussion! Today if you have a different opinion or belief and even sometimes a FACT people just brand and form opinions that are far from true! These are normally the same people that say they actually don't do that to others! Yes you do! Just sayin! I'm real! I'm Henry aka... Poncho Aldrete! I love people and love learning new things and I love people's opinions, beliefs, culture, amongst many other things! Bottom line stop paying so much attention to the words and actually call somebody and discuss really how they feel! A "POST" is in all reality just a fraction of really what people think! Goodnight! That is my thought of the day!

Call me (814)746-7428
B. Anti-Vaccine Messages

Figure 7: Anti-vaccination Facebook Post Discussing Conspiracy Theories

Lukas Joseph is with Wendy Gail.
May 5.

We’re fully vaccinated. We’re also not opposed to pharmaceutical interventions, as without a doubt — chemotherapy saved my life. Toxic chemicals that were proven effective after 50 years of research stormed through my body and “melted my cancer like butter,” literally.

Many who have historically trusted [word] and pharmaceutical interventions are unsure about this [word]. Rightfully so, their reluctance is a measure of their sincere and legitimate questions about it and the rushed clinical trials, the amount of reported adverse events, and deaths. Nobody should EVER be forced or coerced to take this or any medicine against their will.

Despite all that, it looks like we’re going to be one of many that are not getting this experimental treatment that isn’t FDA, CDC, or Health Canada approved. We are the 15% — I guess you could call us the “true” control arm of the clinical trials. Something important to note is that the participants within the control groups of the [word] clinical trials have now received their [word]. The FDA strongly opposed this, but the placebo recipients have now had the treatment, despite the end date of the trials being late 2022 to early 2023. You often hear “follow the science” — that isn’t science.

Therefore according to SK Premier Scott Moe, people like us determine the “reopening plan.” These freedoms that have been taken away were God given, not government given. The government should never hold that kind of power over the people, that’s tyranny! These oppressive tactics are meant to cause a divide — blame games, an “us vs them.” Here’s a novel idea, how about offer the [word] to those who want it, make it available to all, and end it there. The beauty is, if you’re at risk, worried, or scared, you can go get it — then you’re safe.

Somebody’s lying! Is it your friends and family who truly care about you and have taken the time to do extensive research? Or is it big pharma who stands to make billions, mainstream media who’s being funded by the government, who only wants more power? When does it end? The 3rd or [word] [word] has been announced in the UK for those over 50 by this winter. Then the 4th, the 5th, so on and so forth.

#voiceupcanada #voiceupask #justsayno
#unitedonfreedom #Godgivenfreedoms
#notgovernmentgiven #enoughwiththeoverreach
#someoneislying #followthemoney #somethingsmisssish
#wrencarewhomakestheres #trialsbeforevials #Decide
#DecidedToLiveAsMe
Figure 8: Facebook Image with Instructions on How to Refuse a Vaccine

Figure 9: Meme with Play-on-Words About "Experimental Drugs"
Figure 10: Anti-Vaccine Facebook Post Denying Empathy for Vaccinated Individuals
Figure 11: Anti-Vaccine Facebook Post Stating that Vaccinated Individuals Should Not be Saved
Figure 12: Facebook Meme Attributing Animal Characteristics to Vaccinated Individuals
Figure 13: Facebook Post Stating That the mRNA Vaccines Transform Individuals into “Vaccinated Animals”
Figure 14: Facebook Meme Using Scenes and Symbolism From “The Walking Dead” Television Show

Figure 15: Facebook Meme Highlighting the Privacy Implications of Asking About Vaccination Status
Figure 16: Facebook Meme About “Medical Freedom”

medical freedom (n.)
the right to choose the care one receives for their own body.

seriously, that’s it.
why do we have to fight for this?
Figure 17: Facebook Post About the Semantics Of “Refusing” the Vaccine

Janice Winegard

50 billion dollars will be invested in the distribution of the covid vaccine if the $1400.00 Stimulus is passed. The right to decline participation is under well funded attack.
We are being heavily censored, Facebook is redirecting traffic from our page to a blank page. Google is blacklisting our website. To continue providing resources in support of your right to informed consent we are publishing multiple sites where these materials will be available.
The addresses for these sites will be frequently updated at 8388-ND-VAXX.
You can also leave a message at that number to order V-Cards, informational materials, and detoxification products.
Please continue to share.

Ben Irvine
@BenIrvineAuthor

People who don’t want the vaccine aren’t “refusing” it. You don’t say a person is “refusing” to take antidepressants. Or “refusing” to get married. You can decline without refusing. You decide what’s best for you. Refuse is a manipulative term, loaded with unfair moral pressure.
Figure 18: Anti-Vaccination Meme About “Forced” Vaccine Uptake

Figure 19: Gadsden Flag Anti-Vaccination Meme
Figure 20: Anti-Vaccination Meme Highlighting The Need To Not Be Afraid

Figure 21: Anti-Vaccine Meme Spoofing COVID Fact-Checking Sites
Figure 22: Meme Debunking “Germ Theory”

![Meme Image]

Jeremiah Daniel
April 7
Stop living in fear!
"If germ theory were true, nobody would be alive to believe it!" - Dr. B. Palmer
Research germ theory for yourself!
Figure 23: Meme Spoofing the Stigma Of “Unvaccinated” by Suggesting Replacing that Term with “Organic”
Figure 24: Meme Questioning Scientific Basis of COVID Vaccine

It’s not a “cure” if people are dying.
It’s not “data” if the adverse reactions and deaths are being censored/not included.
It’s not “research” if they’re deleting opposing information.
It’s not “science” if you’re not allowed to question it.

Figure 25: Anti-Vaccination Meme Listing Progression of Realization That Vaccines Are Allegedly Not Scientifically Supported and Are Dangerous

THE FIVE STAGES OF VACCINE AWARENESS
1. Vaccines are safe and effective;
2. Vaccines are unsafe but effective;
3. Vaccines do more harm than good;
4. Vaccines are dangerous and ineffective;
5. Vaccines are silence weapons for human farming: killing, sterilizing, mind control & disease creation for fear and income. Vaccine advocates are psychopaths or "useful idiots."
Figure 26: Anti-Vaccination Meme With Figures Impaled On Hypodermic Needles

![Image of figures impaled on hypodermic needles with text: HOW DO YOU CULL 7 BILLION PEOPLE? CONVINCE THEM TO BEG FOR THE POISON THAT KILLS THEM.]

Figure 27: Anti-Vaccination Meme Comparing COVID-19 Vaccine to Arsenic and Poison

![Image of a meme with text: I'm As Willing To Be Vaccinated As I Would Be Willing To Inject Arsenic. Actually, I Would Prefer Arsenic.]
Figure 28: Anti-Vaccination Meme Criticizing COVID-19 Incentive Programs

IF IT WORKED
AND WAS SAFE,
YOU WOULDN'T
NEED TO
MANDATE,
FORCE,
DECEIVE
OR
THREATEN THOSE
WHO QUESTION
IT.

Figure 29: Anti-Vaccination Meme Discussing The Important of Protecting Loved Ones From Allegedly Dangerous Covid-19 Vaccine

I am happy to say no one in my immediate family is taking the poison 😊 Share if you can say the same if not try harder lives depend on it !!
Figure 30: Anti-Vaccination Meme Discussing The Need to Protect Others From The COVID-19 Vaccine

I Encourage Every Member To Invite Many Of Their Friends To Join This Group. You May Actually Save A Life!
Figure 31: A Screen Shot From The Movie “Inglourious Basterds” Referencing World War II Resistance Forces

Figure 32: Anti-Vaccination Meme Stating That It Is Wrong to Extend The COVID-19 Vaccine to Children
Figure 33: An Anti-Vaccination Meme Substituting A Paper Surgical Mask for The American Flag
Figure 34: Attendees Holding Signs Stating “It’s Mutating Into Medical Dictatorship” and “I Took One For The Team / My Immunity Occurred Naturally.”
Figure 35: Child Attending IU Rally Holds Up Sign Stating “Remember The Nuremberg Code”
Figure 36: Rally Attendees Holding Signs that State Mandate Medical Freedom / Where There Is Risk / There Must Be Choice / Stop The Coercion
Figure 37: Child Attending Rally Holds up sign that States, “Stop the Hate in the Vaccine Debate”
Figure 38: Sign From IU Rally Portrays an X Over “Medical Segregation”
Figure 39: Sign From The IU Rally That States, “Not Anti-Vax / I Just Don’t Want My Kid to be A Part Of The Experiment.”
Figure 40: Attendees Holding Signs at the IU Rally Stating “Religious And Medical Freedom / Rescind All Mandates” and “I Am Not IU’s $cience Experiment”
Figure 41: Sign From The IU Rally Stating “Tyranny Disguised As Safety / Coercion Is NOT Consent”