

'Childhood vaccine mandates: are they tackling the right problem?' with Prof Katie Attwell
<https://www.youtube.com/watch?v=GUVJtQxt9zw>

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Undervaccination results from both deliberate vaccine refusal and access or logistical problems.

These barriers are commonly thought to affect very different social groups. However, popular and political discourse emphasises the vaccine refusing parent as the policy target of new vaccine mandates. Discourses around the need for strict mandatory policies may or may not acknowledge disadvantaged populations facing access problems, and the policies themselves may or may not differentiate between underserved populations and those who deliberately refuse vaccines.

This talk explores how these two distinct categories of under-vaccinated populations are treated within vaccine mandates in Australia, Italy, France, and California, and why it matters.

0:01

okay welcome everybody um my name is Samantha vanderslaught I'm leading the vaccines and Society unit

0:07

here in Oxford hosted at the Oxford vaccine group I'm really pleased to welcome associate professor Katie Atwell

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who's come from the University of Western Australia she's been working on

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the area of vaccine uptake for nearly 10 years she's a leading expert on mandatory vaccination her work has

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included research about communities and Healthcare systems and she draws on insights from Behavioral Science

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politics law and policy we've been really lucky to host Katie at the

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vaccines and Society unit she kicked off our launch event on Friday so you a

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couple of you might have seen her shorter presentation then she was

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comparing National vaccine mandates today she's going to be talking about a related topic but we have a bit more

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time to Deep dive she's going to be drawing the question of whether tartared

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vaccine mandates are tackling the right problem and just before we start a little bit of housekeeping this talk will be live

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stream so we've got quite a number of people who've signed up to watch online and it's also being recorded if you're

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watching online on crowdcast and you'd like to ask a question we've got about

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15 minutes at the end to ask questions please press the ask question button and

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Clara is going to be helping us with filling those questions so Katie's going

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to present for the next 40 minutes or so and then we've got yeah quite a good amount of time at the end for questions

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so without further ado I'd like to welcome Katie Atwell

1:45

foreign [Applause]

1:52

good afternoon everyone thank you so much for having me here at the Oxford Martin School Sam thank you so much for

1:58

being a wonderful host to me here at Oxford I'm having a wonderful time and thanks to those who saw my presentation

2:04

on Friday and have come back for more I did promise it would be different content and it is you may find some

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familiar topics that I mentioned but we're going to dive quite deep into them today and to those who haven't seen me

2:17
present yet hello and welcome and thank you for coming to watch and thank you for watching online as well
2:22
so before covid-19 hit and vaccine policy and vaccine mandates became an issue of
2:30
absolute Global preoccupation there was another significant policy development and it may have passed you by here in
2:36
the UK because it didn't happen here but that was several high-income jurisdictions across the globe making
2:44
childhood vaccination mandatory in ways they had not done before seeking to impose consequences for vaccine refusal
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and I was sitting in one of those places Australia and our states were doing it our federal government was doing it and
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I was really eager to understand what why why now why all of this so I
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convinced our funding agency in Australia to fund a big three-year Fellowship for me to go off and explore
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that very question so I I've had a great time I've been to
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all of these places I've been to um California to Italy to France and
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that's my home city of Perth um so I've been traveling around speaking to people trying to understand
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this phenomenon and it was all about looking at these four which were the first four to adopt
3:33
these policies others have since followed in their footsteps but I wanted to understand these first four in the
3:39
first instance so when I say mandatory vaccination what do I mean well I'm talking about
3:46
imposing meaningful consequences for non-vaccination and in particular for vaccine refusal so the idea of a mandate
3:54
that you can't easily get out of just because you don't want to vaccinate
4:00
but of course these policies do operate differently in the different jurisdictions and I talked about this on
4:05
Friday so they might operate through not letting you into Early Education and child care or into school they might
4:12
operate through the welfare system and withdraw some money from you you might even get fined so all of these are
4:18
different kinds of consequences I'm not drilling into those today but just to say that these policies are not always
4:23
the same but they're seeking to do the same thing which is make vaccine refusal have a consequence I should also just um
4:31
give you a heads up that I'm currently writing a book about my wonderful four case study and what I'm presenting today
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is really sort of one chapter of that book but it will pull in a few different bits I also have a book coming out just
4:45
on the California case with Professor Mark Navin who's a American philosopher so we've just dived into the California
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case and told that story it is quite a story book coming out with Oxford University press later this year
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this book you're hearing about probably be more like next year so the book will
5:04
explore lots more than I'm talking about today a gender setting in particular we're sort of we are talking about that
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today but that you know how did these policies get on the agenda and why um design you know the different types I
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talked about why each one in a different place implementation is a huge part of vaccine

5:21 mandates and something that I've dived pretty deep into as well and lastly impact I am very clear in all of my work
5:28 I don't study the Way That vaccine mandates influence disease in a
5:34 community that's a bridge too far for my skill set what I'm interested in is I I finish with uptake figures and other
5:42 kind of unintended consequences on society and people but I'm not interested in sort of well I'm
5:47 interested but I don't study how we get from a vaccine mandate to do we then
5:52 have disease outbreaks or not that's that's for the epidemiologists and others to determine So today we're actually looking at this
6:00 question of how public expert and government perceptions of a particular kind of problem I.E non-vaccination or
6:08 perhaps more specifically vaccine refusal how does the way people sort of
6:13 think about that and what they're saying about it inform how they identify the problem and who is the policy Target who
6:20 are they actually trying to reach when they bring in these policies and and why is a mandate a way that they sort of
6:27 seek to do that um and before I go deeper into this it's worth mentioning that of course
6:34 um and I feel like this is well known in your country that certainly came out in our conversations on Friday it's very
6:39 well known in mine I'll come back to this there are two really different sets of reasons people will be under
6:44 vaccinated and they usually apply to quite different cohorts although during
6:50 covid-19 and indeed prior we did also have an understanding that sometimes they will have a kind of relational
6:58 effect within the same group so um sometimes if you're not well reached by
7:03 governments government programs you might become you know reluctant to engage with them so I know that they're
7:08 not always distinct groups but often they are quite distinct groups one group happy to vaccinate but have this is
7:16 people with complex lives logistical challenges socioeconomic disadvantage so it can be hard for them to get to the
7:23 vaccine appointment or to prioritize it in a complex messy life and then of course the ubiquitous side idea of the
7:29 mum who's worried about vaccines harming her beautiful baby so despite this it being known in in
7:36 many settings that these are quite different reasons um it's not it's you know it's not clear
7:42 it's not self-evident which one of these or just one of them or both governments
7:47 might be seeking to attend to when they introduce a vaccine mandate and certainly they tend to be thinking about
7:54 and talking about this issue because it's much sexier it's much more well known it's much of a you know it was the
8:00 2019 World Health Organization one of the top 10 threats to you know human health is this vaccine hesitancy vaccine
8:07 refusal one so that's the one that kind of sucks up all the oxygen and gets all the attention but a combination of both
8:13 of these will contribute to any jurisdictions under vaccination problem
8:19 so um in order to start our dive into well what was going on in this case it is

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worth understanding that in all the jurisdictions that I'm looking at there was a form of mandate already

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um so that's that's a really crucial and important point it's not like they went from nothing to oh let's have a mandate they were doing something in the Mandate

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area more generally but they were not the mandates they had were not imposing consequences on vaccine refuses so they

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were either just covering a few vaccines and they weren't really well enforced or they had specific opt-outs so people who

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didn't want to vaccinate could go through a bureaucratic process of declaring themselves a vaccine refuser and then still be allowed to access

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whatever goodies might otherwise have been withheld for people who weren't vaccinated

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um and and so and you might think well that sounds Bonkers but the point of all of that is that these mandates were not

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designed with vaccine refusal in mind and rather they were functioning as a

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bit of a cue to government particularly in France and in Italy acute to

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government to a sort of note to self we've made these vaccines mandatory oh gosh we better better make sure we're

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actually getting them out there and getting them into the population also of course cueing all of us the general

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public to schlep along and get our child vaccinated at the appropriate time in

9:39
order to comply with that mandate and if you're not against vaccination that's perhaps not a particularly you know dire

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thing to have to go through so we've got this idea of the excess backbone operating in in all of these

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places um and indeed in um in in Australia um that had been taken the form of a

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special payment that was for people who um it was like an immunization uh incentive payment it started out as in

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the late 1990s it was then rolled into middle class welfare for anybody raising

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children and in the United States um again there's a long history of

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mandating vaccines for entry to school because their public health system is

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virtually non-existent again it was a way of kind of making that the consumer's problem get them activated

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get them out of bed uh get them vaccinating in order to get their kids into school and again because that

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policy was not designed with vaccine refusal in mind nor was the Australian policy that's why we had these personal

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exemption personal belief exemptions built in

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so um despite all of this you know we see the the vaccine refusing parent being the problem the Contemporary

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problem the Contemporary articulation of a problem that has led to the adoption of mandates in each of these settings

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so because I've got a bit longer today just a quick note on my research methodology

11:02
where it's hard being a comparative person as I as I have discovered but to the extent I've been able to really try

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and you know ask the same questions examine the same phenomena in each of my cases starting out using um policy

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literature translating it what I need to some really good secondary literature in in some places as well and then working
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out what I didn't know and how I could find it out and from whom helped by some amazing in-country collaborators and
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then doing these key informant interviews and then analyzing it all in in Vivo and I have published quite a lot
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of papers out of my cases but less comparative papers or certainly less
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papers comparing all of them so that's really what the book is seeking to do so who did I speak to well you can see I
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dived pretty hard into my own country because the Australian states have their own vaccine mandates which are all a
11:55
little bit different as well as a national one and then again you can see the the people I spoke to in um the
12:03
other jurisdictions and the kinds of people I spoke to who and with the provax activists and academics as well
12:09
as people who were involved
12:14
and what am I oh I'm wrestling apologies I'm okay yeah sorry I'm too flamboyant
12:20
thank you um yes uh so certainly um speaking to these people because they're involved in
12:25
the implementation or were intimately sort of had some know-how about how and why things happened so pretty good sense
12:33
of what did happen in each jurisdiction as a result of these interviews so perhaps the most important
12:41
um thing that I want to start with in in sharing my findings is that you know I
12:46
kind of went into this thinking oh you know vaccine hesitancy or and refusal is is sort of a global problem it is
12:52
understood as a global problem so it makes sense that each it makes sense that a bunch of countries or
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jurisdictions would choose to act on it at the same time and and to act on it in
13:02
the same sort of way because let's face it if you're dealing with recalcitrant and parents who don't want to do something and it the
thing you want them to do is
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important one way to do it is just try and make them so it's not that surprising that we would see this kind
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of happening at the same time but when I dived in what I discovered was that um
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the drivers in each setting were uniquely local and although vaccine refusal played a part in all of them it
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was certainly never the sole factor and sometimes not not even necessarily the major factor
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um and certainly not not all epidemiological and what I mean by that is not everyone was facing this sort of
13:39
crisis of oh my goodness if we don't mandate tomorrow measles will be back the day after it
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wasn't that situation everywhere and the way I want to unpack this is by drawing this distinction between functional
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problems and political problems so what do I mean well sometimes a
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system will face functional problems as in it's literally going to break and fall apart so if your vaccination system
14:03
breaks and fall apart falls apart you won't have sufficient vaccine coverage in your population and then those
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diseases will come back and sometimes your system might not face

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a functional problem but there might be political drivers that inspire or

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promote political actors to bring about a policy change even though the system is actually chugging along okay

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so putting my cases onto this schema in in France there was actually quite low

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political pressure at least to begin with France did have a problem with vaccine hesitancy and refusal they'd had

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some local scares very specific French language stuff that the rest of us may not have known about but the political

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class did not want to Bar of it they did not want to touch it they didn't want to do anything with vaccination it was a

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poison chalice they were worried that if they drank from it it would somehow bring them electoral Misfortune so they

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they weren't having a bar of it but the functional problem got too big to ignore when the Council of state which is the

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highest court in the land ended up ruling for reasons I can't go into now ended up ruling that the French system

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had to change they had a few vaccines that were mandatory they had many more that were recommended and voluntary and

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the court said they have to all be mandatory or they have to all be voluntary you have to harmonize so the

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government was like okay and and they even had a time limit so the government was like okay well to figure that out they then embarked on this very um large

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sort of large-scale process of making that decision super interesting Jeremy Ward has written quite extensively on

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this as well so that's the French trip in Italy there was a functional problem

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brought about by a vaccine scare in 2012 a lower court in the region of Remini

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get this made a ruling that vaccines had caused a child's autism

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you heard me correctly um and my colleague Mark oditzi and I have done a wonderful Deep dive into how

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that happened and what happened as a response so we've published a couple of articles on this their Open Access you

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can have a read of them it's it's a fascinating story can you imagine what happened vaccine

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rates for MMR plummeted and the system was not appropriately responsive to that

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and so things just kind of went downhill over about five years in terms of vaccine coverage and they ended up sort

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of having to mandate so that was a functional problem um but there were also political

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problems or political drivers because um in the regions pro-vaccine parents

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were getting antsy Regional actors were getting antsy they even brought in their own mandates and then as that start

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you're going to start to get this Patchwork of local policies and they said to the national government come on Step Up make a policy for all of us so

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that was the sort of so that's why I say there were high functional and high political pressures there

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in Australia and California these systems were not facing a significant

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threat from vaccine refusers in terms of at a general population level rates were
17:10
high they were pretty stable there were pockets of under vaccination due to refusal which were definitely a problem
17:15
for outbreaks of disease but this was not a system you know facing failure
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what we instead saw was political pressure in Australia just finished a
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paper on this currently submitting to a journal it was literally down to one
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policy entrepreneur a deputy editor of a populist tabloid newspaper who who
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designed and popularized the Australian vaccine mandates right down to the names of those policies so our account of her
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is is you know really shows what what an incredible situation this was that really one person mobilized all of this
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media and Community power to drive those political changes in Australia and in
17:57
California the parent activists Sam's written on these as well um obviously we look at them quite a lot
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in the book on California these were people who got upset that vaccine refusers had basically been able to have
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a society that catered for them they could go anywhere they could do anything there were no consequences for their
18:16
refusal and these parents who were vaccinating their kids and still finding that their communities were unsafe got
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kind of angry and wanted to reconfigure Society so that that would no longer be the case
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so that's the functional and political pressures so what I want to explore now
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is um and this is now getting into this question of our vaccine mandates solving uh the or tackling the right kind of
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problem is some Bank one got
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and so the first question here for me anyway this was the next logical place to go in my inquiry so what what
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is government actually doing to make vaccination easy and possible for people
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um and are they doing anything that's making it hard and and and you know imposing barriers and that was quite a
19:09
interesting Journey so the things that governments can do this is how I sort of separate them into
19:15
you know earlier I guess I talked about that access and acceptance distinction these don't quite map on but they can
19:22
map on a little bit so in terms of wanting communities to be able to easily access vaccines certainly what you want
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to be able to do is make vaccines free make the vaccination in counter free so
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you're not having to pay to get it you don't have to pay the person's time who's giving it to you and you want it to be easy for
people to
19:42
actually go and get them so you want availability of clinics and things that are open at convenient times and all
19:47
that sort of stuff so you know to me I was like well that's sort of the least the state can do
19:52
really um but you know it actually was not um I was I was shocked and appalled to find
19:58
that actually that was not really happening in some of these places so I won't go into the California example

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because I'm sure you all have a pretty good idea of how dismal the American public health system is so I'm sure you

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can imagine that it's not just as simple as sort of everybody gets to rock up and get vaccinated for free but I'll tell

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you about France because you know we have this idea or at least I did an Australia France you know socialist

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society you know state looks after you let me talk you through getting your kid vaccinated in France

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so you schlep along to the doctor and you get a prescription for the vaccine

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then you take your prescription and you schlep along to the pharmacy or the chemist and they give you the vaccine

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and then you take the vaccine and if you're not going back to the doctor you schlep home and you put it in the fridge

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to maintain cold chain then you get it out the fridge and you slip back to the doctor and they vaccinate your kid

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so I was appalled to hear about that system I could not believe how difficult it was for French families to vaccinate

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their children and it's not free so the state isn't paying for those vaccines never mind the encounters with the

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professionals that you might face and in fact when France men made its new mandates the government looked at I told

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you that it is very elaborate sort of analysis of what they should do and one of the things they looked at was how much would it cost us to just pay for

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everybody's vaccinations looked at the figure nah not going to do that so they pay for some of it

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people's private health insurance pays for some of it there's not supposed to

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be a gap there's clinics for poor people but they really are for poor people and and they're sort of not very easy to

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access and so it's not you know I wouldn't take my kids there because you know it would be very clear that I should be doing it this other

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complicated way so that was really quite shocking so that's sort of that access piece that

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access space the other thing that governments need to be doing to facilitate and encourage

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vaccination is Communications and persuasion and I sort of mean a few different things by

22:01

this one thing I mean is that you need a kind of steady slow drip feed

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of the idea which will also activate people who are not hesitant or at risk

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of being hesitant it will just remind them why they should be doing it but also will kind of make the case for anybody that might otherwise be hesitant

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vaccines are important they do a really good job of protecting you and your family and your loved ones they also

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protect the community so just you know doing that piece of work and it was quite interesting that in my field work

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people often talked about your NHS as being a really good way that that that message was kind of continually

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reinstilled into the population through generations I know the NHS is in trouble and it's potentially always in a bit of

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trouble and anyway I know things are pretty dire but certainly that reputation of the NHS as being the

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agency that can do that really well um and as part of that as well so you

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kind of have this low level drip feed but then if things blow up if you get if you get a crisis if you get a vaccine

23:01

scare if you get something that's going to generate a functional problem for your system you need to step that right

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up you need to be throwing resources at persuasion targeted campaigns that speak to people about the thing they might be

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concerned about speak to a particular group that might be hesitant and use as trusted Messengers there's there's a

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huge field of research about how to do this properly and you know governments need to be doing that work if you know

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if something happens that disrupts or threatens to disrupt their system as you can imagine I went looking to see

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whether they'd been doing that before they mandated what do you think I found

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and in fact um you know Italy France and Australia all did sort of big Communications campaigns

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vaccines are great blah blah blah this is why they're important but they didn't do that until after they'd mandated so

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what they were really doing was by that point they were manufacturing consent not just for vaccines but for mandates

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and I think that's really important don't get me wrong I think you need to do the hearts and minds work if you're mandating so that you're coercing the

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fewest number of people possible but imagine if you did that work before might not even need to mandate

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so anyway if you're interested um that paper there kind of dives into that issue a bit more

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um so okay so the next set of questions that I

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think we need to be asking is what tools does government utilize to ascertain the cause of non-vaccination

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so again I've said a couple of times now we know in every population there'll be some people who don't vaccinate because

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they don't want to and there'll be some people that the system isn't reaching because those people have got a lot of complex difficult stuff going on in

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their lives and um since both both of those groups together make up our

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under-vaccinated cohort and since we really can't tolerate that cohort being more than five percent of the population

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if we want 95 vaccinated you need to be trying to put out both Fires at the same time

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and in order to do that you need to understand a lot about those fires I mean where are they burning amongst whom

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for what specific reasons do you think governments know that

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so epistemological constraints to some extent governments were facing

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issues across both of these domains that makes the project of mandating

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vaccination to solve a problem that you don't even really understand potentially a problematic one

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firstly does the government know who is and is not vaccinated

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well in half of my cases sort of yes in Australia we've got the

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oldest vaccine oldest electronic vaccine registered in the world which means it's super clunky and not that great but it's
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it has done great work for many years good old Australian immunization register so the government knows the
25:53
vaccine status of every child right because it's recorded against their identity similar thing in Italy
26:00
but Messier because it's done at a regional level wealthy regions have electrified electrified their
26:06
registers poor regions paper move around Italy
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presumably your record should follow you uh France and the United States generally
26:19
they don't know who is and is not vaccinated so they will ask their Frontline
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Educators the schools Child Care Centers to check vaccination status but they
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actually don't know but that information doesn't get translated up or go anywhere so only The Gatekeepers would have been
26:39
exposed to that information while they were checking the records and supposedly not letting in people who were not vaccinated
26:45
um so in France I'll talk to you talk you through how France sort of deals with actually working out how many
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people are vaccinated like what percentage of the population they look at they do a survey
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um they survey the population um to find out whether they're vaccinating or not
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um and rely on them telling them and of course that's just a sample and they look at how many vials of vaccines they
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sell or buy or whatever you know how much product is moving through the system
27:14
wastage well yes you'll sort of estimate what's going on in the realm of wastage but
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again um so so quite sort of yeah you're putting together lots of little pieces to try and get the picture but I'm not
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really sure you're getting it so really unclear that they know what's coming on in their populations
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and then the other thing of course is do they understand who's unvaccinated for Access reasons and who's unvaccinated
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for acceptance reasons and in almost every context again the answer was not really
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in Australia when we used to have these exemptions that people could apply for we would actually know oh yeah X percent
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of kids have one of these recorded against their name some researchers had done additional work to show that yes well that
doesn't
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explain all of the people who are objecting to vaccination there's some reasons why people wouldn't get one of
28:06
those maybe they earn too much money so they don't need to apply for the exemption because they're not getting the they're not
getting the the Social
28:13
Security Etc so they'd estimated that it was about half and half but in 2016 when
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we got rid of our objections and when you actually had to vaccinate we now have no data on you know how many how
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many Australians are not vaccinated for belief reasons as opposed to access problems
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um so it's yeah it's pretty it's pretty complicated um but there's there's very very poor
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knowledge of this um so focusing on vaccine refusal

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with this kind of half sorry I should point out as well that France I sort of spent quite a bit of my early talk

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bagging them out but France does have a real strength here they have been surveying their population for many

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years asking about vaccine attitudes they have this thing called the health barometer

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um so that's where they're actually when they say well you know X percent of French people feel in these various ways

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about vaccination the government is actually collecting that data routinely so um hats off to France for that little

29:15

piece there um okay so thinking about things in these ways

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um and with the sort of gaps in knowledge that I've told you about what I want to now share with you is the

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way that key actors in these countries or jurisdictions were talking and thinking about the the idea that some of

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their population might be unvaccinated for Access reasons um and sort of and how they were kind of

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more broadly talking about their under-vaccination problems so in Italy

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that the government is the vaccinator so in Italy uh you have people working for

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you know sort of the equivalent of the NHS but in in Regional levels they are the ones who vaccinate you they're the

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ones who write to you and tell you to come in and get vaccinated you don't come they call and they call again and

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eventually they will be the ones who initiate fines if you're not vaccinating your kid so

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I think when the state's doing this work itself it's probably in a pretty good position to say provided its systems are

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well resourced and working well and then the places I went to the front line workers felt that it was

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so they feel they're doing a pretty good job of reaching underprivileged people and vaccinating them and and again

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anecdotally they feel that those people are happy to be vaccinated want to be vaccinated so so it's sort of based on

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that that the government did reach this conclusion of our problem is an acceptance problem way more than it's an

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access problem and I've told you the story about the court case and the you know falling rates so it's you know that

30:49

that certainly lines up part of the story in Italy as well is that um you know public Communications you

30:57

know of that big ambitious kind to tackle vaccine scares well they don't really work because in Veneto

31:04

um which is um the wealthy um area which includes Venice I'm sure you guys probably know

31:10

that but I have to include that for Australian audiences where people don't know um they had experimented with the

31:16

national government's approval and indeed encouragement with getting rid of all the old mandates that had these

31:21

mandates for a few vaccines they were largely broken they were largely not being used so vanito said let's sweep

31:27

them away and it was all this sort of ambitious idea of let's be modern and European which maybe meant let's be like

31:34

the UK let's have everything voluntary we're a mature population people will

31:39

choose to vaccinate because it's the right thing to do and the Venetian um

31:45

local government they were really the technocrats were really smart they were really on to this and they said righto

31:50

what we'll do is if our vaccination rates fall and there's a sort of trigger point we'll unleash the comms and we

31:56

will you know turn things around so they had this grand plan of for their experiment but what happened was when

32:03

That vaccine scare happened Veneto hit the ground faster than anyone so the people in the national government were

32:09

like okay comms don't work um vanito was a failure and in fact that

32:14

my one of my favorite quotes from this whole project was a Ministry official saying to me Italians need to be told

32:21

what to do and they need to be told by a mandate so that was that was that story there

32:27

um in California I've talked about this a bit already um for the parent activists who are the

32:33

real drivers of this policy change it was about reordering society and the way that I described the health actors also

32:40

understood that because their public health system is pretty um ordinary

32:45

um you know mandates are necessary to actually uh get the most underprivileged

32:51

people vaccinated so the idea that you um you know the idea that you sort of worry about that group and do anything

32:57

different with them other than have a mandate for them is is just fine because that's how you activate them to overcome

33:02

the fact that the system is rubbish basically okay in Australia it was really

33:08

different and that's this is really interesting so in Australia we definitely have this discourse That

33:13

vaccine refuses are bad um they're they're a pretty despised group in Australia perhaps relative to some other places

33:20

um but social disadvantages in the frame so I talked about you know the fact that we actually did have data showing that

33:27

you know a significant chunk about under vaccination was deriving from access problems not from refusal so that was

33:34

known about now the federal policy that we have which withdraws a percentage of people's

33:42

um Social Security payments and withdraws entirely the money that the government

33:48

gives them to pay for child care um so basically that that that applies to everybody who um everybody who is

33:56

eligible for those payments and there's certainly no no sense that you would um treat disadvantaged people any

34:02

differently but at a state level super interesting that is the only place that I've discovered you know and I've looked

34:08

beyond my case it's the only place in the world where they do this they actually say okay we don't want our

34:15

state mandates which are called No jab no play players in go to child care go

34:20

to Early Education go to kindy um we don't want those to apply to poor

34:25

and disadvantaged people because actually they're not the people we're trying to reach with our new mandate we are trying to reach the

34:32

people who are refusing so the states that have these policies and now five of them do

34:38

um to a greater or lesser extent depending on which political party was in power that's another whole Deep dive

34:43

I'm happy to revisit in questions have designed exemptions but in the states where we had labor governments um what

34:50

those exemptions look like is basically if you've got a particular kind of card it's called a healthcare card and it

34:56

means that you're on some form of welfare if you've got one of those you can enroll your kid and they don't even

35:01

have to check the kids vaccination status you can just get straight in what the government is saying here and this

35:07

was explicit in the political debates in in our parliaments it was also reinforced in the knowledge and

35:13

understanding of the health department bureaucrats who are advising government what it's saying is

35:18

we're not saying the vaccination status of these kids isn't important it is but we're saying that these kids

35:24

attending Education and Care is is crucial to their well-being and development and to exclude them would

35:30

create really Dreadful consequences for these kids so we're choosing to not have

35:35

the Mandate apply to them we're not saying come in and forget about it we're saying come in then we'll wrap the

35:40

services around them and get them vaccinated and that should be easy enough to do because we assume the parents are happy to vaccinate and are

35:47

not vaccinating because of these access barriers so that one's super interesting but

35:53

again remember that the federal system is making everybody vaccinate Anyway by

35:58

controlling the money so I think the states had a little bit more leeway to exclude disadvantaged people from the

36:04

Mandate because those people were getting swept up with the money anyway I hope that makes

36:11

sense I'm happy to revisiting questions if anyone's unclear um meanwhile in France they've got that

36:18

data that I talked about the health barometer shows seems to show that hesitancy is the problem not access and

36:24

again the government officials I spoke to oh no we have no access problem in France okay

36:30

um but crucially ethnicity is invisible in France it's taboo to ask anything about ethnicity

36:37

so there's probably a whole bunch of things you don't actually know about

36:42

because you know we know in Australia for example one of the things that will

36:47

get that exemption for you in child care is the fact that your children are Aboriginal right so that's seen as a group that we

36:53

want to make sure are getting really good Early Education and Care so we know that because we ask

36:59

what is the French government not asking about its population

37:04

the other thing here in France is that I talked about that consultation period

37:10

um a very complex consultation that the government had done to work out what they should do with their mandates and

37:16

as part of that they found out that if they made all their vaccines voluntary

37:21

which was one of their options they would see the lowest income people

37:27

cohort in their society they were the ones who were going to stop vaccinating so when faced with that

37:35

the people who are making the decision who of course were more High income technocrats

37:41

um you know much more privileged people sort of thought oh God we don't want to be the ones who make vaccines voluntary and this most this lowest income cohort

37:48

is the one that's going to stop vaccinating so um that data was quite powerful for them

37:54

making that decision that a mandate would apply to everybody so if a mandate's going to apply to everybody

37:59

because you're worried about the lowest income people not getting vaccinated adopting a policy like the Australian

38:06

states have would seem a bit Bonkers wouldn't it just made this decision that these

38:11

people's vaccination status is so important that that's one of the reasons to mandate

38:17

so I'm just briefly going to talk about I used to call I used to talk about the

38:22

design of mandates as though somebody sat down with you know a blueprint Payton let's you know how should we do

38:28

this we we have a policy problem let's design an instrument to solve it and I realized that was a pretty silly way to

38:35

talk about what happened because actually there wasn't a lot of design thinking going on and in fact what was generally

38:41

going on is that governments were using a lever of government sorry a policy lever that they had available so in

38:47

Australia the feds control the Social Security and the states regulate um the

38:52

child care sector so that's why they reached for those instruments but almost everyone basically just looked at the

39:00

Mandate that they already had that was a bit rubbish or that wasn't working properly or wasn't imposing consequences

39:06

for refusers and and basically just tweaked that um they certainly never looked outside so

39:13

they would to an extent so for example in the Italian parliament were like well you know California has recently you

39:20

know changed its mandatory vaccination policy and it's working very well so we should do that here

39:25

but they were their policies were different they were doing different things but they were broadly understanding

39:30

they've mandated we should do it never looking deep into this design question and the only time we see sort of

39:36

importation going on is internally so I described how the Italian regions pushed

39:42

that policy up to the National level we're sick of having piecemeal can you please do it and in Australia you get

39:49

the states and the federal system all bouncing off each other and everyone's kind of doing it at the same time because this

Deputy editor of the

39:56

newspaper is pushing all of them to do it so conclusions

40:02

limited conclusions just from what I've talked about today not much not broader conclusions about mandates which I am

40:08

happy to revisit in the questions um I wanted to understand why why were

40:14

the Australian States the only ones who really paid attention to the access issue and in fact paid such close
40:21
attention to it that they decided to explicitly make their mandates not tackle
40:28
um or not not have a negative impact on these people who faced access problems the Mandate was going to be all about
40:33
you know dealing with a problem of vaccine refusal why did they do it
40:39
well one of the things that was actually quite inspiring to discover was that it was about policymakers awareness of the
40:47
access problem I talked about how in Italy in France you know I was told in quite forthright terms oh you know we'd
40:53
have an access problem here oh all of our under vaccination is due to rejection but the policy makers in Australia
41:00
didn't think that and they couldn't really get away with thinking or saying it because for years the academic
41:06
Community had been socializing them to understand these access barriers
41:11
um and in fact you know Professor Julie Lees who is a global leader in this field and the generation of vaccination
41:18
social scientists that she's brought up and inspired of which I'm one we've all been talking about this for a long time
41:24
and every couple of years we have a conference where the academics get to present to the policy makers
41:30
um it's a national thing so all the state actors are together and and I just feel like this stuff is absolutely in
41:36
the kind of policy ecosystem in the soup and it's known about and so when when
41:41
the policies were coming in at a state level certainly the labor the labor politicians who brought this in were
41:47
very receptive to the idea that you want to protect these socially disadvantaged groups you don't want to sweep them up
41:53
with a mandate and somehow make their lives worse um but also you know the bureaucrats
41:59
would have been there as well speaking truth to power and saying hey like I know you're seeing vaccine refusal as
42:04
the problem how's about we don't make another problem for these disadvantaged people in the process
42:11
um so that that's what that was as I said that was quite an inspiring thing to discover
42:16
um and the rest I've really already talked about but I'll just reiterate briefly
42:22
um as well I think the Australian States could afford to make that decision because the federal policy was already
42:27
governing people's behavior everybody's and the federal system is just like ruthlessly bureaucratic you know your
42:33
payment will be terminated in 55 days as your child is not up to date you just get these Dreadful form letters that get
42:39
sent out so you know there was no no um accommodating social disadvantage there
42:44
it's because we're turning off the money tap run off and get vaccinated um and in Continental Europe as I've
42:51
suggested there was a bit more of this paternalistic approach and by paternalistic I don't necessarily mean bad but I mean that
they saw that
42:58
mandates would would do a really important job for the the most disadvantaged people in in the community
43:03
and yes those people might be disadvantaged further by not being allowed into Early Education or care if

43:10
they're not vaccinated and then they've got to wait till they're fully vaccinated and then they can come um but they really felt that their

43:17
mandates especially in France were doing important work for that group so it would be perverse

43:22
to have an exemption for those people and again in California even more so

43:28
because their mandate had had its roots in that access backbone that was about activating people in the absence of a

43:35
public health system to get vaccinated um and therefore that's the thing they're relying on to get everybody

43:40
vaccinated again it would seem perverse that you would have an exemption for people who are poor and disadvantaged

43:47
so very proud of myself because I've done that I think under time I'd like to acknowledge my wonderful funder the

43:53
Australian research Council of the Australian government and thank you all for coming and I think

43:59
I'm now going to go and sit over here with Sam and we're going to have a

44:06
job thank you very much Casey I think you've

44:13
really outlined how it's useful to think about a policy tool like vaccine

44:19
mandates and think about well what are we aiming to achieve and how are those

44:24
aims being implemented in different places so the comparative piece is really really good to see I wondered if

44:31
I could kick off with an initial question with um and I know you work quite well but

44:36
for the audience who might not know it as well and why these four countries in

44:42
particular yes great question it was literally that these were the first four cabs off the rank

44:49
um I was following California that was obviously big global news then suddenly my own country's acting then suddenly

44:55
the two European countries are acting so this was the first four I put this grant together in um 2017 2018 and at that

45:04
point they were really the only four um some other American states and Germany have now gone down this road as

45:10
well so it was it was really about you know the beginning of this trend

45:16
and would you add any more to this list um if you were starting today absolutely

45:22
yeah yeah I would I would I would look at the other American states and then I think you would see a very interesting

45:28
thing of policy transfer happening from California to other places and Germany

45:33
again I think um Germany was super interesting because they brought in um

45:38
they brought in what we call mandatory declination which is where you have a little bit like the conscientious

45:44
objection thing you have you have to vaccinate unless you formally go in and say that you're not going to

45:50
um and they that that barely I think that lasted a year or two and then they're like nah okay right now we're going to have

45:57
mandates in particular for
measles so I think useful background um should we take some questions from

46:02
the audience
46:10
um so um is a tour online has said compulsory vaccination policies have contributed
46:16
substantially to the success of vaccines in the fight against infectious diseases but she's asked what are the ethical
46:23
impacts of mandating childhood vaccination huge question and in fact one that I think the ethicists and
46:31
philosophers have have dived into quite deeply and I've dived into that quite a bit in my book with my collaborator Matt
46:38
Navin who is from that discipline um well crucially you know one of the big
46:44
questions is should children cop should children be the ones that cop the consequences of their
46:49
parents decisions it's children who miss out on Education and Care as a result of their parents decisions and if parents
46:56
have money withdrawn like they do in Australia or um you know the fines in in Italy are
47:02
not particularly meaningful or useful but um you know again it can be the kids that suffer so that's one of the crucial
47:08
questions um but of course another crucial question is do we you know from a
47:13
fairness perspective are we all obligated to contribute to the project of what I call Community protection and
47:20
the hard scientists call herd immunity um and I'm quite persuaded by the idea
47:25
that that we are all called upon to contribute to that if we can some of us of course can't medical exemptions for
47:32
those people so yeah it's and I think you know from the research that I've
47:38
done I've ended up broadly where I started in that I'm not I'm not against mandates for
47:45
philosophical Reasons I'm predisposed to be for them for that fairness reason but
47:50
there'll be a lot of preconditions that I would want to see satisfied first is including and especially that
47:56
Communications and persuasion piece if governments can do that well enough they don't need to mandate so I got quite
48:01
grumpy in the course of my field work to see that that so I think that's an ethical part an ethical obligation on
48:09
the part of government to try and do what they can to get us to do it voluntarily first
48:15
I could ask did you see examples where that was done really well well again it's it's your country
48:22
you know um people and I'm told people often think vaccination is mandatory in
48:28
the UK even though it's not um and also this idea of the ubiquity of the NHS and the fact that it's it's
48:35
everywhere it's it's there when you're birthing it's there when you have your child Health visits um it was there as you were
growing up
48:42
it was providing you with what you needed so the state is giving you uh and it's and you've got the state's got all
48:49
these opportunities to communicate with you about those things during the sort of the life cycle of the human
48:56
um so again I know that your lived experience of your health system is probably different than the sort of myth
49:01

that goes out into the world and I didn't look at your case but in the
49:07
other cases that you know there was always Britain on a pedestal
49:12
thank you so um it's quite a big jump from absolute
49:17
freedom of choice to mandate so my question is are you aware of any of this country considering the same kind of
49:23
Middle Ground positions for example nudges or incentives because it seems to
49:28
me all of these states jump from freedom to mandating it's a really good question so obviously the United States is the
49:35
pin up for that middle policy which I call a permissive mandate which is what
49:41
Australia and California used to have and it's basically a mandate for everybody with a knocked out for
49:47
committed ideological refusers [Music] um that's a you know that's a historical
49:52
artifact in America America's vaccination policy and and it's an artifact of particular economic social
49:59
and political conditions in America's history um I think your question is really interesting because
50:06
the answer is no so although many American states are still hanging on to their mandates with opt-outs you don't
50:12
get any new adopters going oh let's have a mandate but oh let's let's let people
50:17
not comply if they don't want to and I think the reason we're not seeing that policy apart from is a historical artifact is because
all the hot air and
50:24
fuss is about vaccine refusal so why would you design a mandate that specifically let the people off the hook
50:30
that you're kind of angry about and wanting to change their behavior so it would yeah I mean covert is a different
50:37
story and so I do want to be clear that I'm talking about childhood here but I'm not seeing I'm not seeing anyone that
50:43
the public health Scholars love the they love the permissive mandate because it's
50:49
sort of best of all worlds activates everybody doesn't coerce anybody so they're always saying oh yes if you're
50:55
going to mandate this is the way to do it but politically I don't think it's appealing to policy makers
51:04
um Joanne has asked online have any low and middle income countries implemented
51:14
um you know yes well I'll I'll preface and then then hand over it I mean mandates are used in a lot of a lot of
51:22
contexts in countries around the world I would say largely as an access backbone
51:27
then then as a recent policy adopted to tackle the perceived problem of vaccine refusal
51:33
um but I'll hand over to soon so I mean there are a lot of variations between these kind of mandates and lower
51:42
middle income countries we did see um quite a few over the last 10 years that seemed to be in response to
51:49
outbreaks a bit like what we've seen in higher income countries um but the question there really has
51:56
been the implementation of those policies which um on quite a few
52:01
examples and Uganda comes to mind that hasn't been very strong so you can see

52:07
these laws come into places a lot of hoo-ha a lot of um kind of a political attention which also happens in in
52:14
higher income countries but then whether that has an impact is harder to see than
52:19
your slide it would be good to know if any mandates have had the reverse effect because in
52:26
general we we kind of assume well mandates do work and we haven't seen any
52:32
examples of mandates that have had an impact and lowered vaccine rates but I
52:38
think you have to think about that on the longer term and whether they do have the potential to lower uptake at some
52:45
point in the in the future and even lead to the collapse of a vaccine program and
52:51
which might be the case in Ukraine um that's that's one other example of
52:57
possibly mandates um having an adverse effect in that way and I think particularly if you've
53:03
relied on mandates to do your heavy lifting which was something that I was you know concerned that the cases I was
53:10
looking at were doing uh if you rely on your mandates to do and that was that was what the Italian
53:15
story showed as well they've been relying on their mandates or at least the sort of appearance of a mandate to do the heavy
lifting and if you formally
53:21
took it away and everyone knew you'd taken it away like they did in Benito then suddenly it was very easy for
53:27
people to stop all right so I'm really interested by the Australian like approach
53:34
um so I kind of got two questions rolled into one one being this idea of bringing kids into the
53:40
system because they're not denied access um to sort of like you know their job no play doesn't apply to kids from
53:46
disadvantaged groups have you found that bringing them in to that system works
53:52
faster than the kind of threat of the money tap going off and is that kind of like access to this system where people
53:58
are encouraging vaccination and providing sort of easier access working faster than waiting for that 55 days
54:04
till the money goes off um and then my second part of it is what happens in places like Tassie or like
54:10
rural Queensland where you've got kids who aren't necessarily going into the same education systems is there a
54:16
separate safety net that kind of is there to catch those kids can you just clarify the second part of the question
54:21
do you mean if people are homeschooling or something yeah homeschooling or people who are going up like you know rural
Queensland where they're going up
54:27
on cattle ranchers and stuff um is it like is that covered by flying doctors or something else that kind of
54:33
comes in instead okay good questions so in in answer to
54:38
your first question you know we don't really have the data on that um part of the chat well it's a good problem to
54:44
have but we're talking about quite small numbers of kids right um that are that are unvaccinated or
54:49
that are unvaccinated in particular places so I can't answer that question of whether turning off the money tap uh

54:57
whether whether wrapping around the kids and letting them in you know is more effective than turning off the money tap what we do know is that for whatever

55:04
reason um and again I don't think we really had the data on this um we don't know why turning off the

55:11
money tap hasn't already worked for these kids except one of the things we do know is that um it might be because

55:17
their parents weren't eligible for the money so the federal mandate like you know generally a family with two working

55:23
professional parents would be earning too much money to get any state assistance so that cohort isn't touched

55:30
by um by that policy and yeah okay it might be touched while the kids are um

55:36
in you know before they go to school because you know you have to be earning quite a lot of money to not get any

55:41
child care help but what if you know one of the parents stayed home or what have you had a nanny so again this so that's

55:46
why that policy was brought in as well it was like well we can't leave the rich ungoverned so so they might have been

55:51
rich and that's why they that's why they haven't been governed by it so I'm blathering a little bit but we don't

55:57
really know um and with them with regards in fact the two states you invoked have got

56:03
different policies so Tassie doesn't have a no jab no play policy at all Queensland has a weird optional mandate

56:09
which the child care provider can choose to enforce or not it's all their decision so as for what's happening in

56:16
Regional places um it's all you know Australia it has some extremely remote places it is a

56:22
challenge for all health services and frankly education and everything else but that yeah again there are services

56:27
and it will be around yeah when's the when's the nurse flying in on the plane and you know

56:33
um and it's not that there are necessarily um workarounds there for you know if you're late you're late and and one of

56:40
us is the federal system will sort of kick in quite brutally at that point um but you know I think there is a bit

56:45
of understanding as well that you know if you're having to wait you know a month or two for the flying doctors to come back that that would be a

56:52
legitimate reason to not be vaccinated on time

56:58
Katie and you helpfully broke down the reasons for non-immunization into access

57:04
and vaccine refusal where

57:10
where do you put in competing priorities and what do we know

57:17
about where people rank immunization we live in a busy world and I suspect that

57:24
when many people asked why didn't you get your child immunized they'd say we

57:29
just run out of time sure thing it's a great question and I'm not at all a fan of the World Health organization's three

57:36
C's model which I've written critically on if anyone is interested but that was

57:43
picked up under this construct they call complacency which is a bit more is a lot

57:48
more of a judgmental way of putting it than you have you know it again and I so I think it is definitely a challenge I
57:54
would put that under access right under my schema which is to say that yes okay the the access group we should be most
58:01
worried about are those who are poor and disadvantaged and have complex lives but then there is this other group you know
58:07
the Frantic two-family two working parent household where yeah it's a
58:12
challenge to just to get things done or all the logistical things to get them done and um that was certainly a group
58:19
that the Australian government talked about um when they brought in the mandates and so they were aware that not only were
58:25
they perhaps missing um some of these people with really complex access reasons on the other hand
58:30
as I mentioned that those people are probably already vaccinated because of the money tap but the higher income
58:35
earners busy people that's where you can tap in with the no job no play these
58:41
kids can't literally come to child care or kindy um so it's a it's a but I see I do see
58:46
that as a systemic piece as well um in that you know the system needs to make it as easy as possible not just for
58:53
the poor disadvantaged person without a car which is a bit which means something different in Australia than it means
58:58
here um or but also yeah the busy working person who might need a Saturday clinic or you know might need a very easy might
59:05
need the vaccines to come and be done at school or at child care could we take the last two questions
59:11
together so here and then there was one thank you I have one comment and one question the comment is when you were
59:17
asking Sam about a country that did it well I have an example that I did really badly and that's Czech Republic where we
59:24
have some child vaccinations mandatory and there have been for very many years
59:31
and I look at Czech Republic about six years ago so perhaps they are a bit better now I doubt it though but the
59:37
problem was that the vaccine is very mandatory and there is absolutely no information from the government whatsoever so if
you were to Google
59:45
vaccines the only things that will come up would be anti-vax groups that have
59:51
very accessible beautiful colorful websites um with very
59:58
very well put together information but obviously information that is wrong and I just
1:00:04
think I saw this is absolutely tragic because this is communication is the low hanging fruit that the government could
1:00:12
surely put together a website to communicate what they're doing and I think this is like a nice way for the
1:00:18
anti-lux to step in um so that was just just a comment and my question is do you think that we can
1:00:24
perhaps expect a decrease in uptake of vaccines in
1:00:30
perhaps Europe and USA for various reasons but I mean mostly
1:00:37
antivox groups and you know the spread of fakings on the internet and so on
1:00:48

thank you um thank you so much for your talk um I was just wondering um so you talked about access and acceptance and I
1:00:54
was wondering if you um if you've got the time of course to kind of delve into some of the factors around within acceptance so I
think the
1:01:01
first things that kind of spring to mind is possibly kind of barriers or possibly kind of religious beliefs um kind of
1:01:07
different relationships between the state and ethnic groups one thing I was wondering about
1:01:12
um and I'm thinking in the context of possible RSV vaccines um that could be soon to launch kind of
1:01:17
October November December this year um particularly in kind of the UK and Europe
1:01:23
um is there anything around kind of acceptance and how long um the interventions or in this case the
1:01:28
vaccine has been about um so I think possibly like the case of MMR the longer things are about kind of
1:01:35
of course there's information on both sides that kind of spreads across Community societies
1:01:40
um but yeah if that's a factor that's come up awesome okay I've written them down I'm going to try and nail them
1:01:46
super quick thank you to our Czech friend absolutely what you described sounds a lot like Italy but even worse
1:01:53
um so we're going to make you do it but we are going to do nothing to tell you why you should abysmal complete
1:01:59
abrogation of government responsibility but comms is expensive and hard to do well and governments can just be like
1:02:05
well we're mandating and that's all we need to do um okay so then the other question are
1:02:12
we going to see a decrease here I'd like to do a little plug for the book that mcnaven and I are writing
1:02:17
where we say at the end that we're actually worried that the trend that California began of making vaccination
1:02:23
more mandatory is likely to lead to a reduction of vaccines in in basically in
1:02:30
red States in republican-controlled States because vaccination has become so completely politically polarized that
1:02:35
the backlash may lead to massive functional failure there depressing
1:02:43
um reasons for refusal we have a really good vaccination social science Network in Australia we have
1:02:49
really good understanding we've been I've been involved in Project big projects big funded projects sort of diving into this for
the last few years
1:02:55
we have a pretty good understanding of our vaccine refusers and and I would put them into the kind of Brighton
1:03:02
alternative Wellness Community I think that's the right cultural reference for this audience
1:03:08
finally are we going to see um are we going to see a problem with
1:03:13
RSV do people like vaccines that have been around longer you know we we know
1:03:19
in Australia that we need to do some work around this for RSV RSV we need to get get in there first and understand it
1:03:24
just like we had to do with covert and just like we did with covert I suspect you know given the huhara one of the you
1:03:31
know biggest criticisms people had of covert back in ah developed too quickly and we know that's not really true but
1:03:36

that's what people thought I think people are a reticent of new vaccines again think of HPV I know it's also a
1:03:42
different age group and it was tied up in all the sexual morality business but again I think yeah we can assume that
1:03:49
new vaccines will hit a bit of resistance simply for being new well thank you Katie so we've come to
1:03:55
the end of our time um if we could say thank you again to Katie and thank you to the audience for
1:04:01
being so engaged and having great questions [Applause]