



# CLALLAM COUNTY BOARD OF HEALTH

AGENDA of January 16, 2024 @ 1:30 – 3:30 pm

Clallam County Courthouse

Board of Commissioners Meeting Room 160

223 E. 4<sup>th</sup> Street

Port Angeles, WA 98362

Board of Health meeting will also be available virtually at:

If you would like to participate in the meeting via Zoom audio only, call 253-215-8782 and join with Meeting ID: 935 7343 5754 and Passcode: 095863

If you would like to participate in the meeting via Zoom video conference, visit <https://zoom.us/j/93573435754> join with Meeting ID: 935 7343 5754 and Passcode: 095863

This meeting can be viewed on a live stream at this link: <http://www.clallam.net/features/meetings.html>

Public comment and questions can be directed to the Clerk of the Board at 360-417-2276 or [nan.furford@clallamcountywa.gov](mailto:nan.furford@clallamcountywa.gov)

- Call to Order
- Roll Call
- Request for Modifications/Approval of Agenda
- Approval of Draft Meeting Minutes for October 17, 2023
- Action Items: Election of Chair and Vice-Chair for 2024
- Public Comment for Agenda Items – *Please limit comments to three minutes*
- Health Officer: Infectious Disease Update
- Board of Health Public Hearings: None
- Board of Health Presentations:
  1. Clallam County Prosecutor Office – Opioid Death Overview, Mark Nichols
  2. Harm Reduction Report/Dashboard Overview - Public Health Staff
- Discussion Items: None
- Old Business and Information Items: None
- Environmental Health Director
- HHS Director
- Future meeting agenda items:
  1. Vaccination Rates
  2. Air Quality and Noise Ordinance
  3. Climate Change
  4. Update on Behavioral Health Organization (BHO)

## 5. Olympic Peninsula Healthy Communities Coalition

- Public Comment – *Please limit comments to three minutes*
- Adjournment

**NEXT MEETING** – February 20, 2024

### **INSTRUCTIONS FOR SPEAKING AT A BOARD OF HEALTH MEETING:**

- Members of the public wishing to address the Board on general items may do so during the designated times on the agenda.
- Members of the public wishing to comment at the public hearing are asked to sign in on the sheet provided giving their name and place of residence.
- The Chair may limit the comment period to 3 minutes for each speaker subject to Board concurrence.
- Speakers, generally, will be heard in the order they signed up. All comments must be made from the speaker's rostrum and any individual making comments shall first state their name and address for the official record.
- General comments, applause, booing from members of the audience are inappropriate and may result in removal.

These guidelines are intended to promote an orderly system for conducting a public meeting/hearing so that each person has an opportunity to be heard and to ensure that exercising their right of free speech embarrasses no one.

**Note:** Written testimony presented by members of the public during the Board meeting is considered a public document and must be submitted to the Clerk of the Board. Copies of public documents from Board meetings are available by contacting the Public Records Department.

### **Members:**

Chair, Mike French; Vice-Chair, Shahida Shahrir; Dr. Gerald Stephanz; Helen Kenoyer; Tia Skerbeck;  
Paul Cunningham; Jeff Gingell; Mark Ozias and Randy Johnson

### **Health and Human Services Staff:**

Dr. Allison Berry, Health Official; Kevin LoPiccolo, Director; Jenny Oppelt, Deputy Director;  
Jennifer Garcelon, Environmental Health Director; Nan Furford, Clerk of the Board

**BOARD OF HEALTH  
DRAFT MEETING MINUTES  
OCTOBER 17, 2023**



# CLALLAM COUNTY BOARD OF HEALTH

MINUTES of October 17, 2023 @ 1:30 pm – 3:30 pm

Clallam County Courthouse

Board of Commissioners Meeting Room 160

223 E. 4<sup>th</sup> Street Port Angeles, WA 98362

*Meeting was held via Zoom (Video conference)*

## REGULAR MEETING OF THE CLALLAM COUNTY BOARD OF HEALTH

**Call to Order:** The meeting was called to order at 1:30 p.m.

**Roll Call:** Members present were Chair, Mike French; Commissioner Mark Ozias; Commissioner Randy Johnson; Vice-Chair, Shahida Shahrir; City Council Member Representative, Jeff Gingell; Jamestown S'Klallam Tribe, Paul Cunningham; Lower Elwha Klallam Tribe, Tia Skerbeck; Consumer of Public Health, Helen Kenoyer; Health Officer, Dr. Allison Berry; HHS Director, Kevin LoPiccolo; HHS Deputy Director, Jennifer Oppelt; Environmental Health Director, Jennifer Garcelon

Members excused: Community Stakeholder, Dr. Gerald Stephanz

### **Request for Modifications/Approval of Agenda**

Commissioner Johnson made a motion to approve the agenda, Commissioner Ozias seconded, agenda approved.

**ACTION TAKEN:** The Board had unanimous consent to approve the agenda.

### **Approval of Draft Meeting Minutes for September 19, 2023**

Commissioner Mark Ozias made a motion to approve the meeting minutes, Commissioner Randy Johnson seconded, minutes approved.

### **Public Comment for Agenda Items:**

Kathy Zelenka returned with updates on information about Covid-19 vaccinations.

### **Board of Health Hearings: None**

### **Health Officer – Infectious Disease Update – Dr. Berry**

Dr. Berry reported that we are seeing higher rates in Covid. It is plateauing for hospitalizations and there has been one more death. This is much better than before. Those hospitalized are over 70 years of age. She encourages everyone to get their updated Covid booster containing the latest variant.

RSV is taking off nationally, with no significant cases locally yet, but should see some here in a couple of weeks. The RSV vaccine is only covered by Medicare Part B and private insurance and Public Health cannot offer it.

The flu is low to minimum around the U.S. and anticipate it here in the coming months.

Dr. Berry suggests masking up in crowded indoor spaces to minimize transmission of Covid, RSV and the flu. Discussion followed.

### **Board of Health Presentations:**

#### **1. Clallam County Sheriff's Office – Health Needs of Incarcerated – Amy Bundy & Linsey Monaghan**

Amy Bundy and Linsey Monaghan showed a presentation on how medical treatment is happening in the Clallam County Jail. Their needs are: 1) Larger exam room; 2) Large group room for treatment and mental health. Short-term needs are getting wrap around services and partnerships. They are looking into a program in Davidson County (Nashville) that has separate accommodations where individuals can start treatment and get housing before release, which reduces recidivism. Commissioner Ozias would like more cost information, in detail. Discussion followed.



**2. Environmental Health Food Program/Safety –Jessica Pankey**

Jess Pankey spoke about the food safety program and how outbreaks and litigation over illnesses have changed the food industry. Discussion followed.

**Discussion Items:**

None.

**Old Business and Information Items:**

None.

**Environmental Health Director - Jennifer Garcelon**

Environmental Health staff is working on draft policies for the Onsite program. Fees were brought to the forefront to replace state grant funding that wasn't renewed. The CFO looked at the budget and wants to recoup some of the general funds by increasing and restructuring fees and implementing them as soon as possible. Discussion followed.

Staffing changes have occurred with the departure of one on-site septic employee. There is a vacant position in the OSS permitting side for someone that likes to play in the dirt. The recently filled Customer Service person went to the Water Lab, so there are two openings.

**HHS Director- Kevin LoPiccolo**

HRHC (Harm Reduction Health Center) opened their doors on October 16th at 325-1/2 W 2<sup>nd</sup> Street. Kevin would like to invite the Board of Health and Board/County Commissioners to the open house, date to be determined.

Kevin asked the board if they wished to cancel the November meeting as it is the week of Thanksgiving. The board voted unanimously to cancel the November 21, 2023, meeting. Resume meetings in December 2023.

**Public Comment**

None.

**Adjournment**

Meeting was adjourned at 3:43 p.m.

**Next Meeting** – December 19, 2023

PASSED AND ADOPTED this \_\_\_\_ day of \_\_\_\_\_, 2024

CLALLAM COUNTY BOARD OF HEALTH

\_\_\_\_\_  
Mike French, Chair

\_\_\_\_\_  
Allison Berry, MD, MPH, Health Officer

ATTEST:

\_\_\_\_\_  
Nan Furford, Clerk of the Board

# **2024 BOARD OF HEALTH MEETING SCHEDULE**

# 2024 Board of Health Meeting Schedule

3rd Tuesday of the month

1:30-3:30pm

BOCC Meeting Room 160

223 East 4th Street, Port Angeles WA

*(unless otherwise noted on the meeting agenda)*

**Board of Health meeting will also be available virtually at:**

**If you would like to participate in the meeting via Zoom audio only, call 253-215-8782 and join with Meeting ID: 935 7343 5754 and Passcode: 095863**

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**Public comment and questions can be directed to the Clerk of the Board at 360-417-2276 or [nan.furford@clallamcountywa.gov](mailto:nan.furford@clallamcountywa.gov)**

|                    |
|--------------------|
| January 16, 2024   |
| February 20, 2024  |
| March 19, 2024     |
| April 16, 2024     |
| May 21, 2024       |
| June 18, 2024      |
| July 16, 2024      |
| August 20, 2024    |
| September 17, 2024 |
| October 15, 2024   |
| November 19, 2024  |
| December 17, 2024  |

**PUBLIC COMMENT**  
**ZELENKA EMAIL**



**Furford, Nan**

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**From:** K Zelenka <kfzelenka@yahoo.com>  
**Sent:** Monday, December 18, 2023 10:05 AM  
**To:** Furford, Nan  
**Subject:** December Public Comment for Clallam County Board of Health

Hi Nan.

I'd like to submit for the record the full texts of these two articles:

Blaming the unvaccinated during the COVID-19 pandemic: the roles of political ideology and risk perceptions in the USA (British Medical Journal- Journal of Medical Ethics) <https://jme.bmj.com/content/early/2023/06/09/jme-2022-108825>

Justice for the Vaccine-Injured: A Ray of Hope? (Brownstone Institute) <https://brownstone.org/articles/justice-for-the-vaccine-injured-a-ray-of-hope/>

Also, the following written comment:

Dear Clallam County Board of Health,

I'm writing to again ask you to help remedy some of the harms experienced by people in Clallam County due to pandemic policies that departed from medical ethics and available scientific evidence.

I've previously shared with you some of the many FOIA-released emails that show discussions behind the scenes about serious concerns re: all-vaccinated gatherings becoming superspreader events, etc. at the same time that Washington state's politicians and public health leaders were stigmatizing the unvaccinated and enacting mandates, despite the vaccine-caused death of at least one Washington woman.

Today, I'd like to share with you an article from the BMJ's Journal of Medical Ethics that gives further examples of how the pandemic response was politicized in the US and how stigmatizing unvaccinated, often covid-recovered members of our community was never justified.

<https://jme.bmj.com/content/early/2023/06/09/jme-2022-108825>

Also, I share another article about the intense struggle for recognition, treatment, research, and compensation that covid vaccine-injured Americans are facing. By no means is this acceptable in a moral society. Every voice that called people to get vaccinated should now be calling for accountability re: the disastrous response towards people who suffered complications.

<https://brownstone.org/articles/justice-for-the-vaccine-injured-a-ray-of-hope/>

Decisions made and messaging delivered by the Clallam County Board of Health have either knowingly or unwittingly harmed people in these two categories. It is incumbent upon you to remedy harm and help dispel wrongful stigma around vaccination status that trickled down to even impact kids at school with overt discrimination. Also, our vaccine-injured neighbors need voices at all levels of public health and politics to speak up for them.

Speaking about vaccine injuries is uncomfortable, but it's something I do-- to help bring change, to offer support, to dispel stigma, to try to generate a sense of moral imperative that we as a society cannot turn our backs on these people. Earlier this year, I mentioned my involvement in vaccine-injury advocacy at a

book group (on an entirely different topic) and two out of eight women present shared that they had long term effects from their covid vaccinations. One of them had quietly connected with five others in our community who suffered similar symptoms. They expressed experiences of being disbelieved, difficulty of finding treatments, family members who were angry at them for making the association between their vaccination and post-vaccine symptoms, and fear of speaking out due to stigma and being ostracized.

As public health leaders in Clallam County, you have a responsibility to ensure that people who have vaccine side effects and those whose lives, health, well-being, relationships, and careers were harmed by discriminatory false messaging are now treated fairly. Truth and humility are the guardrails of good leadership, in my opinion.

Please help heal divides in our community by speaking truthfully about these two issues and help bring much-needed change and healing in our community.

Thank you,

Kathy Zelenka  
908 W 10th St  
Port Angeles, WA 98363  
(360)452-4426

# Justice for the Vaccine-Injured: A Ray of Hope?

BY  CHRISTOPHER DREISBACH DECEMBER 15, 2023 GOVERNMENT, LAW, VACCINES 4 MINUTE READ

Listen to this article

00:00 / 05:12

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A government's treatment of the most vulnerable is a sound test of its morality. Unfortunately, one need look no further than our government's treatment of the group of Americans suffering from serious, often debilitating, adverse events following Covid-19 vaccination to determine that Capitol Hill's moral compass is indeed broken.

These Americans "did the right thing" by rolling up their sleeves at the urging of government officials and federal health agencies. They now find themselves with serious medical conditions such as cardiovascular injuries including myocarditis and pericarditis, neurological conditions like Guillain-Barre Syndrome, and life-altering tinnitus to name a few. Many are unable to work because of new physical limitations and most face insurmountable medical bills.

While there is not yet consensus on the frequency of such adverse events, no credible scientist or medical professional can deny that these events occur. As evidence, the National Childhood Vaccine Act (NCVA) was enacted specifically because a legally significant number of vaccine-adverse events are unavoidable with any nationwide vaccine rollout. The Act was signed into law in 1986 after Wyeth Pharmaceutical (now a wholly owned Pfizer subsidiary) approached the Reagan Administration threatening to halt vaccine research and development unless it was granted immunity from inevitable suits.

Today, React19, a non-profit incorporated in November 2021, represents more than 36,000 Americans injured by Covid-19 vaccines. Two recent federal lawsuits, filed on behalf of React19 and its members, illustrate the government's disgraceful treatment of the sick.



In *Smith v. HRSA*, React19 is a named plaintiff seeking to strike down portions of the Public Readiness and Emergency Preparedness Act (PREP Act) pertaining to the Covid-19 vaccine-injured's ability to seek financial compensation for their losses. As it currently stands, the PREP Act provides near bulletproof immunity for vaccine manufacturers. The Covid-19 vaccine-injured are forced to lodge claims with an inadequate program known as the Countermeasures Injury Compensation Program (CICP) rather than the Vaccine Injury Compensation Program (VICP) – the program available to those injured by other vaccines.

Due to its unrealistic filing deadline, impossible standard of proof, paltry benefits, conflicting interests, and lack of judicial review, the CICP has currently rejected 97% of claims – compensating just eight individuals nationwide for a total of less than \$29,000.

Lead attorney Aaron Siri described the CICP as the “epitome of a kangaroo court or a star chamber — a proceeding that ignores recognized standards of law and justice, is grossly unfair, and comes to a predetermined conclusion.” The suit specifically alleges that the PREP Act's provisions violate the Covid-19 vaccine-injured's due process rights under the Fifth Amendment and right to a jury trial under the Seventh Amendment.

In addition to Smith, React19's cofounder Brianne Dressen is lead plaintiff in *Dressen v. Flaherty*. Ms. Dressen, along with five other Covid-19 vaccine-injured petitioners, is challenging the government's efforts to work in concert with social media companies and the Stanford Internet Observatory's Virality Project to monitor and censor online support groups catering to the Covid-19 vaccine-injured.

The most shocking aspect of this blatant First Amendment violation is that the White House was fully aware that “often-true content” was being censored because it might “be framed as sensation, alarmist, or shocking.” Similarly, the Virality Project recommended “adverse event stories” be suppressed because they might be “employed to push back against vaccine mandates” – not because they weren't accurate descriptions of real-life suffering.

To knowingly silence the sick and suffering is the epitome of moral bankruptcy. Immoral leadership is undeserving of trust. Unless and until the government takes responsibility for its reprehensible behavior, the public rightfully should question all recommendations from government officials.

Fortunately, the cries of the Covid-19 vaccine-injured have been heard by some in the halls of Congress. Representative Lloyd Doggett (D-TX) has introduced the comprehensive bipartisan Vaccine Injury Compensation Modernization Act (H.R. 5142) and the Vaccine

Access Improvement Act (H.R. 5143). This legislation would not only transfer Covid-19 injury claims to the VICP, but would also make that program far more efficient with increasingly robust benefits for the injured.

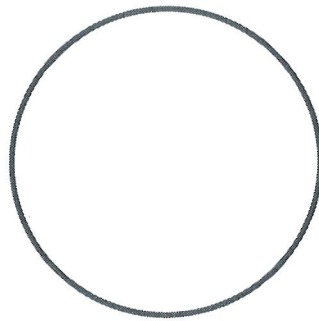
Would passing H.R. 5142 and H.R. 5143 sufficiently make up for the government's deplorable treatment of the Covid-19 vaccine-injured? Of course not. But it's a great place to start.

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## Author



### Christopher Dreisbach

Prior to his own life altering vaccine injury, Chris primarily practiced criminal defense throughout central Pennsylvania. His client base ranged from individuals facing minor offenses such as driving under the influence to those charged with serious offenses including homicide. In addition to his private clients, Chris served as court-appointed counsel representing incarcerated individuals under Pennsylvania's Post Conviction Relief Act. In 2009, he was recognized as Advocate of the Year for his work on behalf of victims of violent crime. He is now Legal Affairs Director of React19, a science-based non-profit offering financial, physical, and emotional support for those suffering from longterm Covid-19 vaccine adverse events globally.

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Original research

# Blaming the unvaccinated during the COVID-19 pandemic: the roles of political ideology and risk perceptions in the USA

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Supplementary  
Material

 Maja Graso<sup>1, 2</sup>, Karl Aquino<sup>3</sup>, Fan Xuan Chen<sup>4</sup>, Kevin Bardosh<sup>5, 6</sup>

Correspondence to Dr Maja Graso, University of Groningen Faculty of Behavioural and Social Sciences, Groningen 9712 TS, Netherlands; m.graso@rug.nl

## Abstract

Individuals unvaccinated against COVID-19 (C19) experienced prejudice and blame for the pandemic. Because people vastly overestimate C19 risks, we examined whether these negative judgements could be partially understood as a form of scapegoating (ie, blaming a group unfairly for an undesirable outcome) and whether political ideology (previously shown to shape risk perceptions in the USA) moderates scapegoating of the unvaccinated. We grounded our analyses in scapegoating literature and risk perception during C19. We obtained support for our speculations through two vignette-based studies conducted in the USA in early 2022. We varied the risk profiles (age, prior infection, comorbidities) and vaccination statuses of vignette characters (eg, vaccinated, vaccinated without recent boosters, unvaccinated, unvaccinated-recovered), while keeping all other information constant. We observed that people hold the unvaccinated (vs vaccinated) more responsible for negative pandemic outcomes and that political ideology moderated these effects: liberals (vs conservatives) were more likely to scapegoat the unvaccinated (vs vaccinated), even when presented with information challenging the culpability of the unvaccinated known at the time of data collection (eg, natural immunity, availability of vaccines, time since last vaccination). These findings support a scapegoating explanation for a specific group-based prejudice that emerged during the C19 pandemic. We encourage medical ethicists to examine the negative consequences of significant C19 risk overestimation among the public. The public needs accurate information about health issues. That may involve combating misinformation that overestimates and underestimates disease risk with similar vigilance to error.

## Data availability statement

Data are available in a public, open access repository. All data relevant to the study are included in the article or uploaded as supplementary information.

<https://doi.org/10.1136/jme-2022-108825>

## Statistics from Altmetric.com



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The development of effective vaccines has helped reduce COVID-19 (C19) mortality, particularly among individuals over 50 years of age.<sup>1 2</sup> In response, public health experts have strongly encouraged people of all ages to protect themselves, their fellow citizens and their society's healthcare systems by getting vaccinated. The widely communicated benefits of vaccinations led many people to view them as the way out of the pandemic. However, such emphasis on C19 vaccination as critical to pandemic mitigation efforts also created a social situation in which those who remained unvaccinated faced prejudice<sup>3</sup> and were criticised for placing others' lives at risk, contributing to overwhelming healthcare systems and being partly responsible for prolonging restrictions of various forms.<sup>4</sup> These individuals also experienced hostile sentiments and public shaming,<sup>5</sup> loss of employment and denial of access to normal social life,<sup>6</sup> calls to deny them medical care<sup>7</sup> and even celebrations of their deaths on websites such as [sorryantivaxxer.com](http://sorryantivaxxer.com).



The present research examines whether the general prejudice against the unvaccinated<sup>3</sup> is perceived by observers as being warranted. One could argue that it is. Those who take this position can claim that C19 remains a serious threat to health, thus framing non-compliance as a form of social deviance that compromises efforts to control the virus. From this perspective, hostile reactions against the unvaccinated are not primarily intended to discriminate against them, but are a morally defensible application of social control methods for the collective benefit of society.<sup>8 9</sup> Indeed, the internet site that featured unvaccinated people's deaths claims to have a prosocial purpose of deterring others from spreading misinformation on social media.

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From another perspective, however, treating the unvaccinated as a uniquely responsible public health<sup>Help</sup> threat is not justified by the severity of the threat C19 poses and the effectiveness of C19 vaccines. It also has problematic ethical implications. One outcome of categorizing the unvaccinated as socially deviant and applying pressure to induce compliance is *scapegoating*, a practice that emerges in threatening or deeply uncertain situations.<sup>10</sup> Scapegoating is generally defined as blaming an individual or a group of people who are not necessarily and solely responsible for an undesirable outcome.<sup>10–13</sup> Once culprits are identified, blame becomes easier to assign and those recipients become seen as undeserving of respect or humanity.

We examine whether negative sentiments towards the C19 unvaccinated can be considered a form of *scapegoating* (vs a protective response against social deviants). To be clear, we make no attempt to identify a threshold after which any social threat becomes *sufficiently* dangerous to *justify* punishment or ostracism of those who do not comply with widely endorsed mitigation measures. However, because perceptions of what is harmful can vary and, if erroneous, can lead to suboptimal actions,<sup>14</sup> we call attention to how negative judgements can be misdirected. Specifically, because C19 represents a highly uncertain situation,<sup>15</sup> and there is evidence that people overestimate C19 risks,<sup>16–18</sup> the ill will directed against the unvaccinated could lead to unjustified blaming of people who are not as much of a threat to public health as many believed.

## Challenging the assumption that the unvaccinated deserve blame

Consider the two most widely communicated benefits of vaccinations: protecting one's self and others. C19 disproportionately impacts the elderly and those with severe comorbidities such as obesity, heart disease and cancer.<sup>19–26</sup> The age distribution of the virus and the role of comorbidities were well known from early data from Wuhan, China.<sup>24</sup> According to these data sources, an unvaccinated person who is not vulnerable to getting seriously ill from C19 due to their age and general fitness (eg, a person under the age of 50 without major comorbidities) has a generally low likelihood of becoming severely ill and burdening the hospital system, even if they do become infected (under 1%).

Of course, self-protection is not the only benefit of vaccines. Even if the vaccinated person is not at high risk of getting seriously ill, they may reduce their chances of passing the virus on to somebody who is.<sup>27</sup> This rationale has been a common moral justification for mandating vaccination in general.<sup>28</sup> Yet, as early



as mid-2021, it was known that C19-vaccinated individuals could acquire an infection and transmit the virus to others.<sup>29–32</sup> At the height of their infection, both vaccinated and unvaccinated individuals have similar viral loads,<sup>32</sup> though vaccination may expedite the clearance of the virus.<sup>30</sup> The effectiveness of the primary vaccination series as well as boosters decreases over time.<sup>33 34</sup> Subsequent variants of concern in 2021, notably Delta and Omicron, also reduced aspects of vaccine benefits.<sup>27</sup> Moreover, there has been ambiguity about the benefits versus risks of C19 vaccination for low-risk groups,<sup>35</sup> especially children and young people under 30 years old.<sup>36</sup>

Finally, the added benefits of vaccination for those who have already had a C19 infection have also been the subject of debates and consideration.<sup>37–39</sup> Unlike the USA, European Union countries recognised the protective benefits of natural immunity in 2021<sup>40</sup> and did not require those with a prior infection to get vaccinated, at least for a period of time (eg, 90 or 180 days). Recent reviews have since confirmed what was known early during the pandemic: a prior infection confers significant natural immunity against reinfection and severe disease.<sup>41–47</sup>

Regardless of the reasons why the unvaccinated should not be blamed for prolonging the pandemic, public sentiment in 2021 and 2022 was decidedly hostile towards them<sup>3–5 48</sup> and in support of mandating vaccinations for all.<sup>49</sup> Further reason to suspect that blaming the unvaccinated for prolonging the pandemic may be unwarranted is based on the actual risks posed by C19. Consider data showing how people's estimation of C19-related risks was disproportionately greater than what the available evidence indicated.<sup>17 18</sup> As we report below, these perceptions were not uniformly distributed across populations. Numerous independent polls and studies from 2020 and 2021 show that people differed greatly in their C19 risk estimates, and these differences can be partly traced to political ideology.

## C19 risk estimation and political ideology in the USA

Political ideology may influence scapegoating of the unvaccinated for two reasons. First, liberals are more likely to show greater concern over C19 than conservatives. Liberals are more likely to comply with C19 restrictions, get vaccinated, and reject conspiracy theories that devalue the threat posed by C19.<sup>18 50–53</sup> Liberals also view those who do not conform to the existing mandates as more harmful and impure.<sup>54</sup>

Second, representative polls done prior to data collection suggest that liberals were more likely to overestimate C19 risks. A Franklin Templeton-Gallup Economics of Recovery Study conducted in the second half of 2020 asked US residents to estimate the percentage of C19 infections that result in hospitalisation (the correct number at the time was between 1% and 5%<sup>18</sup>). The poll showed that around 41% of Democrats (and 28% of Republicans) estimated this rate to be 50% or higher, and more Republicans (26%) than Democrats (10%) estimated the hospitalisation rate correctly at 1%–5%.<sup>18</sup> A Gallup poll conducted in August (2021) showed that 41% of Democrats (vs 22% of Republicans) estimated that the unvaccinated have 50%+ chance of being hospitalised. When estimating the risk for the vaccinated individuals, the pattern reversed such that 42% of Democrats (vs 33% of Republicans) reported the risk to be below 1%.<sup>17</sup> Finally, a Rasmussen national survey conducted in January 2022<sup>55</sup>

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documented that nearly half of Democrats (48%) thought that the governments should be able to fine or imprison individuals who publicly question the efficacy of the existing C19 vaccines on social media, news or other publications (vs 14% of Republicans and 18% of unaffiliated voters).

Beliefs that go unexamined or are not updated when confronted with new information can have a darker, maladaptive side.<sup>14 56</sup> Thus, there is a potential for undesirable social consequences arising from liberals' (relative to conservatives') elevated concern about C19. Liberals' greater likelihood to overestimate C19 risks and the moral importance they assign to C19 mitigation<sup>57</sup> could increase their animus towards the unvaccinated, as evidenced by scapegoating.

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## Preliminary empirical evidence for scapegoating

We sought to better understand the predictors of negative judgements about the unvaccinated individuals. Based on the theoretical foundation and information available at the time of data collection in early 2022, we tested the following hypotheses. First, we expected that people would be more likely to scapegoat an unvaccinated (than a vaccinated, or unvaccinated-recovered individual). We expected this effect to emerge regardless of proportionate risk considerations that would suggest that scapegoating of the unvaccinated individual is unwarranted (ie, age, comorbidities, timing and history of vaccination or prior infection). Second, we examined whether liberals would be more likely to scapegoat the unvaccinated (relative to the vaccinated) individual than conservatives.

In early 2022, we conducted two vignette-based studies, where we asked US participants to evaluate the characters of different risk profiles. We summarise the design and provide the results highlights below, *but we direct our readers to online supplemental file 1 (supplementary online material, SOM) for detailed statistical reporting, analyses and complete materials*. SOM also includes a preliminary study.<sup>i</sup> We declare no competing interests. We make our data available here: [https://osf.io/vjur3/?view\\_only=88a91782e6124c9b81f66db3c8bd8745](https://osf.io/vjur3/?view_only=88a91782e6124c9b81f66db3c8bd8745) (ref<sup>58</sup>; data set).

## Study 1: are people more likely to scapegoat the unvaccinated (vs vaccinated) regardless of the risk factors?

Our first study asked participants to evaluate four fictional characters with varying risk profiles and vaccination statuses. Two low-risk characters were Katy 21 and Mark 38 who had no comorbidities. According to data available at the time,<sup>19–26 59–61</sup> their risks of hospitalisations and deaths were below <1%. Two high-risk characters were Mary (78, no comorbidities) and Richard (53, severe comorbidities). According to same sources, their risks of hospitalisations were below 20%, and risks of dying were below 10%.

Participants read all four character descriptions. Each character was either: (a) fully *vaccinated* (ie, three doses); (b) *unvaccinated*; or (c) *unvaccinated but recovered* from a past infection of C19 which they contracted *before* vaccines were available to them. We measured scapegoating using a previously established assessment<sup>11</sup>. Specifically, we asked participants to indicate on a scale from 1=*not at all* to 6=*very much* the extent to which the character is: (1) to be blamed for the effects of hospital staff

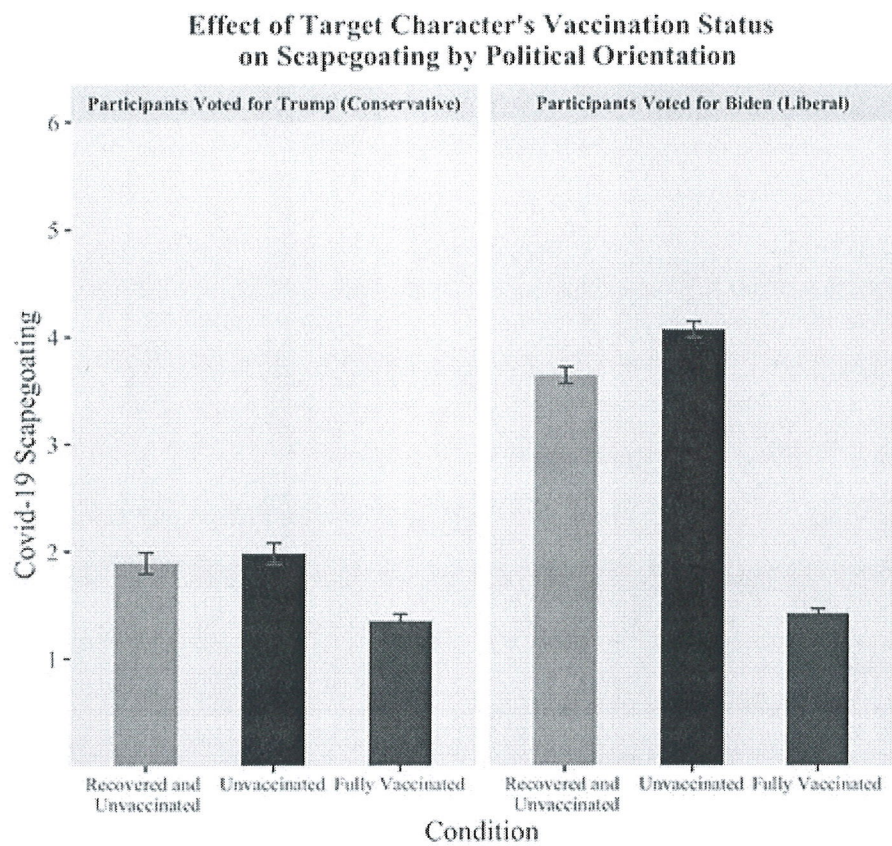


shortages, (2) at fault for C19 deaths and hospitalisation and (3) guilty of severely jeopardising his/her community's public health. We also asked participants to estimate the likelihood that the character will: (1) be hospitalised for severe illness, (2) die and (3) not recover.

The results are based on 570 American residents recruited through Mechanical Turk (MTurk;  $M_{age}=40.22$ ,  $SD=12.65$ , 43% men). Results highlights are presented in table 1 and figure 1; detailed analyses backing all of our conclusions are presented in the SOM.

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**Figure 1**  
Study 1: interaction between political orientation and vaccination status condition on COVID-19 (C19) scapegoating (aggregate of all characters).

**Table 1**  
Study 1 means: scapegoating and participant estimates of C19 risks (hospitalisation, dying and non-recovery) by character and vaccination condition (vaccinated, unvaccinated, unvaccinated-recovered)

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We observed that people were more likely to scapegoat the unvaccinated or unvaccinated-recovered (vs vaccinated) character, regardless of their risk profiles. Participants also consistently overestimated the chances that a low-risk character would be hospitalised, die or never recover from C19 (a proxy for postviral syndrome, *long COVID*<sup>62</sup>) regardless of their vaccination status, thus supporting our speculation that the blame of the unvaccinated is disproportional. Conservatives were equally unlikely to scapegoat all characters, while liberals were more likely to scapegoat the unvaccinated ones, including the one who was unvaccinated-recovered (figure 1).

Study 2: are people more likely to scapegoat the low-risk unvaccinated (even if contrasted against a low-risk vaccinated person who is not up to date)?

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In our second study (February 2022), we asked 193 participants from MTurk ( $M_{age}=39.19$ ,  $SD=12.44$ , 47.4% men) to evaluate a 28-year-old, low-risk male character who is 'in general, fit, healthy, and enjoys spending as much time outdoors as he can. He spends most of his work time outside by himself'. Participants were randomly assigned to a condition in which the character has either:

- A. 'contracted COVID-19 in May of 2021 (around the time when he was eligible to receive his vaccine). He did not seek medical attention, and he recovered fully', or
- B. 'received two doses of the COVID-19 vaccine in May of 2021 when he was eligible to get it (he does not plan on getting a booster)'.

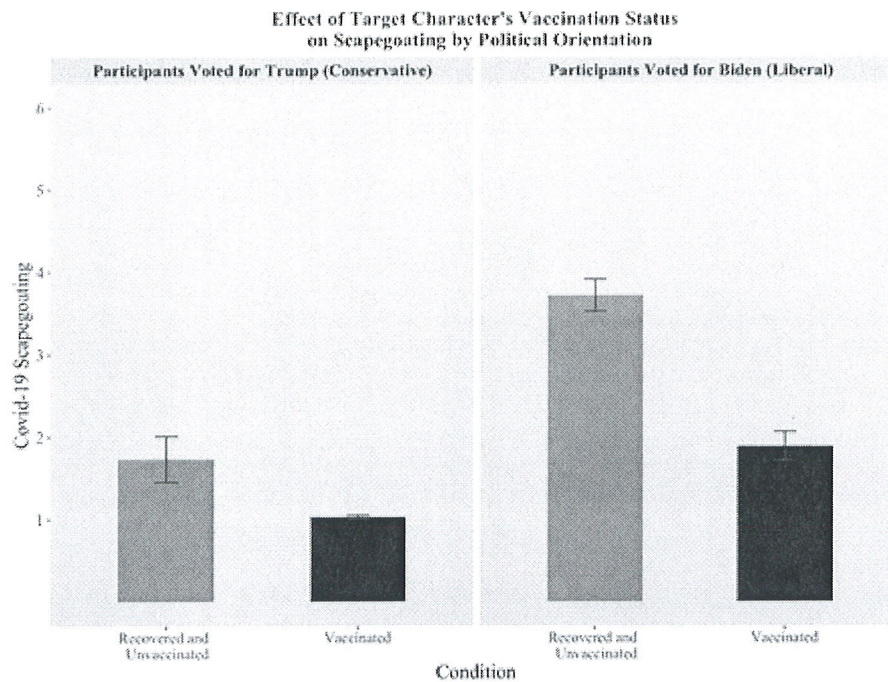
Being unvaccinated for more than 6 months, both characters may pose a risk of transmission as the benefits of prior infection and vaccination both wane.<sup>34</sup> We relied on the same measures we used in study 1 except we used a longer, eight-item version of scapegoating ( $\alpha=0.98$ ).

We observed that people were more likely to blame the unvaccinated but recovered low-risk character (see table 2) and that this effect was associated with the same political ideology effects from our previous study (ie, liberal individuals were more likely to scapegoat the unvaccinated-recovered vs vaccinated than conservatives; see figure 2).

Table 2

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Study 2: Descriptive statistics and T test results.



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## Figure 2

Study 2: interaction between political orientation and vaccination status condition (vaccinated/not boosted vs unvaccinated/recovered) on scapegoating.

## General discussion

We examined whether the animosity that people showed towards the unvaccinated during the C19 pandemic could be partly understood as scapegoating (as opposed to a reasonable response to a person's culpability). We supported our theoretical predictions in two empirical studies and one pretest conducted in early 2022. We relied on vignettes about characters with different profiles, where all information except vaccination status was held constant. Our results showed that people judged the unvaccinated (vs vaccinated) individuals as more responsible and blameworthy for overwhelming the healthcare system, jeopardising public health efforts and prolonging the pandemic. Importantly, these judgements emerged even for characters who, according to scientific evidence available at the time, were at exceedingly low risk of hospitalisations and who had recovered from a prior infection when vaccines became available (study 1). We also found these effects when the low-risk unvaccinated-recovered character was contrasted against a counterpart who was vaccinated more than 6 months ago (study 2). On average, the participants' ratings for the vaccinated characters fell in the lower range, while



ratings of the unvaccinated characters fell within the middle range of the scapegoating scale (ie, suggesting moderate levels of blame). Finally, we observed that liberals were more likely than conservatives to blame the unvaccinated (vs vaccinated) characters.

Recall that what makes blame assignment a form of scapegoating (vs a justified response to a social threat) is that it is driven by fear or based on unfounded or inaccurate facts.<sup>10 11 13 63 64</sup> We provide evidence that the scapegoating of the unvaccinated was not grounded in available empirical facts, but a miscalibration of risk. Our evidence for this is that while participants recognised that the elderly and people with severe comorbidities were at higher risk of hospitalisations or deaths (vs low-risk characters), they consistently overestimated the risks of C19, especially for the unvaccinated people who are not in a known high-risk group. These inaccurate risk estimates comport with results from representative sample-based studies available at the time.<sup>17 18 55</sup> The final contributing factor to misperceptions, and another indication of scapegoating, was the failure to consider the protective effects of prior infection, which were known according to the evidence available at the time of our data collection.<sup>40 43</sup>

## Implications for medical ethics, science communications and ideological divisions

Humans often react to threats by applying generalisations driven by a miscalibration of risks, selective information retrieval or the unwillingness to update beliefs based on new information.<sup>14 56</sup> Our data provide evidence that these processes led some people to use a single piece of information—vaccination status—as a heuristic for making judgements about the culpability of individuals, regardless of whether or not they are statistically at risk of needing care, pose a grave threat to others, have recovered from the virus and whether the vaccinated individuals have not been boosted for many months. These overgeneralisations and the resulting scapegoating are not without social and ethical implications.

One social consequence is that scapegoating can subject people to ostracism, discrimination and, in extreme cases, even violence and persecution.<sup>10 11 13 63 64</sup> While we did not seek to document these consequences in our studies, scapegoating risks reinforcing public attitudes that may be based as a justification for discrimination. For instance, multiple policies were implemented in the USA to pressure individuals to get vaccinated, including employer mandates and vaccine passports. Although widely supported,<sup>49</sup> these policies did not consider the protective effects of prior infection or the age-based risk distribution of severe disease outcomes. There is some evidence that they generated adverse societal consequences, such as reactance, and increased vaccine scepticism and social polarisation,<sup>6</sup> among others. Therefore, because the C19 pandemic showed how the public's understanding of health information could impact social cohesion, we strongly recommend that the medical community considers the downstream and negative impacts of presumptively well-intentioned guidelines.

Second, scapegoating implies that the blame is either undeserved or disproportional. Thus, we encourage public health researchers, practitioners and science communicators to consider the implications of relying primarily on fear-based approaches to mitigating the harms caused by C19.<sup>65</sup> For example, if 35% of US adults believed that at least half of C19 infections require hospitalisation,<sup>18</sup> it suggests a significant



health communication failure. A result is that it can lead people to turn against and blame each other when doing so is not justified by available facts, which may not have been adequately presented to the public. We submit that a relevant ethical question that public health officials should debate is whether it is morally obligatory for them to correct misinformation regardless of whether it overestimates or underestimates of C19 risk.

Third, our findings also show the impact of citizens' political ideology on scapegoating. We did not test the sources of liberals' greater likelihood to scapegoat the unvaccinated individuals, but we encourage further investigation of whether media exposure could be a contributing factor. Just as conservative media and politicians are culpable for misinformation leading people to underestimate certain C19 risks,<sup>66 67</sup> it is possible that liberal outlets introduced misinformation in the opposite direction. For instance, Rachel Maddow of MSNBC, an outlet with a decidedly liberal audience,<sup>68</sup> noted in March 2021: 'Now we know that the vaccines work well enough that the virus stops with every vaccinated person.'<sup>69</sup> However, this claim was not possible to make at that time,<sup>70</sup> nor was it true. The original clinical trials did not test for effectiveness on transmission.<sup>71</sup> Early evidence, and reasonable deduction from the research in vaccinology and virology, suggested that the vaccines would not fully stop transmission. By April 2021, more than 10 000 vaccine breakthrough infections had been officially reported across the USA (a substantial undercounting), 10% of which had been hospitalised and 2% of which had died.<sup>72</sup> An outbreak investigation by the Centers for Disease Control and Prevention in July 2021 found that 74% of cases linked to a summer event in Massachusetts were vaccinated and most were symptomatic.<sup>73</sup> Therefore, we argue that it is important to correct the dubious claims made by both sides of the political spectrum, as both may distort risk and fuel polarisation.

## Limitations and future directions

Our study has limitations that must be acknowledged. First, because there is some between-country variation in antipathy towards the unvaccinated,<sup>3</sup> it is unclear whether our findings would replicate in a non-US sample or in samples other than MTurk that tend to have more liberal than conservative participants. Second, we caution researchers to interpret our results and our assumptions based on the time period during which we conducted this study (January and February 2022) and, if replicating our relationships, use updated information. Third, we only assessed scapegoating judgements and we did not document behaviour towards the unvaccinated. Fourth, our findings are specific to the context of C19 vaccinations and are not meant to draw any inferences about vaccinations in general (eg, influenza or routine childhood vaccinations; see Giubilini et al.<sup>74</sup>). Fifth, while many of our observed risk estimates align with the data from representative samples collected at the same time, individuals' risk estimations can be notoriously inaccurate and often unstable.<sup>14</sup> Future research should continue investigating the relationship between C19 risk estimation and social outcomes using a wider variety of risk indicators. Finally, no scientific study could ever determine *the point*—if any—at which punishment of social deviants or scapegoating unvaccinated people is morally or socially justifiable.

## Supplemental material

[jme-2022-108825supp001.pdf]

### Data availability statement

Data are available in a public, open access repository. All data relevant to the study are included in the article or uploaded as supplementary information.

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### Ethics statements

### Patient consent for publication

Not applicable.

### Ethics approval

This study involves human participants and was approved by the University of Otago Human Ethics Committee under reference number D20-088: 'COVID-19: Perceptions, Attitudes, and Consequences'. We confirm that the participants were provided with information sheet and informed consent forms before they began the study. Participants gave informed consent to participate in the study before taking part.

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Data supplement 1

### Footnotes

**Contributors:** MG: conceptualisation and design. KA: theoretical foundation. FXC: analyses. KB: theoretical foundation and medical ethics implications. MG is the guarantor.



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†The preliminary study was similar to study 1, except it did not include the unvaccinated-recovered condition. We observed the same patterns as those reported here (see SOM for complete descriptions).



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