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Give ME a Choice: Perceptions of Freedom and the Anti-Vax Movement in Maine

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Give ME a Choice: Perceptions of Freedom and the Anti-Vax Movement in Maine

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Senior Honors Thesis in American Studies

Advisor: Professor Benjamin Lisle
Second Reader: Professor Judy Stone

Abstract

While vaccination has proven to be an incredibly effective method of disease prevention, the growing ‘anti-vax’ movement threatens the population-level benefits conferred by widespread immunization. Recent findings indicate that anti-vax beliefs are not, as had been previously assumed, necessarily the result of scientific illiteracy but rather, are likely produced by intertwining social and situational contexts. With these considerations in mind, the goal of this study was to identify potential motivations underlying anti-vax behavior by performing a deep examination of anti-vax rhetoric, coupled with demographic and situational analyses. I focused specifically on the anti-vax community in Maine, with a special interest in the group’s recent campaign to reject new measures calling for stricter immunization policy in-state. Demographic analysis of anti-vax campaigners suggested that the movement was led predominantly by residential women, while close-readings of select Facebook profiles indicated that group members relied primarily on themes of choice, parenthood, Big Pharma, and Maine to effectively ‘sell’ their message. Situating these concepts within the framework of modern neoliberalism proved incredibly fruitful: Anti-vaxxers’ emphasis on ‘choice’ and control in the home (through parental rights) could be seen to reflect both neoliberal/conservative principles as well as economic anxieties, made all the more acute by Maine’s tumultuous history with opiates and the pharmaceutical industry. I ultimately took a second look at the anti-vax movement amidst the COVID-19 pandemic, finding that followers generally stood firm to their steadfast convictions regarding individuality and ‘choice,’ even in the face of community crisis. This pointed towards a larger takeaway, suggesting that anti-vax behavior is actually more related to feelings of powerlessness and internalized notions of the neoliberal state than it is about immunization itself.

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Chapter 1

An Introduction to the Modern Anti-Vax Movement

History of Anti-Vaxxers in America

White, bold faced text flashes across a black screen, acting as a preemptive warning that this is “THE FILM THEY DON’T WANT YOU TO SEE.”¹ A menagerie of tearful mothers and sickly children comes into view before former doctor Andrew Wakefield, the film’s director and prominent anti-vax leader, takes the stage.² “Wow,” he says, nodding his head in exaggerated disbelief. “The CDC [Centers for Disease Control] had known all along that there was this MMR/autism risk.”³

Anti-vaxxers certainly know how to compel an audience with emotional dramatics. And it was upon this exact quality which Dr. Wakefield relied in his 2016 documentary *Vaxxed: From Cover Up to Catastrophe* to effectively ‘sell’ vaccine hesitance. While the anti-vax movement itself has many different faces, supporters of its guiding principle, like Wakefield, are ultimately united by an opposition to some or all forms of vaccination. From confessionals depicting ‘remorseful’ CDC scientists, to bawling moms, to ‘newly’ autistic children, *Vaxxed*

¹ CinemaLibre, “Vaxxed: From Cover Up to Catastrophe | Trailer | Cinema Libre,” YouTube Video, 2:56, March 31, 2016, <https://www.youtube.com/watch?v=XIRXxEYnkxA>.

² *Chicago Manual of Style Online*, 17th ed., s.v. “8.67: Adherents of unofficial political groups and movements,” accessed May 15, 2020, <https://www-chicagomanualofstyle-org.colby.idm.oclc.org/book/ed17/part2/ch08/psec067.html>. Pursuant to rule 8.67 of the *Chicago Manual of Style*, I will hereby refer to the movement primarily characterized by followers’ rejection of vaccines as the anti-vax movement; followers themselves are referred to as anti-vaxxers.

³ CinemaLibre, “Vaxxed: From Cover Up to Catastrophe.”

fuses both the intense emotionality and blatant pseudoscience characteristic of the modern anti-vax movement in the U.S.⁴

But why has anti-vax rhetoric remained a notable facet of American civil discourse? The movement in its current iteration grew largely out of Wakefield's 1998 fraudulent study which linked the measles/mumps/rubella (MMR) vaccine to autism.⁵ Published by the British scientific journal *The Lancet*, Wakefield's paper was quickly retracted and a 2004 investigation confirmed that he had fabricated all data used in the study.⁶ The British physician was subsequently barred from practicing in the United Kingdom, and has since moved to America.⁷ In the years following this controversy, a number of studies were performed to investigate the legitimacy of Wakefield's claims, however not a single one was able to provide evidence in support of the MMR/autism link.⁸ Nevertheless, Dr. Wakefield has doubled down on his 1998 'finding,' expanding his stance to incorporate a distrust of not just the MMR immunization, but of all vaccine production in general.⁹ And he certainly found an audience in America. Wakefield earned an invitation to President Donald Trump's 2017 inauguration ball, and was the keynote speaker at the American Chiropractic Association's annual meeting in 2018.¹⁰

The MMR/autism link may have sparked modern anti-vax interest in the U.S. and indeed, it is still a core belief currently held by many anti-vaxxers. However, the movement has undergone a shift in recent years, now appearing more thematically diverse as supporters

⁴ CinemaLibre, "Vaxxed: From Cover Up to Catastrophe."

⁵ Eva Watling, "The 200-Year History Of The Anti-Vaxxer Movement: From 'Cowpox Face' to Autism Claims," *Newsweek*, March 13, 2019, Health, <https://www.newsweek.com/history-anti-vaxxers-vaccination-1358403>.

⁶ Watling, "The 200-Year History."

⁷ Watling, "The 200-Year History."

⁸ Watling, "The 200-Year History."

⁹ Watling, "The 200-Year History."

¹⁰ Watling, "The 200-Year History."

implement an expanded set of justifications for behavior. Some anti-vaxxers, for example, focus on the ‘total lethality’ of vaccines, basing their motivation to reject immunization in the belief that shots are ‘unnatural.’¹¹ Still others reframe the entire issue as one involving ‘Big Pharma’ and its use of ‘slap-dash’ vaccines to turn a profit.¹² Anti-vaxxers making this argument tend to implement “unobjectionable rhetoric such as ‘informed consent’, ‘health freedom’, and ‘vaccine safety’” to shift focus away from the science of vaccines and onto the issue of ‘choice.’¹³ As will become increasingly clear, this currently the leading anti-vax argument in the U.S. But why does this even matter? What about anti-vaxxers makes them so dangerous? According to experts, the legitimate threat posed by vaccine hesitance to community health distinguishes the anti-vax movement from similar, more harmless organizations based in misinformation.¹⁴

The actual science behind immunization is relatively simple: antigens associated with a specific pathogen are injected into the blood stream, wherein the body’s adaptive immune system learns to recognize and attack (via antibody production) these invaders.¹⁵ While shots do carry some side effects, like pain at injection site, serious complications are incredibly rare and mostly over-reported.¹⁶ These minimal costs are well outweighed by the benefits: one CDC study estimated that of children born from 1994-2013, vaccines will “prevent an estimated 322 million

¹¹ Naomi Smith and Tim Graham, “Mapping the Anti-Vaccination Movement on Facebook,” *Information, Communication & Society* 22, no. 9 (2019): 1311, <https://doi-org.colby.idm.oclc.org/10.1080/1369118X.2017.1418406>.

¹² Smith and Graham, 1311.

¹³ Anna Kata. “Anti-vaccine activists, Web 2.0, and the postmodern paradigm: An overview of tactics and tropes used online by the anti-vaccination movement,” *Vaccine* 30, no. 25 (2012): 3784, <https://doi-org.colby.idm.oclc.org/10.1016/j.vaccine.2011.11.112>.

¹⁴ “How Vaccines Work,” Health Guides, Public Health, accessed February 16, 2020, <https://www.publichealth.org/public-awareness/understanding-vaccines/vaccines-work/>.

¹⁵ Public Health, “How Vaccines Work.”

¹⁶ Public Health, “How Vaccines Work.”

illnesses, 21 million hospitalizations, and 732,000 deaths over the course of their lifetimes.”¹⁷

With these figures in mind, the federal Vaccines for Children (VFC) program, which provides immunizations for families who cannot afford them, is predicted to allow for “a net savings of \$295 billion in direct costs and \$1.38 trillion in total societal costs.”¹⁸

Vaccines aren’t solely a form of individual protection; they confer benefits felt by the entire community as well. ‘Herd immunity’ describes the phenomenon wherein full populations are shielded from preventable illnesses, even if some people are not vaccinated.¹⁹ This is essential for the maintenance of community health, as immunocompromised individuals (the elderly, people undergoing chemotherapy, HIV/AIDS patients, etc.) are many times too weak to fight off an injected antigen and thus, are medically exempted from immunizations.²⁰ Exposure to a vaccine-preventable disease spread by infected, unvaccinated individuals generally means death for an immunocompromised person.²¹ Therefore, in an effort to support herd immunity, every state in the U.S. requires that all children, unless immunocompromised and medically exempted, receive a number of vaccines in order to attend school.²² Most states, however, leave room for philosophical and religious exemptions as well, allowing anti-vax parents to refuse otherwise obligatory vaccines without suffering from any repercussions.²³

Across the globe, this movement is becoming a major issue. The World Health Organization (WHO) listed “Vaccine Hesitance” as one of the “Top Ten Threats to Global

¹⁷ Cynthia G. Whitney et al., “Benefits from Immunization During the Vaccines for Children Program Era — United States, 1994 — 2013,” *Morbidity and Mortality Weekly Report* 63, no. 16 (April 2014): 353, <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6316a4.htm>.

¹⁸ Whitney et al., 353.

¹⁹ Public Health, “How Vaccines Work.”

²⁰ Public Health, “How Vaccines Work.”

²¹ Public Health, “How Vaccines Work.”

²² Public Health, “How Vaccines Work.”

²³ Public Health, “How Vaccines Work.”

Health in 2019,” stressing that it “threatens to reverse progress made in tackling vaccine-preventable diseases.”²⁴ Since 2010, there has been a significant increase in the number of measles cases in America alone, 75% of them attributed to unvaccinated children with non-medical exemptions.²⁵ Additionally, overall vaccination coverage of kindergarteners across the U.S. has decreased from 94.6% in 2010 to 94.4% in 2020, dipping as low as 94.0% coverage during the 2013-2014 school year.²⁶ While these deviations may seem slight, the coverage required to confer herd immunity is 95% so as uptake decreases, so too does the safety of the immunocompromised.²⁷

But who really are these anti-vaxxers, and what do we know about them? Overall, supporters are generally parents, usually mothers, who tend to come from all ends of the political spectrum. A 2020 Pew study reported that while 89% of American ‘non-parents’ hold an overall positive judgement of vaccines, only 83% of ‘parents’ share this view.²⁸ Another study found that the vast majority of online anti-vax community members identify as mothers.²⁹ Indeed, the evidence suggests that the movement is one led predominantly by women (the traditional caretaker), and that vaccination has become ‘a mother’s question.’³⁰

²⁴ “Ten threats to public health in 2019,” Newsroom, World Health Organization, accessed February 14, 2020, <https://www.who.int/news-room/feature-stories/ten-threats-to-global-health-in-2019>.

²⁵ “Measles Elimination,” National Center for Immunization and Respiratory Diseases, Division of Viral diseases, The Centers for Disease Control and Prevention, last modified October 14, 2019, <https://www.cdc.gov/measles/elimination.html>.

²⁶ “Vaccination Trends: Analyzing Vaccination Rates Among Children and Teenagers in America,” Health Testing Centers, accessed February 15, 2020, <https://www.healthtestingcenters.com/research-guides/vaccination-trends/>.

²⁷ Health Testing Centers, “Vaccination Trends.”

²⁸ Cary Funk et al., “Vast Majority of Americans Say Benefits of Childhood Vaccines Outweigh Risks,” Pew Research Center, February 17, 2017: 5, https://www.pewresearch.org/internet/wp-content/uploads/sites/9/2017/02/PS_2017.02.02_Vaccines_FINAL.pdf.

²⁹ Smith and Graham, “Mapping the Anti-Vaccination Movement,” 1324.

³⁰ Smith and Graham, 1324.

In terms of political character, the anti-vax movement is relatively non-polar yet slightly right-leaning: The Pew study indicated that while 20% of Republicans believe parents should decide if their child gets vaccinated, only 12% of Democrats felt the same way.³¹ This conservative tilt makes sense in the context of the group's emphasis on motherhood, keeping in mind the political Right's historical emphasis on traditionalism in gender roles.³² However, others studies fail to identify a consistent link between anti-vax beliefs and ideological convictions, proving that the movement is characterized by relative political ambiguity.³³

Additionally, overall trust in vaccines seems to decrease proportionately with socioeconomic status, which includes measures of median household income, education level and racial/minority identity.³⁴ In this way, it seems like anti-vax disbelief is dependent on an individual's sense of overall instability, however the correlation is only slight. Realistically then, the biggest constant is the overall gender makeup of the group. The anti-vax movement, all signs seem to signify, is one focused on children, led by concerned mothers.

Social and Educational Explanations of Anti-Science Thought

In a more general sense, vaccine refusal is best categorized as a behavior which is anti-science at its core. Anti-science thought and groups are those which reject data-based and peer-reviewed evidence, often with little-to-no factual support. Climate change denial, for example, is

³¹ Funk et al., "Vast Majority of Americans," 9.

³² Maha Atal, "Who are the 'Mama Grizzlies'?", *Forbes*, October 27, 2010 <https://www.forbes.com/2010/10/27/sarah-palin-mama-grizzly-tea-party-forbes-woman-power-women-feminism-politican.html#305718015c5b>.

³³ Stephen Lewandowsky, Giles E. Gignac and Klaus Oberauer, "The Role of Conspiracist Ideation and Worldviews in Predicting Rejection of Science," *PLOS ONE* 8, no. 10 (October 2013): 5-6, <https://doi.org/10.1371/journal.pone.0075637>.

³⁴ Funk et al., "Vast Majority of Americans," 13, 45, 50.

one of the most prominent strains of anti-science thought in the U.S. There is almost complete consensus amongst scientific professionals that climate change is a global, human-caused phenomenon which requires immediate attention.³⁵ Despite the overwhelming evidence, significant pushback against the validity and urgency of global warming remains amongst certain factions of the American population (predominantly, political conservatives).³⁶

It is important to note that in this case as in all similar movements, *rejection* of science doesn't always equate to *disbelief* in science.³⁷ In other words, just because an individual denies the need for vaccines or validity of climate change doesn't necessarily mean they lack an understanding of the concepts—rather, they have a motivation to reject the science. It may be true that this individual denies the unknown due to their inability to grasp its meaning. However, it is also possible that they do in fact understand and even believe in the science. With this case, some value—such as worldview or party affiliation—outweighs the individual's own need for scientific accuracy. Using the illustrative example of global warming, it's easier for the owner of an oil refinery to deny climate change and pursue policy which benefits the business than to acknowledge the deterioration of the ozone while still supporting non-green practices.³⁸

There are currently three general theories within the U.S. which aim to encompass both the educational and motivational mechanisms prompting the rejection of science: scientific literacy, evangelism, and social embeddedness.³⁹ I argue that a fourth, more general model

³⁵ Paul G. Bain et al., “Promoting pro-environmental action in climate change deniers,” *Nature Climate Change* 2 (June 2012): 600, <https://doi.org/10.1038/nclimate1532>.

³⁶ Bain et al., 600.

³⁷ Gordon W. Gauchat, “A Test of Three Theories of Anti-Science Attitudes,” *Sociological Focus* 41, no. 4 (2008): 352, www.jstor.org/stable/20832378.

³⁸ Lewandowsky, Gignac and Oberauer, “Role of Conspiracist Ideation,” 5-6.

³⁹ Gauchat, “Test of Three Theories,” 337.

regarding societal and situational contexts should also be considered when examining the anti-vax movement.

Scientific Literacy (Deficit)

Sociologist Gordon Gauchat uses the term “scientific literacy explanation” to describe the idea “that people fear what they do not understand and that negative attitudes toward science result from ignorance about what science is and does.”⁴⁰ In this way, anti-vaxxers could be characterized as confused individuals with little-to-no science education who act in fear of the unknown. It would stand to reason, then, that providing this group with accurate information about vaccines would correct their misconceptions.

This ‘explication’ technique is how healthcare professionals have dealt with the issue of anti-science behavior historically, and it is still a leading approach today.⁴¹ Indeed, studies have found some correlation between an individual’s background in science and their propensity to subscribe to anti-science beliefs, but the connection is weak.⁴² Other studies actually indicate that level of education really isn’t a factor in anti-vax beliefs at all but rather, related attitudes are more dependent on a series of intertwining contexts.⁴³ In fact, Nyhan et al. found that explication

⁴⁰ Gauchat, 340-341.

⁴¹ Zachary Horne et al., “Countering antivaccination attitudes,” *Proceedings of the National Academy of Sciences of the United States of America* 112, no. 33 (2015): 10324, [https://doi-org.colby.idm.oclc.org/10.1073/pnas.1504019112](https://doi.org.colby.idm.oclc.org/10.1073/pnas.1504019112).

⁴² Nick, Allum et al., “Science Knowledge and Attitudes across Cultures: A Meta-Analysis,” *Public Understanding of Science* 17 (2008):

51, <https://journals.sagepub.com/doi/10.1177/0963662506070159>.

⁴³ Horne et al., “Counteracting antivaccination,” 10324; Matthew J. Hornsey, Emily A. Harris and Kelly S. Fielding, “The Psychological Roots of Anti-Vaccination Attitudes: A 24-Nation Investigation,” *Health Psychology* 37, no. 4 (2018): 307, <https://doi-org.colby.idm.oclc.org/10.1037/hea0000586.supp>; Heidi J. Larson et al., “Understanding vaccine hesitancy around vaccines and vaccination from a global perspective: A systematic review of published literature, 2007—2012,” *Vaccine* 32, no. 19 (2014): 2155-2156,

tends to backfire when used by experts to erode anti-science belief, with target ‘believers’ generally standing even firmer to their previously held, faulty convictions.⁴⁴ Horne et al. discovered a similar result when testing explication on anti-vaxxers.⁴⁵ Clearly, an impoverished background in science does not necessarily precipitate the rejection of vaccines. Instead, other motivational factors are likely at play.

Evangelism

The evangelical explanation of anti-science belief sees traditional religious (predominantly those associated with evangelical Christian) values pit against the progressivism of scientific inquiry.⁴⁶ Since the 1970s, scholars have examined this dichotomy, some arguing that it is an issue of conflicting morals (traditional versus progressive) while others view it as a question of authority (spiritual versus terrestrial/predictable).⁴⁷ Either way, Gauchat did find that those who identify as evangelical protestant, attend weekly religious service and/or believe in prayer are more likely than their non-religious peers to harbor anti-science beliefs.⁴⁸ He went on to postulate that the conservative disbelief in science—one example being that of climate change—may be somewhat evangelical in nature.⁴⁹ Elaborating on Moony’s reasoning, Gauchat explains that the emergence of a “new right” in the 1960s allowed for a resurgence of “traditionalism”

<https://doi.org/10.1016/j.vaccine.2014.01.081>; Lewandowsky, Gignac and Oberauer, “Role of Conspiracist Ideation,” 6-8; Smith and Graham, “Mapping the Anti-Vaccination Movement,” 1324.

⁴⁴ Brendan Nyhan and Jason Reifler, “When Corrections Fail: The Persistence of Political Misperceptions,” *Political Behavior* 32 (2012): 323, <https://doi.org/10.1007/s11109-010-9112-2>.

⁴⁵ Horne et al., “Counteracting antivaccination,” 10324.

⁴⁶ Gauchat, “Test of Three Theories,” 342.

⁴⁷ Gauchat, 342.

⁴⁸ Gauchat, 350.

⁴⁹ Gauchat, 350.

within the American Republican party.⁵⁰ Such “traditionalism” falls in line with the traditional values upheld by evangelical Protestants, bucking against the progressive head of science in favor of spiritual omnipotence.⁵¹

Certainly the human papilloma virus (HPV) vaccine has stirred Christian/evangelical-leaning resistance.⁵² The vaccine itself is administered to pre-adolescent children (both boys and girls) to decrease their likelihood of contracting HPV later in life, a sexually transmitted infection which can greatly predispose carriers to certain forms of cancer.⁵³ Citing ‘traditional’ values of abstinence and monogamy, Christian protestors feel that this immunization compromises their own moral convictions by supposedly encouraging sexual promiscuity amongst pre-adolescents.⁵⁴ In this way, the ‘progressive’ nature of science is apparently brought in direct combat with ‘traditional’ evangelical values, challenging them in a Christian context.

Religion more generally has also been implicated as a motivation guiding the rejection of vaccines.⁵⁵ Some religious Jews, Muslims and Christians cite the presence of trace non-kosher or ‘immoral’ materials in vaccines—such as porcine and fetal products—as reason enough to avoid them altogether.⁵⁶ Despite the fact that prominent leaders from all three faiths have advocated for the use of immunization, many of these religious anti-vaxxers stand firm to their convictions and

⁵⁰ Gauchat, 342.

⁵¹ Gauchat, 342.

⁵² Rachel C. Shelton et al., “HPV vaccine decision-making and acceptance: does religion play a role?,” *Journal of religion and health* 52, no. 4 (2013): 1123, <https://doi.org/10.1007/s10943-011-9553-x>.

⁵³ Shelton et al., 1122.

⁵⁴ Shelton et al., 1123.

⁵⁵ Donald G. McNeil Jr., “Religious Objections to the Measles Vaccine? Get the Shots, Faith Leaders Say,” *The New York Times*, April 26, 2019, Global Health, <https://www.nytimes.com/2019/04/26/health/measles-vaccination-jews-muslims-catholics.html?module=inline>.

⁵⁶ McNeil, “Religious Objections.”

refuse to vaccinate.⁵⁷ The 2019 New York City measles outbreak, for example, occurred mostly within an unvaccinated Orthodox Jewish population, members of which cited the un-kosher porcine products included in vaccines' ingredient list as the primary reason for their refusal to immunize.⁵⁸ Instead of outright misunderstanding of science, anti-vaxxers are shown here to reject vaccinations due to their religious affiliations.

Social Embeddedness

The third model of anti-science which Gauchat describes is that of the social embeddedness explanation. Through this lens, "Trust, perceptions about the values of society, and social ties...affect individuals' feelings about science."⁵⁹ Those who are more socially embedded within society—have a larger network of social connections—are less likely to subscribe to anti-science notions because they have a more positive/trusting view of society, Gauchet reasons.⁶⁰ The socially isolated are less trusting and therefore more prone to believing in the untrue.⁶¹ Gauchat actually found that "worldlier" folk were less susceptible to anti-science thought than those without such experience.⁶²

In the context of anti-vaxxers, research indeed indicates that online anti-vax communities are consistently characterized by a "small world phenomenon" of connectivity.⁶³ Although many times large in number and diverse geographically, these groups thrive on the seemingly 'close'

⁵⁷ McNeil, "Religious Objections."

⁵⁸ McNeil, "Religious Objections."

⁵⁹ Gauchat, "Test of Three Theories," 352.

⁶⁰ Gauchat, 352.

⁶¹ Gauchat, 352.

⁶² Gauchat, 352.

⁶³ Smith and Graham, "Mapping the Anti-Vaccination," 1323.

connection felt between individuals.⁶⁴ The same community members seem to pop up again and again throughout other anti-vax forums, however, pointing towards the probable echo chamber-like environment created within such a socially limited space. Here, it seems, anti-vax rhetoric is most prone to thrive: socially limited (and thus, pretty small) echo chambers.⁶⁵

Context of Embeddedness

I argue for the expansion of the embeddedness theory to account for the types of social networks and physical contexts of which individuals are constantly exposed. As has and will continue to become more clear, the quality—not only quantity—of an individual’s social connections and cultural experiences will greatly impact their propensity to believe in the untrue. The communities, small or large, in which they are embedded; the situations which they deal with on a daily basis; the populations with which they choose to identify; all of these factors, I would argue, contribute to the likelihood of an individual to subscribe to anti-vax thought.

We already know about a few factors which seem to motivate the rejection of vaccines. Studies have found, for example, that populational vaccine uptake is greatly increased when individuals receive encouragement from others and maintain a general belief that immunization is the societal norm.⁶⁶ The same goes for rejection of vaccines: the more people are exposed to anti-vaxxers, the more likely they are to mimic these beliefs.⁶⁷ Overall then, if social conditions establish a norm in which a distrust of vaccines is common (a ‘quality’ of the social group), people will tend to follow and shift their beliefs to fit the status quo.⁶⁸ Additionally, situational

⁶⁴ Smith and Graham, 1323.

⁶⁵ Smith and Graham, 1323.

⁶⁶ Larson et al., “Understanding vaccine hesitancy,” 2155.

⁶⁷ Larson et al., 2155.

⁶⁸ Larson et al., 2155.

factors associated with insecurity, like increased unemployment and perceived threat to status, have been observed to ‘trend’ with conspiratorial thought and anti-vax behavior.⁶⁹

With these considerations in mind, I wanted to examine a specific community of anti-vaxxers and determine which contexts contributed most significantly to the expression of their anti-vax behavior. I also wanted to look at *how* and *why* these elements seemed to influence behavior. This ‘context of embeddedness’ model ultimately allowed me to consider a broad range of societal factors when drawing larger interpretations about the motivations underlying anti-vax behavior.

Facebook as a Social Context for Anti-Vax Thought

Facebook was ultimately the easiest outlet to find established anti-vax groups wherein a rejection of vaccine was the norm. But why was this the case? And how important was social media in evaluating the anti-vax movement as a whole? To this point, psychiatric analyst Anna Kata notes there has been a recent, postmodern shift in the power dynamic between patients and physicians.⁷⁰ The former now feels equal in knowledge to the latter, using the internet as a source of information through which to diagnose themselves.⁷¹ Indeed, Kata found that 81% “of people look online for medical advice/info 16% of these people for vaccine information, and 70% use this information to inform their decisions.”⁷² Through this postmodernist lens, vaccine misinformation easily runs rampant amongst “empowered” internet users who interpret

⁶⁹ Lewandowsky, Gignac and Oberauer, “Role of Conspiracist Ideation,” 7; Joseph Digrazia, “The Social Determinants of Conspiratorial Ideation,” *Socius: Sociological Study for a Dynamic World* 3 (2017): 1, <https://doi.org/10.1177/2378023116689791>.

⁷⁰ Kata, “Anti-vaccine activists,” 3778.

⁷¹ Kata, 3778.

⁷² Kata, 3779.

information “in various ways—rather than an interpretation being ‘wrong’, it can be reframed as ‘another way of knowing.’”⁷³ In other words, people crusading for “‘informed consent’, ‘health freedom’, and ‘vaccine safety’” feel that their research on vaccines, even when inaccurate, is just as scholarly and valid as that which is performed by those in the medical field.⁷⁴ There are therefore a growing number of people looking towards the internet to “do their own ‘research’” on vaccines, and use the information gathered to inform what they feel is their ‘rightful’ decision on whether—or not—to immunize.⁷⁵

A recent study has in fact found that anti-vax websites heavily encourage the use of social media, allowing for a greater level of interactivity.⁷⁶ In this way, vaccine skeptical online sources are able to engage “the viewer in the co-construction of knowledge about vaccination” by connecting them to a larger community of anti-vaxxers.⁷⁷ Coupled with Kata’s argument regarding the redefined patient-physician relationship, these online communities ultimately facilitate the “co-creation” of different conceptual frameworks around vaccines and science.⁷⁸ The online groups are further reinforced by the “small world phenomenon,” wherein “information diffuses quickly and easily through the network” as if it were a tight knit group.⁷⁹

So what does this all mean? Basically, the anti-vax movement has grown with the help of social media, wherein communities of like-minded individuals have been able to form.⁸⁰ Outside

⁷³ Kata, 3784.

⁷⁴ Kata, 3784.

⁷⁵ Kata, 3784.

⁷⁶ Lenny Grant et al., “Vaccination persuasion online: A qualitative study of two provaccine and two vaccine-skeptical websites” *Journal of Medical Internet Research* 17, no. 5 (May 2015): e133, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4468570/>

⁷⁷ Grant et al., e133.

⁷⁸ Kata, “Anti-vaccine activists,” 3784.

⁷⁹ Smith and Graham, “Mapping the Anti-Vaccination,” 1323.

⁸⁰ Kata, “Anti-vaccine activists,” 3784.

of these groups, enlightened anti-vaxxers sometimes feel the need to publicly share their own ‘information’ (false as it may be) regarding vaccines by posting on their timeline, so to help inform other “empowered” patients.⁸¹ I felt it was only appropriate to use social media as a platform through which to investigate the motivations underlying anti-vax thought, so ultimately focused my study on analyzing the content of the ‘empowering’ information/opinion-spreading posts.

⁸¹ Kata, 3784.

Chapter 2

The Anti-Vax Movement in Maine

Locating the Anti-Vax Movement

The aim of this study was to use analyses of anti-vax arguments and demographics in order to identify potential motivations underlying vaccine rejection. With the general impression that anti-vax activists congregate online and are easily found through a Facebook search, I opted to ‘stay local’ and focus on analyzing the rhetoric characteristic of Maine’s anti-vax social community. This movement saw significant in-state growth throughout 2019 and 2020 with the advancement of referendum efforts surrounding L.D. 798, a measure which would make Maine the fifth state in the U.S. to ban all non-medical vaccine exemptions. Anti-vaxxers were successful in garnering enough support to place the proposed policy on the March 3 ballot, so much of my study centered around their use of social media and thematic messaging to effectively ‘sell’ the vote. Demographic analysis performed on the public donor lists associated with Maine anti-vax PACs lent insight into the ‘situational contexts’ surrounding anti-vax thought, and suggested that the movement was led predominantly by residential women. Close-readings of select Maine anti-vax Facebook profiles furthered my understanding of the movement’s social dimensions, and findings indicated that group members relied primarily on themes of choice, parenthood, Big Pharma, and Maine to effectively ‘sell’ their message. These analyses ultimately allowed for more significant interpretations to be drawn in Chapter Three regarding the motivations underlying anti-vax behavior in Maine.

Vaccines and Immunization Policies in Maine

As it stands now, “Maine rules pursuant to 22 M.R.S. § 6359 requires any K-12 student enrolled in a designated public or private elementary, secondary, or special education facility which operates for children of school age to show proof of immunization with” the appropriate schedule of DTaP/Tdap (diphtheria/pertussis/tetanus), MMR (measles/mumps/rubella), OPV/IPV (polio), varicella (chickenpox), and MenACWY (meningitis) vaccines.¹ Parents must show proof that their children are vaccinated within ninety days following the start of the school year, and are only granted exemptions if they provide a “physician’s written statement that immunization against one of more of the diseases may be medically inadvisable” or state in writing “an opposition to immunization because of a sincere religious belief or for philosophical reasons.”² In other words, children enrolling in Maine schools are only excused from the above vaccinations if their parents file for a medical or philosophical/religious exemption.

Nevertheless, vaccination coverage has been on the decline in Maine. According to data from the CDC, Maine’s vaccination rate has fallen about 0.4% from 2009 to 2018.³ The 2018-2019 school year marked the state’s scarcest vaccination coverage yet: 6.2% of all kindergartners were exempt from some or all required vaccinations, a 1.8-point rise from the 4.4% exemption rates recorded only four years earlier.⁴ Of these exemptions, 90.32% were categorized as religious and philosophical—meaning they had no medical basis and were thus the result of anti-vax behavior.⁵ This behavior in turn led to insufficient vaccination rates across the state that

¹ Janet M. Mills and Jeanne M. Lambew, “2018-2019 Maine School Immunization Report,” Maine Department of Health and Human Services, Division of the Maine Center for Disease Control and Prevention, 2019: 1, <https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/publications/2018-2019-School-Age-Immunization-Assessment-Report.pdf>

² Mills and Lambew, “Maine School Immunization Report,” 1.

³ Health Testing Centers, “Vaccination Trends.”

⁴ Mills and Lambew, “Maine School Immunization Report,” 6.

⁵ Mills and Lambew, 6.

year, with only 93.8% of kindergartners properly immunized (well below the 95% mark needed for herd immunity).⁶

As a result of this long-term precipitous decline, Maine has experienced several pertussis (colloquially known as whooping cough) outbreaks over the course of the last few years, a disease which disproportionately affects younger children and is prevented by the DTaP and subsequent booster vaccinations.⁷ Maine in fact has recorded the highest rates of pertussis cases in the U.S. since 2017, documenting 33.16 cases of pertussis per 100,000 people in 2018 and reporting four centralized outbreaks in 2019.⁸ The disease itself is airborne and highly contagious, with most cases occurring amongst school aged children.⁹ Infants under the age of one are at serious risk of death if they contract the disease, making outbreaks incredibly dangerous.¹⁰

In response to Maine's statistically low vaccination rates and history of outbreaks, the political group "Maine Families for Vaccines" (MFV) in early 2019 brought a bill to the state legislature which would remove all non-medical immunization exemptions for people attending school.¹¹ At the time, the Democrats controlled both the House and Senate.¹² The bill, entitled

⁶ Mills and Lambew, 6.

⁷ Joe Lawlor, "Pertussis outbreak reported at Freeport High School," *The Portland Press Herald*, December 11, 2019, Health, <https://www.pressherald.com/2019/12/11/pertussis-outbreak-at-freeport-high-school/>.

⁸ "America's Health Rankings analysis of CDC, National Notifiable Diseases Surveillance System," America's Health Rankings, United Health Foundation, accessed April 9, 2020, <https://www.americashealthrankings.org/explore/annual/measure/pertussis/state/ME>; Lawlor, "Pertussis outbreak."

⁹ United Health Foundation, "America's Health Rankings."

¹⁰ United Health Foundation, "America's Health Rankings."

¹¹ "Maine Question 1, Religious and Philosophical Vaccination Exemptions Referendum (March 2020)," Ballotpedia, accessed April 9, 2020, [https://ballotpedia.org/Maine_Question_1,_Religious_and_Philosophical_Vaccination_Exemptions_Referendum_\(March_2020\)](https://ballotpedia.org/Maine_Question_1,_Religious_and_Philosophical_Vaccination_Exemptions_Referendum_(March_2020)).

¹² Ballotpedia, "Maine Question 1."

L.D. 798, narrowly passed through the legislature, with 84% of Democrats supporting it and 91% of Republicans in opposition.¹³ On May 24, 2019, D-Governor Janet Mills signed L.D. 798 into law, mandating that it go into effect by the start of the 2021 school year.¹⁴

This action received immediate pushback from legislators and constituents alike. Campaign committee “Mainers for Health and Parental Rights” (MHPR) filed for a veto referendum in early June of 2019, collecting 79,056 valid signatures in support of a potential ‘people’s veto’ by October and qualifying for the March 3 2020 state-wide ballot as ‘Question 1.’¹⁵ The measure, if successful, would have effectively repealed L.D. 798, reinstating the ability of parents to file for non-medical vaccine exemptions past the 2020 school year.¹⁶ In the end, the referendum was defeated by a landslide, with 72.6% of Mainers voting ‘no’ and only 27.4% voting ‘yes.’¹⁷ This means that L.D. 798 will go into effect in September of 2021.

An examination of campaign strategies employed by MHPR revealed some of the major arguments used by anti-vaxxers to justify their views. Evaluation of the ‘pro-vax’ side also led to a better understanding of the exact points identified by outsiders as significant enough to counteract. Ultimately, the ‘Yes on 1’ campaign, run by MHPR, raised \$602,428 in funds to support the repeal of L.D. 798, while the ‘No on 1’ campaign, run by MFV, raised \$822,256.¹⁸

Anti-vaxxers were relatively transparent in their goals and guiding principles throughout the referendum effort. According to the ‘Yes on 1’ campaign website, MHPR was best characterized as a group of “nurses, doctors, health care practitioners, teachers, mothers, fathers,

¹³ Ballotopedia, “Maine Question 1.”

¹⁴ Ballotopedia, “Maine Question 1.”

¹⁵ Ballotopedia, “Maine Question 1.”

¹⁶ Ballotopedia, “Maine Question 1.”

¹⁷ Ballotopedia, “Maine Question 1.”

¹⁸ Ballotopedia, “Maine Question 1.”

grandparents, college students, and vital members of our communities throughout Maine” who were concerned L.D. 798 and the threats they perceived it would pose to their “medical freedom.”¹⁹ They ultimately defined a “yes” vote as one to “*Reject Big Pharma* & government overreach; *Restore* equal access to education for all Mainers; *Defend* parental rights; *Protect* religious freedom; *Preserve* informed consent & medical freedom.”²⁰ MHPR indeed spent most of its time supposedly protesting the removal of “rights” by giant, malevolent organizations such as “Big Pharma” and the “Government.”²¹

Focusing on ‘choice’ instead of science, the campaign was careful to mark itself as completely independent of the broader anti-vax movement. Looking again at the website, MHPR clearly explained that “a yes vote is not an anti-vax vote. Nor does a yes vote mean that there will no longer be vaccine requirements for schools or that vaccines aren’t a critical part of community health...it will offer religious and philosophical exemptions for those who truly need them.”²² Through this reasoning, just as much as an immunosuppressed child required a medical exemption and relied upon herd immunity for protection, others needed the option of acting upon their religious and philosophical beliefs.²³

On the other side, MFV mostly played defense against the offensive MHPR, focusing its campaign on the science of immunization and the importance of collective responsibility while refuting a myriad of ‘Yes on 1’ claims. Whereas MHPR was made up of “nurses, doctors, health care practitioners,” MFV had the support of nearly 60 leading organizations, “including the

¹⁹ “Yes on 1 Myth vs. Reality,” Reject Big Pharma, accessed February 17, 2020, <https://www.rejectbigpharma.com/mythsvsreality>.

²⁰ “Homepage,” Reject Big Pharma, accessed February 17, 2020, <https://www.rejectbigpharma.com>.

²¹ Reject Big Pharma, “Homepage.”

²² Reject Big Pharma, “Myth vs. Reality.”

²³ Reject Big Pharma, “Myth vs. Reality.”

American Medical Association, the American Nurses Association of Maine, MaineHealth, Intermed, the Maine Council on Aging, the Maine Council of Churches, and the Maine Chapter of the American Association of Pediatrics.”²⁴ When MHPR supporters described their perceived loss of a ‘right to choice,’ MFV firmly rebuffed that “No one has the right to put a child at risk. We must protect the right of children, especially those who are medically vulnerable, to attend school safely.”²⁵ And what about Big Pharma? MFV replied to these complaints with a series of statistics: “the vaccine industry generates about \$24 billion each year, but that’s only about 2-3% of the worldwide pharmaceutical industry.”²⁶

Overall, MFV maintained a thematic message that their goal was to “protect Maine’s Children.”²⁷ The group nevertheless remained in a constantly defensive position, focusing primarily on correcting MHPR misinformation.

Demographic Analysis of MHPR Donors

Who were these people supporting MHPR and where did they come from? By performing a demographic analysis on campaign donation data to both the MHPR and ‘Yes on 1 to Reject Big Pharma’ PACs, I was able to gain a better understanding of what this movement looked like.²⁸ Such analysis in turn helped paint a better picture of the situational contexts potentially precipitating anti-vax behavior. I specifically looked at gender identity, profession,

²⁴ Reject Big Pharma, “Homepage,”; “The Facts,” Protect Maine’s Children, accessed February 17, 2020, <https://www.protectmainechildren.com/the-facts>.

²⁵ Protect Maine’s Children, “The Facts.”

²⁶ “Question 1,” Suit Up Maine, accessed April 20, 2020, <https://www.suitupmaine.org/vaccine-guide/>.

²⁷ “Homepage,” Protect Maine’s Children, accessed February 17, 2020, <https://www.protectmainechildren.com>.

²⁸ See Appendix 1: Methods of MHPR Donor Demographic Analysis for complete description of my procedure.

donation size, state-of-residence, and geographic location of donors and ‘Yes on 1’ voters to address these questions.

Probably the most distinct finding from this analysis was that the vast majority of donations (74.45%) came from women. [see **Figure 1**] Additionally, a small subset of donations (about 3.63%) came from businesses and other PACs. This reproduced observed trends in the national anti-vax movement, which is led predominantly by women.²⁹

Who is donating to 'Yes on 1' Causes? By Gender Identity

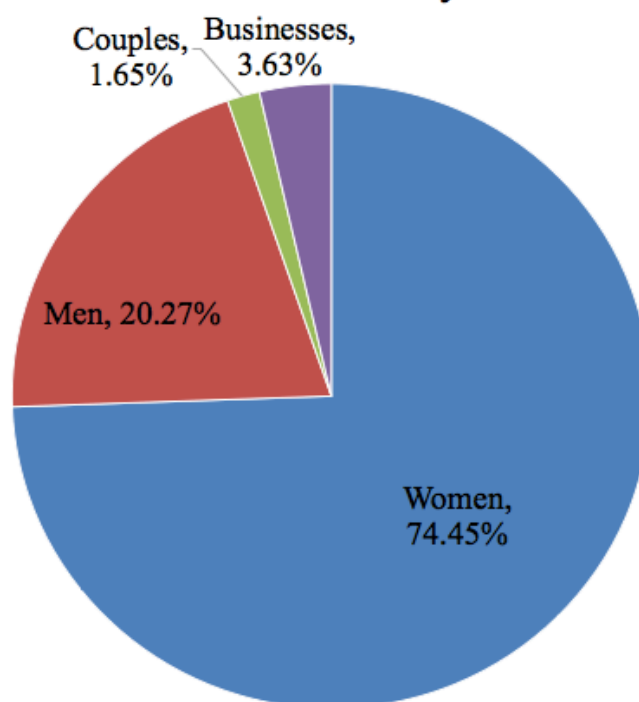


Figure 1. Donations to MHPR and/or ‘Yes on 1 to Reject Big Pharma’ PACs by gender identity (n=1820).

Sources: “Yes on 1 Maine to Reject Big Pharma: Filings,” Maine Campaign Finance, Commission on Governmental Ethics and Election Practices, last modified April 14, 2020, <https://www.mainecampaignfinance.com/#/exploreCommitteeDetail/356082>; “Mainers for Health and Parental Rights: Filings,” Maine Campaign Finance, Commission on Governmental Ethics and Election Practices, last modified April 14, 2020, <https://www.mainecampaignfinance.com/#/exploreCommitteeDetail/353083>.

²⁹ Smith and Graham, “Mapping the Anti-Vaccination,” 1323.

I also examined the distribution of jobs held by donors. A large proportion of donations came from people/businesses in the healthcare industry, many working as chiropractors or nurses. [see **Figure 2**] This data suggested that these donors, in some form or another, were exposed to Big Pharma on a frequent basis. Additionally, even amongst those who listed a job within a certain industry, 31.68% also identified as ‘self-employed.’

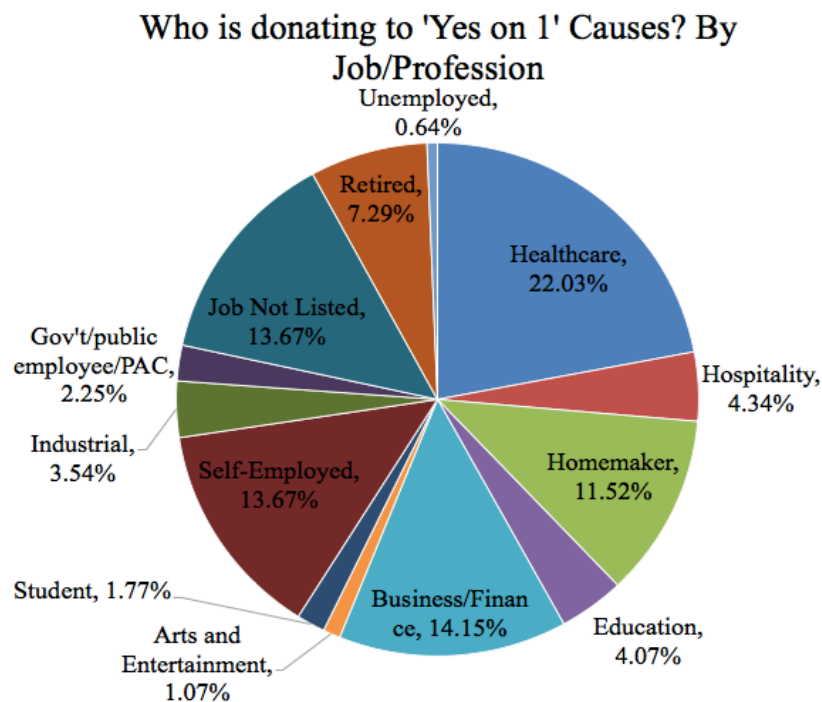


Figure 2. Donations to MHPR and/or ‘Yes on 1 to Reject Big Pharma’ PACs by job/profession (n=1820).

Sources: Commission on Governmental Ethics and Election Practices, “Yes on 1”; Commission on Governmental Ethics and Election Practices, “Mainers for Health.”

Donors’ state-of-residence were also recorded. Ultimately, 84.5% of donations came from the residents of Maine, while only 15.5% came from elsewhere. [see **Figure 3**] Usually, with state-specific ballot issues like this, donations from out-of-staters are immense in number

and size.³⁰ For example, groups both opposing and supporting gay marriage, placed on the 2012 Maine ballot, received on average 81% of their funding from out-of-state donors.³¹ The fact that most money actually came from in-state donors indicated that MHPR was a heavily state-run, grass-roots type movement.

Who is donating to 'Yes on 1' Causes? By State-of-Residence

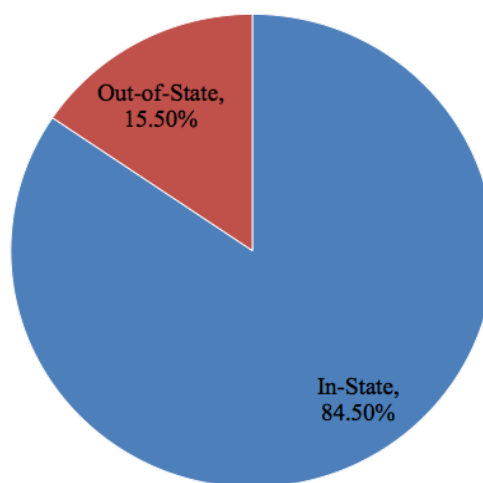


Figure 3. Donations to MHPR and/or 'Yes on 1 to Reject Big Pharma' PACs by by state-of-residence (n=1820).

Sources: Commission on Governmental Ethics and Election Practices, "Yes on 1"; Commission on Governmental Ethics and Election Practices, "Mainers for Health."

In terms of contributions, median donation size was \$100, which was slightly higher in comparison to the national trends: most Americans who do contribute to a campaign will donate under \$100.³² This finding potentially suggested that supporters were only donating to support

³⁰ Institute Staff, "2011-2012 Ballot Measure Overview," Follow the Money, last modified March 3, 2014, <https://www.followthemoney.org/research/institute-reports/2011-2012-ballot-measure-overview>.

³¹ Institute Staff, "Ballot Measure Overview."

³² Adam Hughes, "5 Facts about U.S. Political Donations," Pew Research Center, last modified May 17, 2017, <https://www.pewresearch.org/fact-tank/2017/05/17/5-facts-about-u-s-political-donations/>.

referendum efforts during the election cycle (which occurred during primary season), so felt strongest about Question 1. [see **Figure 4**]

How much are people donating to 'Yes on 1'
Causes? By Donation Size

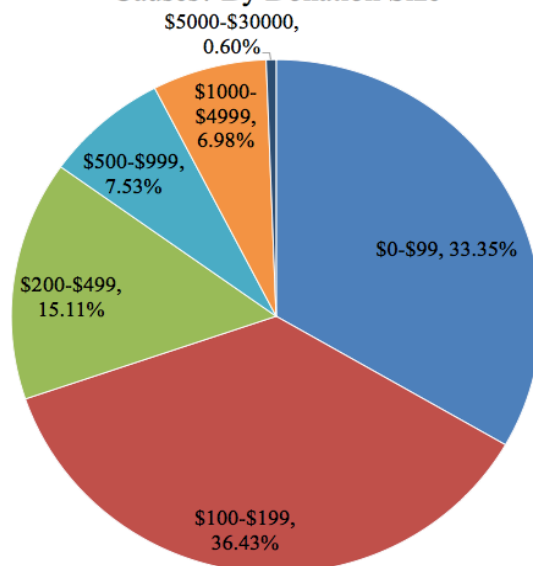


Figure 4. Donations to MHPR and/or 'Yes on 1 to Reject Big Pharma' PACs by size (n=1819).

Sources: Commission on Governmental Ethics and Election Practices, "Yes on 1"; Commission on Governmental Ethics and Election Practices, "Mainers for Health."

But where specifically in Maine did donations come from?³³ Looking closer at the state, the addresses listed by donors corresponded pretty consistently with population densities. [see **Figure 5**] In other words, the more people living in a given area, the greater the likelihood that some would donate. The same was true for out-of-state donations, as they seemed to simply follow the pattern of population size. [see **Figure 6**] This helped me understand whether or not MHPR centralized its following in urban areas (as has been the historic trend of the anti-vax movement in the U.S.) or if it was better distinguished as rural in character.³⁴

³³ See Appendix 1: Methods of MHPR Donor Demographic Analysis for a fuller description of mapping methods.

³⁴ Theodore S. Tomeny, Christopher J. Vargo and Sherine El-Toukhy, "Geographic and

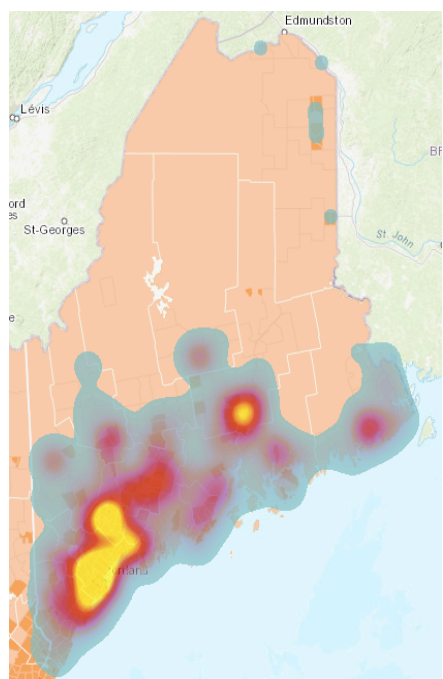


Figure 5. In-state donations by zip code, overlaying population densities (n=1819). Orange coloration represents population size, with increasingly dark squares indicative of larger populations. 'Heat' map represents donors, with increasingly yellow showing a higher density of donations in a given region, while blue shows depleted donor density. [see **Figure 6 for specific legend**] Map by Benjamin Lisle. "Maine anti-vax donations," ArcGIS, last modified May 4, 2020, <http://arcg.is/10XO9e>.

Sources: Commission on Governmental Ethics and Election Practices, "Yes on 1"; Commission on Governmental Ethics and Election Practices, "Mainers for Health."

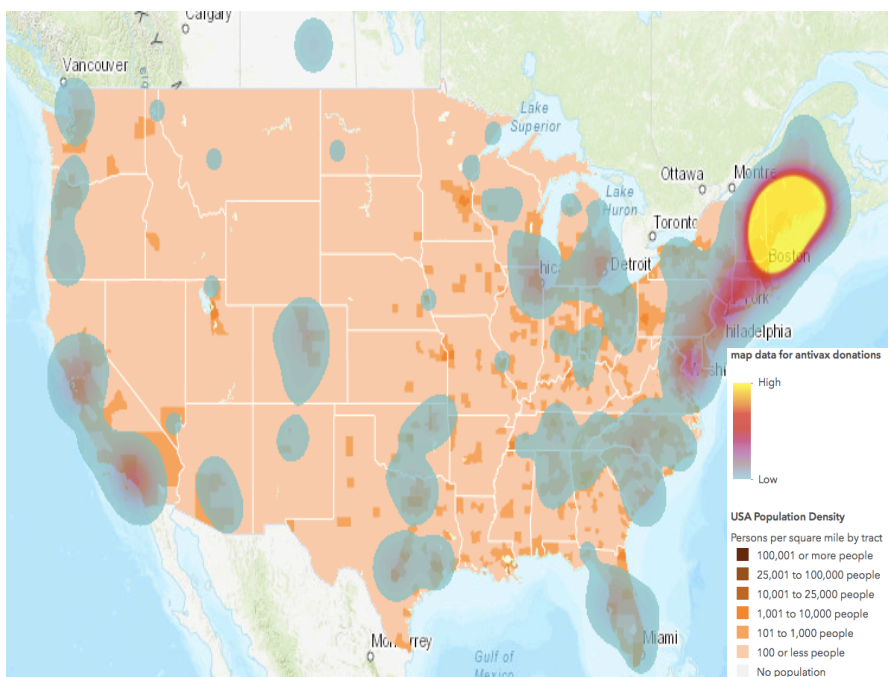


Figure 6. Nationwide donations, donations by zip code, overlaying population densities (n=1819). Orange coloration represents population size, with increasingly dark squares indicative of larger populations. 'Heat' map represents donors, with increasingly yellow showing a higher density of donations in a given region, while blue shows depleted donor density. Map by Benjamin Lisle. "Maine anti-vax donations," ArcGIS, last modified May 4, 2020, <http://arcg.is/10XO9e>.

Sources: Commission on Governmental Ethics and Election Practices, "Yes on 1"; Commission on Governmental Ethics and Election Practices, "Mainers for Health."

While this demographic analysis certainly answered many of my questions regarding the general ‘look’ of the movement, the data had many limitations. Most notably was the fact that this tool took only those into account who had the money or will to actually donate to MHPR. In order to address this to some extent, I additionally looked at the outcome of the election itself, contextualizing county results with local demographics. [see Table 1] Ultimately, impoverished, less populous regions tended to contain the greatest population of ‘Yes on 1’ voters, despite the fact that they were not the source of many MHPR donations. In fact, the correlation between increased poverty rates and large % towns voting ‘Yes on 1’ was significant ($r = 0.725$, significant at $p = 0.0015$). This suggests that less wealthy, non-urban areas related to the movement in ways that the donor data failed to reveal.

County	% Towns Voting ‘Yes on 1’	2018 Population Size (in # residents)	2018 Median Household Income	2018 Poverty Rate	% of Population 12 and Older Reporting Non-Medical Use of Pain Relievers (2014)
Piscataquis	47.36%	16,800	\$ 39,470.00	19.2%	3.83%
Washington	31.10%	31,490	\$ 41,384.00	18.5%	3.46%
Penobscot	30.50%	151,096	\$ 49,374.00	15.7%	3.83%
Aroostook	13.50%	67,111	\$ 39,824.00	17.2%	3.35%
Somerset	11.76%	50,592	\$ 42,491.00	19.3%	3.63%
Hancock	6.77%	54,811	\$ 53,068.00	11.2%	3.46%
Waldo	3.80%	39,694	\$ 51,564.00	13.9%	3.18%
Kennebec	1.60%	122,083	\$ 52,929.00	13.3%	3.63%
Oxford	0.00%	57,618	\$ 47,275.00	15.9%	3.87%
Androscoggin	0.00%	107,679	\$ 51,412.00	13.2%	3.87%
Franklin	0.00%	29,897	\$ 48,753.00	12.2%	3.87%
Lincoln	0.00%	34,342	\$ 55,180.00	12.0%	3.18%
Knox	0.00%	39,771	\$ 55,402.00	10.9%	3.18%
Sagadahoc	0.00%	35,634	\$ 62,131.00	9.8%	3.18%
Cumberland	0.00%	293,557	\$ 69,708.00	9.7%	3.55%
York	0.00%	206,229	\$ 65,538.00	8.4%	3.55%

Table 1. Question 1 election results and demographic characteristics by county.

Sources: “Maine Opioid Epidemic,” Opioid and Health Indicators Data Base, 2020, amfAR, accessed May 4, 2020, <https://opioid.amfar.org/ME>; Ballotopedia, “Question 1”; “County Profiles,” Center for Workforce Research and Information, Maine Department of Labor, accessed May 10, 2020, <https://www.maine.gov/labor/cwri/county-economic-profiles/countyProfiles.html>.

Although I gleaned a rough image of *who* this movement looked like through demographic analysis, I wasn’t able to glean *what* their message was. Facebook analysis leant this angle, allowing a deeper looking into the actual arguments used to justify anti-vax behavior.

Tracking Anti-Vaxxers on Facebook

Social media has played an instrumental role in the rise of the anti-vax movement, and served as a platform upon which I could take a look deeper at the actual rhetoric used by supporters of MHPR.³⁵ On Facebook, people are not only able to find similarly-minded anti-vax communities, but many times feel a need to ‘spread the word’ of the movement to others by posting ‘influential’ messages on their public profiles.³⁶ I therefore used the ‘Yes on 1’ contribution list as a launch pad to find donors on Facebook, looking specifically for posts with anti-vax messages.³⁷ Subsequent close readings helped me understand the actual values of the group and the reasoning they employed to reject vaccines. Coupled with the demographic data, these findings led me towards the deeper interpretational work which considered the motivations behind anti-vax behavior.

In total, I analyzed twenty-five separate individuals and sixty-seven posts. Although individuals were selected (for the most part) at random, their collective demographics were similar to the overall landscape of the donor population, with twenty women and five men, most (ten) working in the healthcare industry. Additionally, seven were homemakers, three were in the business sector, two were educators, one worked in hospitality, one in politics, and one was a student. They also held a diverse yet conservative-leaning array of political beliefs, with twelve identifying as Republicans, six Democrats, and seven independents (mostly leaning conservative). This fell in line with the bipartisan, yet slightly right-swaying nature of the national anti-vax movement.

³⁵ Smith and Graham, “Mapping the Anti-Vaccination,” 1323.

³⁶ Smith and Graham, 1323.

³⁷ See Appendix 2: Methods of Anti-Vax Facebook Analysis for full description of my procedure.

Word	Word Count
Vaccine	91
Child/Kid	72
Maine	56
Right	37
Pharma	20
Parent	18
Freedom	14

Table 2. Thematic top words employed across sixty-seven posts anti-vax posts.

Source: Stéfán Sinclair and Geoffrey Rockwell, "Terms", *Voyant Tools*, accessed May 4, 2020, https://voyant-tools.org/?view=CorpusTerms&query=freedom&query=free&query=parent*&query=right*&query=m.

I ultimately used this Voyant analysis as a guide to assist in close-readings of the collected posts, which themselves leant a more intimate look at supporters of MHPR. I could see who these people were, what they did, and on-the-ground examples of how they employed anti-vax arguments. Consistent with the Voyant findings, I identified four larger themes notable throughout posts: choice, parenthood, Big Pharma and physicians, and Maine as a state. Taken as a whole, these features drew an overall picture of MHPR as one characterized by worried parents who felt that both their sense of control in the home as well as the wellbeing of their children were perilously endangered.

Choice

Mimicking MHPR campaign strategies, many of the posters (referring to the individuals carrying out the act of post-ing) I analyzed focused on ‘choice’ and the perceived threats L.D. 798 posed to this ‘right.’ One person in Gorham, for example, vehemently expressed his support of vaccines while asserting a stronger belief in “the fundamental human right to consent to medical and other treatment services and the right to refuse them” (Person A, July 18, 2019).³⁸

³⁸ “What is public information on Facebook?” Help Center, Facebook, Accessed June 1, 2020, <https://m.facebook.com/help/203805466323736>. Facebook policy stipulates that information

Not only was choice in the medical setting something that people *should* be allowed, it was an absolutely “fundamental human right” (Person A, July 18, 2019). Others, like homemaker Person B, referred to ‘Yes on 1’ campaigners as “fellow freedom lovers!,” blurring the distinction between ‘freedom’ and ‘choice’ (Person B, February 5, 2020).

In fact, Person B explained that her opposition to L.D. 798 “has nothing to do with WHAT is being mandated, only that the government is taking away our rights” (Person B, April 14, 2019). This framed L.D. 798 as a bill infringing upon basic “freedom,” positioning anti-vaxxers as the oppressed in revolt (Person A, July 18, 2019). And such a mindset was clearly reflected amongst others I analyzed as well. Person C, a student and new mother, for example, compared the rejection of Question 1 to the struggles black Americans faced in the South during the era of segregation. **[see Figure 8]** To her, this policy regarding immunization and the restrictions it imposed upon the unvaccinated were just as severely discriminatory as Jim Crow laws, and by fighting against them, anti-vaxxers played the role of the civil rights activist. Person D, a nurse, also drew comparisons between the anti-vax movement and historical moments of prejudice, describing vaccination as a matter of “ethics” which should trump “the law...remember, slavery and the Holocaust were ‘legal’” (Person D, November 13, 2019). Even the feminist, ‘right-to-choice’ rhetoric was invoked, with one chiropractic assistant expressing her belief that “this bill opens a door for parents to lose choice about our children's health and the control of our own bodies” (Person E, February 13, 2019).

By making these claims likening gross historical moments of prejudice to the vaccine policies prescribed by L.D. 798, posters reinforced their shared beliefs regarding choice and

which is shared publicly can be reproduced without the owner’s permission. However, for the sake of privacy, I have anonymized identities for the published version of this thesis.

immunization requirements. To them, ‘choice’ was the purest expression of “freedom” and therefore a “fundamental human right” (Person B, February 5, 2020; Person A, July 18, 2019). Infringement upon this right by the government or any other entity, as they believed would occur under L.D. 798, was a crime so ethically perverse that it was comparable to segregation, the Holocaust and slavery.

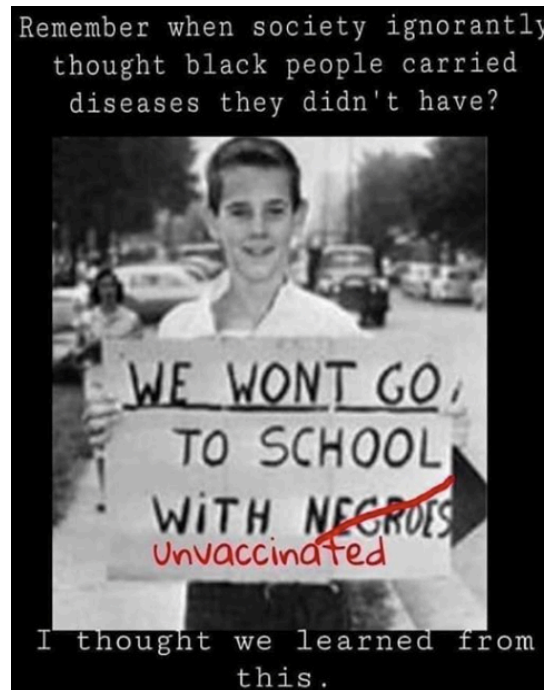


Figure 8. Facebook post by Person C, comparing the discrimination faced by anti-vaxxers to that of black Americans in the South during segregation. Person C, “Welcome to Maine. Where segregation is not only tolerated but the majority support it,” Facebook photo, March 4, 2020, <https://www.facebook.com/photo.php?fbid=10218297094132527&set=a.2126709261084&type=3&theater>.

Parenthood

Just as these historical moments saw the persecution of specific populational subsets (Jews with the Holocaust, black Americans with slavery), so too, posters believed, would vaccine requirements target a distinct group of people: parents. Indeed, I found that ‘parenthood’

was unsurprisingly a field upon which posters commonly played (MHPR was named for ‘Parental Rights,’ after all). For many, the perceived threat to parental rights over the health of their children was enough reason to oppose L.D. 798, and express feelings of persecution. Homeschooling mother Person F, for example, expressed her “unwillingness to let our children be second class citizens in our own state” (Person F, January 10, 2020).

Posters indeed seemed to place significant emphasis on this caretaking role. To this point, Person F went on to declare her belief that the ‘Yes on 1’ campaign was driven by a parental “fierce love” of children (Person F, January 10, 2020). And the ferocity of this love manifested amongst posters in the form of intense, primal protection. Person D, for example, identified the movement as one made up of “Mama-Bears and Papa-Bears” who were prepared to fight L.D. 798 for the sake of their children (Person D, May 24, 2019). This instinctive parental urge to prioritize the ‘protection’ of one’s child and retain sovereignty in the home was commonly present in the tone of more aggressive posts. Some posting mothers even went so far as to directly state that their kid’s well-being was more important than the health of the community.

How did these people—self-identifying as parents—justify their anti-vax position? For some, like Person F, it was again this civil rights crusade to keep her child from suffering discrimination at the hands of school officials. Others were more concerned with the issue of parental control, feeling that caretakers were generally “the best” people “to make” decisions about their children’s health, not physicians or policy-makers in Augusta (Person G, February 6, 2020).

Still, a large proportion of posters took more specific issue with immunizations which seemed to threaten ‘childhood’ itself, like the HPV and HepB vaccines. For example, mother Person H questioned why a child should be “forced to get the HPV vaccine to attend school”

when it was used to prevent against “a sexually transmitted disease,” the implication clearly being that children shouldn’t—and more importantly, wouldn’t ever—engage in unprotected sexual behavior, but failing to assess the preventative qualities conferred by the shot (Person H, January 29, 2020). Mother Person I also wondered why Mainers should be required “to vaccinate our children with HepB at birth when we only contract that disease from needles or sex?” and “Why...the shots given to our infants [are] the same dose size as those given to adults?” (Person I, September 11, 2019). Here, it appeared as though some parents perceived certain vaccines to threaten the very ‘childhood’ which they aimed to provide for their children. It also fell neatly in line with the evangelical, traditionalist opposition to vaccines.

Overall, it was clear that protective parenting and perceived sovereignty in the home were very common practices and beliefs held amongst those who opposed L.D. 798. I found that posters were generally worried that they would lose control over their children—whose health and wellbeing they seemed to prioritize above all else—by allowing others to influence medical decisions. Reactions against this generally manifested in the manner of “Mama-Bear” behaviors amongst caretaking posters (Person D, May 24, 2019).

Big Pharma and Physicians

Who or what was taking away this apparently “fundamental” parental right to medical choice (Person A, July 18, 2019)? Beyond the government itself, which was tasked with passing and enforcing the bill, MHPR posters identified Big Pharma (the pharmaceutical industry) and some conspiring physicians (to a lesser degree) as the groups plotting to rob them of their ‘freedoms.’

Chiropractor Person J, for example, urged people to question mandatory vaccines and not turn a blind eye “to the obvious. ‘Safe and effective’ sure... for the big Pharma share holders [sic]” (Person J, September 28, 2019). For him and many others, Big Pharma was pushing the production of untested vaccines and the passage of laws like L.D. 798 so to increase their own bottom line. People would have no ‘choice’ but to support the greedy pharmaceutical industry.

Others implicated the family physician into the conspiracy, insinuating that doctors acted as ‘puppets’ for Big Pharma. In this vein, Person G questioned whether “you want to rely on your doctor—usually financially incentivized to promote full compliance—to decide whether or not your child should continue to receive that vaccine or others?” (Person G, February 6, 2020). Here, she even related it back to parental rights, reiterating the importance of a parent’s opinion on their child’s health in comparison to that of a physician. Person F had also alluded to this dichotomy, describing how “our opposition [Big Pharma] has \$\$\$” but not the aforementioned “fierce love” (Person F, January 10, 2020). While Big Pharma had the financial means to pay off physicians and push legislation, it was the anti-vaxxers who claimed passionate, parental love.

And these two qualities of money and love seemed to be inherently pit against one another. Person F even went on to urge voters not to “ban Mainers from a lifetime of education and access to employment simply because they don't want to feed Big Pharma's bottom line” (Person F, December 18, 2019). This post positioned those in opposition to L.D. 798 as the daring and caring underdog, vying to take down the evil corporation. Posters in this sense were not anti-vax due to the vaccines themselves, but rather their inherent opposition to the overreach of malicious organizations, like Big Pharma and the government.

Maine

Banding together around a shared identity, posters tended to invoke the use of their Maine roots as a rallying cry for the seemingly oppressed. But what were the mechanisms through which this was achieved? First and foremost, posters were quick to make clear Maine's innocent, underdog-like character. In one post, businessman Person K positioned the state as a weak victim, stating that "LD798 was sold by bully big Pharma to Maine," (Person K, October 9, 2019). Person J echoed this sentiment, urging voters to look at other states with similar vaccine mandates and not to "let this happen in Maine, donate today to fight big pharma" (Person J, September 28, 2019). Here, 'Maine' was characterized as innocent and vulnerable to predation via outsider 'evil' Big Pharma.

Voting yes on 1, then, allowed Mainers to assert their underdog identity and stand up for what was 'right.' And it seemed to posters that Mainers themselves had an actual unique character tied to their state identity, distinguishing their 'tribe' as one in opposition to Big Pharma. Person I, for example, posted definitively that "Mainer's [sic] believe in medical freedom!" (Person I, February 8, 2020). Person G also affirmed that "We intend to keep our RIGHTS...in Maine, thanks" (Person G, February 3, 2020). Mainers, in this sense, had a unique conviction for justice which distinguished them from 'oppressed' out-of-staters.

And with this clear sense of identity and self-righteous dedication to 'choice' and 'rights,' Maine anti-vaxxers felt empowered to stand as an example for the rest of the nation. Person L declared that "Big Pharma is bringing this attack to all states and we have the chance to stop them in Maine and start the ball rolling back in other states" (Person L, October 25, 2019). This line of reasoning valorized a 'Yes on 1' vote: one which not only impacted Maine, but the rest of the U.S. Mother Person M addressed this implication directly, stating that "my vote could make history and show other states they too can fight against the government mandates" (Person M,

February 6, 2020). It wasn't just Big Pharma, but the government itself which MHPR had banded together to fight against. And they did so out of an altruistic desire to stand as an example for the rest of an 'oppressed' nation.

Chapter 3

Anti-Vaxxers under the Neoliberal State

Defining Neoliberalism

Four key themes seem to be typical of the anti-vax movement in Maine: choice, parenthood, Big Pharma, and state identity. While the interactions are slightly complex in nature, I would argue that the economic and cultural dimensions of neoliberalism lend an interesting perspective through which to interpret these characteristics. Economic historian Julia Ott asserts that:

Neoliberalism is a multifaceted configuration of power that involves 1) a set of coherent but flexible ideas, 2) a range of policies and institutions that accord loosely with those ideas, 3) a historically-specific form of capitalism shaped by those ideas, policies, and institutions, and, 4) a particular disposition toward personal and social life.¹

Rising to prominence in the late 1970s and early 1980s with Republican political figures like Ronald Reagan and Margaret Thatcher, neoliberalism has since been used increasingly by the American state as a governing tactic.² The political dimensions of this ideological rationality call for a deregulation of the market, which has been accompanied by the erosion of the social welfare state and subsequent placement of material responsibility into the hands of citizens.³

¹ Julia Ott, "Words Can't Do the Work for Us," *Dissent*, 2018: 2, https://docs.google.com/document/d/1n_QPh6s33ePCgJK6NHIV1w15q8iGrXev-BX0MIUbz0o/edit

² John Patrick Leary, *Keywords: The New Language of Capitalism* (Chicago: Haymarket Books, 2018), 14.

³ Ott, "Words Can't Do," 3.

Neoliberalism's social dimensions additionally model society in the image of the market, forcing people to perceive of themselves as competitive individuals, responsible for all successes and failures.⁴ I ultimately argue that Maine anti-vaxxers' emphasis on choice and control in the home reflect both neoliberal principles and economic anxieties.

Choice

The concept of 'choice' was certainly a defining feature of the 'Yes on 1' campaign. But what exactly does this term mean in the context of neoliberalism? John Patrick Leary situates 'choice' within the confines of late capitalism as a word which has become mostly synonymous with 'freedom.'⁵ Since all consequences of 'choice' fall upon the individual, according to public choice theory, citizens of a neoliberal society will act in a routinely individualistic manner, considering their own needs well above those of others.⁶ This trend is readily apparent within American society and our culture's emphasis on 'freedom' and 'standing out' rather than 'blending in.'⁷

The individualistic pursuit of 'freedom' was also evident within the Maine anti-vax movement. Posters whom I analyzed made clear their beliefs regarding the importance of 'choice' and its significance as a "fundamental human right" (Person A, July 18, 2019). But they also emphasized their willingness to prioritize this 'right' over the health of the community, even

⁴ Ott, 6.

⁵ Leary, *Keywords*, 36.

⁶ Leary, 35, 36. Public choice theory, proposed in the 1950s by economist James Buchanan, is the conservative notion that there really is no public sphere, but rather a series of public choices made by individuals.

⁷ Hazel R. Markus and Barry Schwartz, "Does Choice Mean Freedom and Well-Being?," *Journal of Consumer Research* 37, no. 2 (2010): 345, <https://doi-org.colby.idm.oclc.org/10.1086/651242>.

in the face of science. For many, ‘Yes on 1’ wasn’t even about the vaccines; rather, they felt as though they were resisting persecution by defending their freedom of choice.

Indeed, the psychological theory of reactance contends that individuals who perceive threats to their sense of “freedom” will lash out in a manner aimed at restoring their rights.⁸ The fact that such a phenomenon is more common within individualistic cultures comes as no surprise then, given the context of neoliberalism and its emphasis on choice.⁹ For political scientist Corey Robin, reactance essentially lines up with his own conception of “what conservatism is: a meditation on, and theoretical rendition of, the felt experience of having power, seeing it threatened, and trying to win it back.”¹⁰ Leary notes how Margaret Thatcher, ever the conservative neoliberal spokeswoman, tended to “*conflate* individual choice with social responsibility.”¹¹ Within Thatcher’s conservative mindset, not only is the liberated citizen entitled to choice as a necessary right, but they are responsible for protecting it.¹² Individuals must, it seems, experience a form of reactance in order to remain liberated.

In this way, the role of the ‘civil rights activist’ which many supporters took upon themselves to portray can be contextualized as a compulsory, conservative reactance normalized within neoliberal society. Maine anti-vaxxers clearly equated ‘freedom’ with ‘choice’ and assumed that their ability to express individuality was threatened by L.D. 798. As conservative citizens of a late capitalist society, not only was it in their best interest to fight for their own

⁸ Christina Steindl et al., “Understanding Psychological Reactance: New Developments and Findings,” *Zeitschrift für Psychologie* 223, no. 4 (2015): 205, <https://doi.org/10.1027/2151-2604/a000222>.

⁹ Steindl et al., 206.

¹⁰ Corey Robin, “The Conservative Reaction,” *The Chronicle of Higher Education*, January 8, 2012, The Chronicle Review, <https://www-chronicle-com.colby.idm.oclc.org/article/The-Conservative-Mind/130199>.

¹¹ Leary, *Keywords*, 37.

¹² Leary, 37.

rights, but it was their civic duty to protect the concept of individualized freedom as a whole. MHPR supporters effectively saw themselves as crusaders, bucking against the powers-that-be in pursuit of freedom for all.

Parenthood and the Role of the Family

According to Thatcher, “There’s no such thing as society.”¹³ Rather, citizens of the neoliberal state can be categorized into units of “individual men and women and... families” who “must look after themselves first.”¹⁴ In this sense, the family becomes its own, self-reliant individualized unit. Explaining the mechanisms of this transition, political philosopher Nancy Fraser describes how a “crisis of care” emerged within the U.S. following the 1970s neoliberal shift and elimination of family wages, which had functioned to protect the salaries of employed parents.¹⁵ Although antiquated in the gender roles it ultimately dictated, this model relieved one parent of financial responsibilities, allowing them to ‘stay-at-home’ and provide a means of social (care) support for their child.¹⁶ Shifting from this postwar rationality, employers now function under the assumption of the double-earner household, paying workers accordingly and forcing both parents to support the family financially.¹⁷ And without the means for a ‘stay-at-home’ figure, parents must also provide social support for their children.¹⁸ In this way, the erosion of the postwar social welfare state has placed the brunt of responsibility on the family,

¹³ Margaret Thatcher, “Margaret Thatcher: a life in quotes,” *The Guardian*, April 8, 2013, Politics, <https://www.theguardian.com/politics/2013/apr/08/margaret-thatcher-quotes>.

¹⁴ Thatcher, “Margaret Thatcher.”

¹⁵ Nancy Fraser and Sarah Leonard, “Capitalism’s Crisis of Care,” *Dissent*, Fall 2016, <https://www.dissentmagazine.org/article/nancy-fraser-interview-capitalism-crisis-of-care>.

¹⁶ Fraser and Leonard, “Capitalism’s Crisis of Care.”

¹⁷ Fraser and Leonard, “Capitalism’s Crisis of Care.”

¹⁸ Fraser and Leonard, “Capitalism’s Crisis of Care.”

forcing them, rather than the government, to act as the primary material and social safety net for both themselves and their children.¹⁹

This assumption of familial duty is further reinforced by modern conservatism, according to sociologist Melinda Cooper.²⁰ Neoliberal rationality, as just explained, forces the family, rather than society, to shoulder the bulk of financial and social responsibilities.²¹ Conservative values in turn place emphasis on the traditional roles associated with the home, causing subscribers to express revulsion at the thought of ‘government overreach’ into that sacred domain.²² These two models of governing therefore converge, according to Cooper, in their goal of essentially eliminating societal support of the family.²³

The expression of this convergence was visible in the form of the primal, protectionist language used by parents who posted in support of MHPR. Posters made clear that they perceived L.D. 798 to threaten their sense of control over offspring. When Person D, for example, referred to fellow anti-vaxxers as “Mama-Bears and Papa-Bears,” she invoked the use of a primal metaphor to suggest that familial responsibility was not only a necessity, but an instinctual urge felt by parents (Person D, May 24, 2019). This was not the first incidence of the “Mama Grizzly” metaphor: it has been consistently used by conservative women “to combat perceived threats to their ability to raise their families unfettered by government.”²⁴ The fact that donations to MHPR came primarily from women, the traditional caretakers in the home, points towards the social conservatism of the movement in Maine. In this way, mothers were positioned

¹⁹ Fraser and Leonard, “Capitalism’s Crisis of Care.”

²⁰ Melinda Cooper, “All in the Family Debt,” *Boston Review*, May 31, 2017, https://drive.google.com/file/d/1bA4_DYx0MqHJCS-y9sRJU-E6YjQeV8gY/view.

²¹ Cooper, “Family Debt.”

²² Cooper, “Family Debt.”

²³ Cooper, “Family Debt.”

²⁴ Atal, “The ‘Mama Grizzlies’?”

as those most affected by child-related matters and threats to ‘parental rights.’ Ultimately, I would then argue, the ‘primal’ and conservative parenting of ‘Yes on 1’ campaigners was symptomatic of the larger, neoliberal notion which positions the bulk of social and material responsibilities within the household. The “Mama-Grizzly,” who has internalized this neoliberal rationality, must protect her domain from government overreach, even at the expense of the community.

This conservative reactance against a supposed removal of parental rights can be attributed to other effects of neoliberalism beyond those directly referencing the home. Geographer Cindi Katz postulates that following the 9/11 terrorist attacks, American parents sought to ‘protect’ their children and home through militarized means (such as nanny cams), thus recreating the national security state within the household.²⁵ These individuals in domestic environments, she argues, “re-scripted” their social anxieties related to “the political, economic, and social effects of capitalist globalism” and neoliberalism as a fear of outsiders.²⁶ By “fortressing” their homes to shield against both outside and inside attacks, parents forfeited the privacy of others (like that of their children or those being filmed on a nanny cam) for their own ‘right’ to “peace-of-mind.”²⁷

In other words, according to Katz, parents essentially relieve anxieties resulting from the increasingly neoliberal state by seeking out control over their children and the home. This pattern was abundantly clear within the Maine anti-vax movement: parents felt a loss of freedom to choose for their children, and reacted against it. Their insecurities resulting from inequalities

²⁵ Cindi Katz, “Me and My Monkey: What’s Hiding in the Security State,” In *Indefensible Space: The Architecture of the National Security State*, ed. Michael Sorkin, (New York: Routledge, 2008), 307.

²⁶ Katz, 307.

²⁷ Katz, 317.

dictated by late capitalism were “rescripted” as a fear of lost control, channeled into a protectionist form of parenting.²⁸

Big Pharma and the Opioid Epidemic

But where could some of these specific neoliberal stressors lie? The commercialization of medicine and subsequent opioid epidemic, I would argue, is likely a prominent cause of insecurity amongst Mainers, manifesting in their instinctual urge to ‘reject Big Pharma.’ Amidst the 1970s neoliberal shift, the Goldfarb Supreme Court case ruled that physicianship was no longer a “learned” profession but instead, doctors were “purveyors of commerce.”²⁹ Medicine legally became a commercialized industry—an extension of the social dimensions of neoliberal market mentality—with doctors seeking profit from satisfied, paying customers (patients). The opioid epidemic stands as a prominent expression of this medical commercialization. In the 1990s, pharmaceutical companies ‘financially incentivized’ (paid off) a series of physicians to publish studies on the safety and effectiveness of opioids.³⁰ Soon thereafter, healthcare policies were instituted which valued “pain” as a significant aspect of patient experience, allowing physician success (and financial compensation) to be based partially on the comfort of their customers.³¹ This established the current, more neoliberal model of care which supports the pharmaceutical industry by favoring doctors who prescribe opiates in an effort to leave the

²⁸ Katz, 307.

²⁹ Arthur H. Gale, “Drug Company Compensated Physicians Role in Causing America's Deadly Opioid Epidemic: When Will We Learn?,” *Missouri Medicine* 113, no. 4 (2016): 244 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6139931/>.

³⁰ Gale, 244.

³¹ Ronald Hirsch, “The Opioid Epidemic: It's Time to Place Blame Where It Belongs,” *Missouri Medicine* 114, no. 2 (2017): 83, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6140023/>.

customer (momentarily) satisfied.³² Obviously, not all (or even most) physicians are hyper-individualistic, solely acting in a manner that benefits them instantly.³³ Rather, many have internalized this notion of comfort-based success, and out of a care for their patients, act to minimize pain as much as possible.³⁴

Despite the overwhelming evidence pointing to their addictive qualities, opiates are still to this day prescribed profusely by physicians.³⁵ But the blame for this crisis does not fall solely upon the head of the doctor; rather, the whole mess of it seemed to begin with the profit motives of Big Pharma, which still profits significantly from the mass production of opioids.³⁶ In this way, physicians act as but another cog in the neoliberal ‘free market’ machine.

According to Keyes et al., the opioid epidemic tends to host a more significant impact on rural areas due to “greater opioid prescription [in those regions] ... greater rural social and kinship network connections...[and] economic stressors that may create vulnerability to drug use more generally.”³⁷ It comes as no surprise then that Maine, a largely rural state, has been affected disproportionately by the opiate crisis in comparison to the rest of the U.S. Recent data indicates that approximately 31.7 deaths per 100,000 in the state are related to opiate use, while the U.S. maintains an average of 21.56 per 100,000 deaths.³⁸

³² Hirsch, 83.

³³ Hirsch, 82.

³⁴ Hirsch, 83.

³⁵ Gale, “Drug Company Compensated,” 244.

³⁶ Hirsch, “The Opioid Epidemic,” 83.

³⁷ Katherine M. Keyes et al., “Understanding the rural-urban differences in nonmedical prescription opioid use and abuse in the United States,” *American Journal of Public Health* 104, no. 3 (2014): 52, <https://doi-org.colby.idm.oclc.org/10.2105/AJPH.2013.301709>.

³⁸ “Maine Opioid Epidemic,” Opioid and Health Indicators Data Base, 2020, amfAR, accessed May 4, 2020, <https://opioid.amfar.org/ME>.

It is clear, then, that Mainers were no stranger to the greed of Big Pharma when they proposed its rejection with the referendum. And their experience with the commercialized medical industry and the opioid epidemic mapped relatively well onto the framework of immunizations: pharmaceutical companies did indeed profit (albeit minimally) off the mass production of vaccines, which were then promoted and dispersed by physicians. MFV even touted that it had the support of nearly 60 organizations, “including the American Medical Association...and the Maine Chapter of the American Association of Pediatrics.”³⁹ On the surface, the distinctions between opiates and vaccines seemed pretty minimal, especially to an audience experiencing anxieties associated with the neoliberal commercialization of medicine. It stood to reason, then, that by rejecting the implementation of a policy which seemed to benefit the pharmaceutical industry, ‘Yes on 1’ voters were also rejecting Big Pharma. And while the correlations are insignificant, there does appear to be a slight trend linking opioid use by county in Maine and percent of towns voting ‘yes.’ [see **Table 1**]

Donor data also seemed to suggest a slight trend between vaccine distrust and a familiarity with Big Pharma. Although many MHPR donors identified as working in the healthcare industry, the majority were non-prescribing practitioners such as nurses or chiropractors rather than MDs, DOs, NPs or PAs [see **Figure 2**]. Since they could not physically prescribe the medication, these healthcare professionals were superficially absolved of complicity with the opioid crisis.⁴⁰ Additionally, anti-vax beliefs have been consistently characteristic of the chiropractic profession itself, with many practitioners arguing that it goes

³⁹ Protect Maine’s Children, “The Facts.”

⁴⁰ “Who can Prescribe and Administer Drugs in Washington State,” Washington Stated Department of Health, accessed May 16, 2020, <https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/PharmacyCommission/WhoCanPrescribeandAdministerPrescriptions#Prescribe>.

against their homeopathic principles to even prescribe medication, much less inject it.⁴¹ More recently, chiropractors have positioned their non-invasive practices in direct opposition to Big Pharma, hoping that increased populational use of their holistic services will counteract the opioid epidemic.⁴² It ultimately seems reasonable, then, that these alternative practitioners would have a predisposition of skepticism towards pharmaceutical industry, made all the more acute with the intensity of opiate overuse in Maine.

And they, amongst others, ultimately did take aim at Big Pharma, evidenced by the ‘Yes on 1’ campaign’s prominent goal of rejecting the pharmaceutical industry as well as posters intense revulsion with drug companies. Conservative reactance was aimed, therefore, not just in response to government overreach, but against Big Pharma itself.

State Identity and Maine’s Economy

Like the commercialization of medicine and an accompanying skepticism of Big Pharma, MHPR’s constant reiteration of state-based identity could potentially be explained as yet another reaction to the increasingly neoliberal world. Geographer John Agnew discusses how “territoriality” is essentially the creation of a shared identity through place-based specificity.⁴³ Anti-vaxxers in Maine absolutely asserted their territoriality, evidenced by their excessive

⁴¹ Jason W. Busse, Lon Morgan and James B. Campbell, “Chiropractic Antivaccination Arguments,” *Journal of Manipulative and Physiological Therapeutics* 28, no. 5 (June 2005): 368, <https://doi.org/10.1016/j.jmpt.2005.04.011>.

⁴² “Statement by the International Chiropractors Association on the Florida Chiropractic Scope Expansion into Pharmaceutical Prescription and Administration,” Chiropractic, The International Chiropractors Association, Chiropractic, March 2019, <http://www.chiropractic.org/wp-content/uploads/2019/03/ICA-Statement-on-FL-SOP-Final.pdf>.

⁴³ John Agnew, “Territoriality,” In *The Dictionary of Human Geography*, by Derek Gregory. 5th ed. (Hoboken: Blackwell Publishers, 2009), <https://colby.idm.oclc.org/login?url=https://search.credoreference.com/content/entry/bkhumgeo/territoriality/0?institutionId=841>

invocation of the state's name across Facebook posts and insistence on identifying as 'Mainers.' Even MFV used 'Maine' in its title, pointing toward the importance of state-identity in the context of a successful campaign, whether pro- or anti-vax.

To this point, Geographer David Harvey argues that the anxieties caused by an increasingly global capitalist marketplace may actually lead to an intensification of place-based politics.⁴⁴ He claims that increased levels of territoriality originate from a world marked by increased global connectivity, which pits regions against one another in capitalistic competition and engenders a sense of placeless-ness.⁴⁵ Locales which commonly find themselves on the losing end of such competitions will grow resentful of winners, essentially creating an 'us' versus 'them' dichotomy.⁴⁶ And as global capitalism erodes locational distinction with the spread of mass ubiquitous corporations, governed individuals latch even tighter to their place-based identities.⁴⁷ People essentially feel a solidarity with one another amidst increasing uncertainty, adopting beliefs of their territory's surviving uniqueness around which they can gather. 'It's a struggling state,' citizens reason, 'but at least it's *my* struggling state.' We clearly saw this reaction amongst posters when they positioned themselves and Maine as the 'underdog,' standing up to an invading and multinational Big Pharma. And indeed, county-level demographic analysis related to the election revealed a significant ($r = 0.725$ at $p = 0.0015$) correlation between increasing poverty levels and percentage of 'Yes on 1' votes. [see Table 1] Could this underlying poverty be related to the globalization described by Harvey?

⁴⁴ David Harvey, *The Condition of Postmodernity*, (Hoboken: Blackwell, 1990): 303.

⁴⁵ Harvey, 303.

⁴⁶ Harvey, 303.

⁴⁷ Harvey, 303.

Certainly some aspects of the decimation of Maine's industrial economy over the last half century can be attributed to globalization. The state's work force has consistently suffered as the result of neoliberal practices like regional competition and the outsourcing of labor. Maine itself was historically reliant on manufacturing as its residents' major source of income long before the reign of neoliberalism, with factories many times employing entire 'mill towns.'⁴⁸ Mainers thus suffered a prolonged and excruciating deindustrialization process, exacerbated by neoliberal practices, starting in the 1930s with the boom of textile manufacturing in the American South.⁴⁹ In this case, Maine was not able to compete with cheap labor and material costs offered by alternative regions, leading to the closure of mills around the state.⁵⁰ Additionally, as technologies in ship building and logging industries progressed, the state failed to keep up, losing most jobs in those fields as well.⁵¹

Moving into the neoliberal era, mills were increasingly sold to larger, placeless corporations, which indiscriminately implemented cost-cutting strategies and were willing to 'close up shop' at any sign of cheaper labor.⁵² Mainers were 'taken advantage' of by invading conglomerates, much like with the opioid crisis and Big Pharma. The final blow came with the

⁴⁸ Jon Kamp, "Maine's Mill Towns Search for New Life," *The Wall Street Journal*, October 2, 2018, U.S., <https://www.wsj.com/articles/maines-mill-towns-search-for-new-life-1538472601?ns=prod/accounts-wsj>.

⁴⁹ Ariel Sabar, "Maine Struggling to Revive Ailing Economy," *The New York Times*, June 29, 2006, <http://search.ebscohost.com.colby.idm.oclc.org/login.aspx?direct=true&db=asn&AN=21707257&site=ehost-live>; David Koistinen, "The Causes of Deindustrialization: The Migration of the Cotton Textile Industry from New England to the South," *Enterprise & Society* 3, no. 3 (September 2002): 493, <https://www.jstor.org/stable/23699718>.

⁵⁰ Koistinen, 493.

⁵¹ Charles S. Colgan, "The Maine Economy: Yesterday, Today, and Tomorrow," The Brookings Institute, October 2006: 3, <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.538.6685&rep=rep1&type=pdf>.

⁵² Kamp, "Maine's Mill Towns."

more recent shrinkage of the paper industry in the early 2000s, leading to mass closures across the state.⁵³ And according to Harvey, the insecurities this economic abandonment may result in the formation of a place-based identity, bolstered by indignation.⁵⁴

Conclusions

On a basic level, this study made it clear that neoliberal anxieties feed anti-vax fears. The emphasis placed upon choice and individuality within this free market mentality resonated significantly amongst those already economically insecure, and these neoliberal values ultimately became leading themes of the Maine anti-vax movement. Perceived threats to ‘choice’ with L.D. 798 were especially palpable for many anti-vaxxers in the home, a self-reliant domain they felt should neither engender nor offer societal support. The subsequent conservative reactance against this policy was made all the more acute by anxieties symptomatic of neoliberal practices in the medical field and state economy, resulting in staunch feelings of communal oppression. Overall then, my analysis suggests that the motivations for vaccine rejection lie not in a concern about the actual science of vaccines themselves, but rather are indicative of greater social and economic anxieties wrought by a neoliberal governing rationality.

And this rationality has certainly been internalized by governed citizens. The fact that a community-oriented policy like L.D. 798, a measure usually uncharacteristic of the neoliberal state, was met with such steep reactance points to this phenomenon. Not only was altruistic action on the part of the government unexpected, it was opposed; not only was it surprising, it was upsetting. Amongst anti-vaxxers in Maine, we see the framework of a mindset so

⁵³ Sabar, “Maine Struggling.”

⁵⁴ Harvey, *Postmodernity*, 303.

accustomed to individuality and competition that it takes issue with policies aimed at improving the well-being of the community as a whole. And this mental framework seems all the more notable in the era of the COVID-19 pandemic.

Chapter 4

Anti-Vaxxers and the COVID-19 Pandemic

The Anti-Vax Movement Amidst Crisis

Perhaps one of the few silver linings to the 2020 COVID-19 global pandemic is that it has provided a new lens through which to examine the anti-vax movement. Vaccines at their core are used to prevent pandemics, and are ultimately the key needed for society's complete transition back to 'normalcy' from our current quarantine mode.¹ According to the 'scientific literacy' model of anti-science thought, which argues that individuals reject science when they lack a familiarity with the subject matter, this pandemic should quash the anti-vax movement.² Anti-vaxxers will see for themselves the devastation caused by a highly transmittable infectious disease, and understand the need for preventative measures. In reality, the literacy rationality falls short as the anti-vax movement has actually experienced growth amidst the COVID-19 pandemic.³ This suggests that vaccine hesitance is more likely the result of precipitating social and situational factors rather than simply of an individual's education level. In other words, people aren't just rejecting vaccines because they don't believe in the science; rather, something (or things) larger is motivating their behavior. In the face of a 'stress test' pitting their own values against the realities of science, are anti-vaxxers primarily concerned with their right to

¹ Wendy E. Parmet and Michael S. Sinha, "Covid-19 — The Law and Limits of Quarantine," *New England Journal of Medicine* 382 (April 9, 2020): 1, <https://doi-org.colby.idm.oclc.org/10.1056/NEJMp2004211>.

² Gauchat, "Test of Three Theories," 340-341.

³ Liz Szabo, "The anti-vaccine and anti-lockdown movements are converging, refusing to be 'enslaved,'" *The LA times*, April 24, 2020, *Kaiser Health News*, <https://www.latimes.com/california/story/2020-04-24/anti-vaccine-activists-latch-onto-coronavirus-to-bolster-their-movement>.

choice above all else, or is the movement better understood as one focused on parenthood? Do the dimensions of economic instability and drug dependence provide any significant insight? Or is the anti-vax ‘stressed’ reaction altogether distinct from the non-pandemic rhetoric?

By examining the anti-vax response to the COVID-19 global crisis, I attempted to discover potential answers to these questions. I ultimately set out to recreate the study performed across the previous three sections, considering the pandemic as an important context through which to investigate the motivations underlying vaccine rejection. First looking into the impact COVID-19 has had on the nation and the reactions it has elicited from the public, I again went local and evaluated Maine’s specific response to the crisis, allowing insight into the situational context. I then revisited the twenty-five individuals whose Facebook profiles I had looked at in Chapter Two, examining their posts regarding vaccination and community health amidst the pandemic. Through this analysis, I gained a better understanding of what *really* mattered to anti-vaxxers by identifying the values they latched onto in the face of a vaccine crisis.

The Coronavirus Outbreak: How Has America Responded?

COVID-19 and Quarantine Orders

According to the WHO, COVID-19 is an infectious disease caused by a coronavirus (a large pathogenic family) which was first documented in Wuhan, China in December of 2019.⁴ Spread via droplets of saliva or discharge from the nose, COVID-19 is highly contagious and has reached nearly every country in the world, leading the WHO to announce a global pandemic in

⁴ “Q&A on Coronavirus (COVID-19),” Coronavirus, World Health Organization, last modified April 8, 2020, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses>.

early spring of 2020.⁵ Since there has not yet been an effective and readily reproducible vaccine created for COVID-19, there is no herd immunity protecting the immunocompromised and elderly—populations most vulnerable to developing serious complications—from contracting the disease. Public health officials have therefore recommended that people enact ‘social distancing’ practices in order to mitigate the spread of the disease, admitting that without a vaccine or effective forms of treatment, basic physical separation is the best, if not only, method of prevention.⁶

As a result of these recommendations, most nations have begun to enforce preventative policies aimed at reducing transmission. In the U.S. specifically, politicians began addressing the pandemic by implementing a series of travel bans, essentially “fortressing” (as Katz might refer to it) the nation to ‘protect’ it from outside carriers.⁷ Scientists, public health experts and legal scholars alike, however, have argued that border-centric strategies are minimally effective in disease management and urged the federal government to take larger steps within the U.S. by implementing domestic distancing policies.⁸ And while some action has been taken at the national level to address these concerns, states have undertaken much of the responsibility for the management of the pandemic. All fifty have implemented (in some form or another) ‘stay at home’ policies which call for the closure of most businesses and other arenas of social interaction.

Most of these measures have been met with stark, predominantly conservative resistance. And this reactance has taken the form of the familiar ‘choice’ argument, similar in many ways to

⁵ World Health Organization, “Q&A.”

⁶ Parmet and Sinha, “The Law and Limits,” 1.

⁷ Parmet and Sinha, 1; Katz, “Security State,” 317.

⁸ Parmet and Sinha, 2.

that which was used by anti-vaxxers in Maine to justify their ‘Yes on 1’ votes. Indeed, recent analysis indicates that most people opposed to current quarantine orders are less worried about the potential for economic fallout and more concerned with the threats these policies pose to their individual sense of ‘freedom.’⁹ As such, a series of protests have broken out in states across the nation, made up of like-minded individuals who feel the ‘authoritarian’ nature of social distancing measures infringes upon their basic ‘human rights’ and are not outweighed by the benefits they provide to community health.¹⁰

Anti-Vaxxers Across the Nation

Anti-vaxxers have joined in the crusade against stay-at-home orders, making significant use of the ‘choice’ angle and in some cases, even acting as the leading voices in protest. Members of the ‘Freedom Angels,’ an anti-vax group that seems to be based out of California, for example, have been attending rallies and are vocal in their opposition to quarantine, citing an ‘infringement of liberties’ as the main call for concern.¹¹ According to them, much like their concerns with vaccines, the public health outcry and efforts to contain the virus are worse than the illness itself.¹² Instead of doing good, they feel these measures are just a way for the government and Big Pharma to ‘flex’ their power in an authoritarian manner.¹³ Conspiratorial thought like this has been found to thrive amidst moments of overarching insecurity (economic,

⁹ Giovanni Russonello, “What’s Driving the Right-Wing Protesters Fighting the Quarantine?,” *The New York Times*, April 17, 2020, Poll Watch, <https://www.nytimes.com/2020/04/17/us/politics/poll-watch-quarantine-protesters.html>.

¹⁰ Russonello, “Right-Wing Protesters.”

¹¹ Szabo, “Anti-vaccine and anti-lockdown.”

¹² Szabo, “Anti-vaccine and anti-lockdown.”

¹³ Szabo, “Anti-vaccine and anti-lockdown.”

political, social, and otherwise), so it comes as no surprise that increased institutional resentment is characteristic of anti-vax rhetoric amidst the COVID-19 pandemic.¹⁴

To this point, anti-vaxxers have more recently begun to circulate the documentary short *Plandemic*, which insinuates that COVID-19 was spread intentionally by a conspiring group of scientists, physicians, pharmaceutical executives, and government officials to increase vaccination rates.¹⁵ The film centers on discredited scientist Judy Mikovits, an anti-vax activist who claims that the government tried to silence her by alleging scientific fraud (of which she has been accused on two counts).¹⁶ Although the film has since been removed from nearly all streaming platforms, *Plandemic* was shared by a myriad of anti-vaxxers across America who felt that conspiratorial forces had ‘planned’ the pandemic to, as referenced previously, ‘flex’ their power and extend their bottom line.¹⁷

COVID-19 in Maine

Maine’s Response to the Pandemic

Maine saw its first confirmed case of COVID-19 on March 12, prompting Gov. Mills to announce a state-of-emergency on the fifteenth and implement a stay-at-home order on the thirty-first.¹⁸ On April 3, Maine became one of only a few places to enact a mandatory fourteen-day quarantine for out-of-staters, hoping to ‘fortress’ the region against invading, infectious

¹⁴ Digrazia, “Social Determinants of Conspiratorial Ideation,” 1.

¹⁵ Katie Shephard, “Who is Judy Mikovits in ‘Plandemic,’ the coronavirus conspiracy video just banned from social media?,” *The Washington Post*, 8 May 2020, Nation, <https://www.washingtonpost.com/nation/2020/05/08/plandemic-judy-mikovits-coronavirus/>.

¹⁶ Shephard, “Judy Mikovits.”

¹⁷ Shephard, “Judy Mikovits.”

¹⁸ Gabrielle Mannino, “A Timeline of the Coronavirus Pandemic,” *News Center Maine*, April 11, 2020, <https://www.newscentermaine.com/article/news/health/coronavirus/a-timeline-of-the-coronavirus-pandemic/97-6b085009-99e6-4f38-9c4b-f88626efb2e1>.

vacationers.¹⁹ As of April 28, Gov. Mills plans to roll out a four phase plan which will slowly reopen the state over the course of the summer.²⁰ While some businesses were allowed to open on May 1, most restaurants and hotels will remain closed until July 1 and visitors will still need to meet the fourteen-day quarantine requirement to go out in public until at least August.²¹

With respect to these unique fortressing practices, some Maine residents have acted in a highly ambivalent manner towards out-of-staters. In late March, a group of self-proclaimed Mainers cut down a tree in a non-resident's front yard and bashed in his windshield, all apparently in an effort to keep him 'in quarantine.'²² This man, who did indeed come from another state, had been residing in Maine for over thirty days so did not pose an active threat to the state's public health.²³ Additional reports circulated of slurs being yelled at people driving cars with out-of-state license plates, and by early April, nearly twenty thousand individuals had signed a petition asking Gov. Mills to "Keep tourists out of Maine until May 2020."²⁴

However, since the elongation of the fourteen-day quarantine order, some have changed their stance on visitors. Maine's economy relies heavily on summer tourists, and many in the hospitality industry have begged Gov. Mills to reconsider the blanket quarantine order, citing

¹⁹ Mannino, "Coronavirus Pandemic."

²⁰ Kevin Miller, "Some businesses closed by virus may reopen Friday under Mills' plan to restart economy," *Portland Press Herald*, April 28, 2020, Local and State, <https://www.pressherald.com/2020/04/28/maine-cdc-reports-17-additional-coronavirus-cases-but-no-new-deaths/?rel=related>

²¹ Miller, "Businesses closed by virus."

²² Stephen Betts, "More vandalism may be connected to tensions about out-of-staters on Vinalhaven," *The Courier-Gazette*, April 3 2020, Local and State, <https://www.pressherald.com/2020/04/03/more-vandalism-may-be-connected-to-tensions-about-out-of-staters-on-vinalhaven/>

²³ Betts, "Tensions about out-of-staters."

²⁴ Gillian Graham and Megan Gray, "Fear of outsiders creates tensions in Maine's tourist spots and summer communities," *Portland Press Herald*, April 5, 2020, Local and State, <https://www.pressherald.com/2020/04/05/fear-of-outsiders-creates-tensions-in-maines-tourist-spots-and-summer-communities/?rel=related>.

their potential for financial ruin without the presence of heavy-pocketed out-of-staters.²⁵ In fact, some studies argue that Maine's economy will suffer more than any other in the nation following the pandemic, citing the state's heavy reliance on small businesses and the hospitality, tourism and retail industries as some potential causal factors.²⁶

In fact, this indignation regarding quarantine orders extends well beyond the tourism industry. Maine Republican leaders demanded in early May that Gov. Mills' emergency powers be removed immediately, citing her quarantine-related actions to be 'one-sided' and behavior 'authoritarian.'²⁷ Earlier that week, Bethel brewery and restaurant owner Rick Savage went on Tucker Carlson's Fox TV show to discuss his decision to reopen restaurant doors May 1, despite the fact that his business was still under quarantine orders.²⁸ After receiving a formal warning yet allowing patrons to line up outside the premises, Savage was served with a fine and his liquor and health licenses were revoked by the state.²⁹ The restaurant owner's decision to exercise 'choice,' even in the face of the law, led him to brief internet fame amongst the conservative community, with President Donald Trump even tweeting his condolences.³⁰

²⁵ Peter McGuire, "Maine tourism industry worries quarantine rule will cancel its summer," *The Portland Press Herald*, April 29, 2020, Local and State, <https://www.pressherald.com/2020/04/29/maine-tourism-industry-worries-quarantine-rule-will-cancel-summer/>.

²⁶ Peter McGuire, "Maine's economic fallout from coronavirus could be the nation's worst," *The Portland Press Herald*, 26 April, 2020, Business, <https://www.pressherald.com/2020/04/26/maines-economic-fallout-from-coronavirus-could-be-nations-worst/#>.

²⁷ Rob Wolfe, "Republican leaders demand removal of Mills' emergency powers," *The Portland Press Herald*, May 3, 2020, Local and State, <https://www.pressherald.com/2020/05/03/republicans-demand-removal-of-mills-emergency-powers/>.

²⁸ Wolfe, "Republican leaders demand removal."

²⁹ Wolfe, "Republican leaders demand removal."

³⁰ Wolfe, "Republican leaders demand removal."

Overall then, while Maine is certainly suffering from a heightened sense of economic loss, it seems that protestors mimicked the national, conservative response to the pandemic: blame outsiders for the crisis and protest for the reinstatement of ‘liberty.’

Anti-Vaxxers in Maine

Maine anti-vaxxers also acted in a manner similar to the larger movement, albeit with some caveats.³¹ Of the individuals I re-analyzed, only one felt compelled to remove previously shared information regarding L.D. 798 and the dangers of vaccines, reinforcing the insufficiency of the scientific illiteracy model as an explanatory mechanism. Instead, the vast majority of posters staunchly opposed quarantine efforts, characterizing the measures as an ‘infringement’ upon human rights.

Yet again, the concept of medical choice and freedom from control appeared frequently across postings, now situated with a more angered emphasis on individuality. Since the announcement of the global pandemic occurred soon after the March 3 referendum, Maine anti-vaxxers were freshly reacting to what they perceived as the removal of “liberty” (Person K, April 19, 2020). Person C, for example, explicitly stated that the passage of L.D. 798 was symbolic of Maine’s submission to “compliance and government control” (Person C, March 10, 2020).

The recency of this perceived act of oppression may have primed Maine anti-vaxxers to experience an even greater sense of conservative reactance at the implementation of restrictive stay-at-home orders. Person G elucidated this point, posting that she was “radically opposed to forcing injections because the State [sic] cannot and should not ever be entrusted with the authority to penetrate our bodies,” just days after Gov. Mills announced the fourteen-day

³¹ See Appendix 2: Methods of Anti-Vax Facebook analysis for a description of my procedure.

quarantine requirement (Person G, April 8, 2020). Heavily alluding to the potential for a coronavirus vaccine and a need for ‘choice’ to opt out, Person G made clear her belief that vaccine mandates were a mechanism through which the government policed bodies. The rape-like imagery and body talk she used to illustrate this point aligned her words with the feminist ‘right-to-choose’ argument, positioning her as an oppressed individual. Such an allusion is reminiscent of the altruistic ‘civil rights leader’ role played by some Maine anti-vaxxers amidst the ‘Yes on 1’ campaign: not only was governmental restriction of choice un-just, it was an actively painful assault on Mainers. MHPR and supporters therefore shouldered the responsibility of fulfilling their civic duty by fighting for medical freedom, both during the referendum and (it seems) beyond it as well.

Anti-vaxxers reiterated this sentiment by emphasizing the significance of choice and individuality, even amidst concerns of community health. Illuminating this point to its full was Person C, who posted that “health is a personal responsibility” and that people do not “owe anything to the immunocompromised and elderly” (Person C, April 10, 2020). This again followed the neoliberal model which rejects the concept of “society” in favor of “individual men and women and...families.”³² But the ferocity with which the desire for individuality was expressed seems to indicate a ‘ratcheting up’ of reactance amongst anti-vaxxers during the pandemic, turning almost nihilistic in nature. Rather than lose a sense of choice and comply with quarantine orders, Person C (among other posters) preferred to endanger the lives of the “immunocompromised and elderly” (Person C, April 10, 2020); a ‘give *me* liberty, or give *someone else* death’ mentality, if you will.

³² Thatcher, “Margaret Thatcher.”

Just as much as ‘choice’ resurfaced amidst the pandemic, so too did concerns regarding parenthood. However, this took a slightly different form amidst the pandemic: posters appeared less worried about their role as a child’s protector and more interested in expressing their anger at other parents, whom they felt were complicit in the rejection of L.D. 798. An enraged homemaker Person H, for example, noted the “hypocrisy” of parents worried about homeschooling amidst the pandemic when “the people of Maine voted to kick thousands of children out of school FOREVER and insisted that homeschooling was a viable choice for every family” (Person H, March 10, 2020). Expanding their list of perceived oppressors to include fellow parents, Person H and like-minded anti-vaxxers were able to validate their own convictions related to choice by highlighting others’ thwarting “hypocrisy” (Person H, March 10, 2020). In her eyes, Person H had *tried* to warn the public and *fought* to protect civil rights. Yet the harsh actions of the ‘uninformed’ ultimately halted her enlightened crusade, endangering the liberties of all. It was with relish, then, that Person H and other parents had their ‘I told you so’ moment. Some went so far as to use expletives to express their anger, like Person C, characterizing those who voted ‘No on 1’ as “assholes” and “a fucking joke” (Person C, March 16, 2020).

Political theorist Wendy Brown accounts for the expression of this aggressive fury in her theory on nihilism under the neoliberal state. “Politics of indifference,” she describes, emanate from a “nihilistic disintegration of a social compact,” similar in concept to the erosion of “society” under neoliberalism.³³ This nihilistic “indifference” helps explain the “unprecedented aggression and viciousness” we currently see emerging from the political Right, with

³³ Wendy Brown, “No Future for White Men: Nihilism, Fatalism, and Resentment,” In *In the Ruins of Neoliberalism: The Rise of Anti-Democratic Politics in the West*, (New York: Columbia University Press, 2019), 170; Thatcher, “Margaret Thatcher.”

conservatives joyously “trolling” liberals, feminists, antiracists, etc. who counter their values.³⁴

As individuals feel more and more disempowered in an increasingly uncertain world, Brown argues that this gleeful viciousness allows for a sense of agency amongst “troll”-ers.³⁵

The anti-vax parental rage expressed amidst the pandemic might therefore be best explained as symptomatic of posters’ all-consuming sense of powerlessness. Already discouraged by their loss with Question 1, anti-vaxxers were faced with even greater restrictions as the result of quarantine orders, suggesting an intensification of preexisting disempowered feelings. They were able, however, to channel their fury into the cruel taunting of pro-vax parents, allowing for a greater sense of control. Such nihilistic “indifference” may also lend insight into posters’ blatant disregard for the health of the community, of whom they obviously felt they didn’t “owe anything” (Person C, March 10, 2020).³⁶ While the individualistic ‘choice’ posts lacked the certain perverse joy found in those related to ‘hypocritical’ parents, the former group nevertheless put on display anti-vaxxers’ lack of empathy for others.

Beyond the pro-vax parents, Big Pharma also resurfaced as another blamable source of oppression and ultimately, tyranny. This conspiratorial thought extended beyond the pharmaceutical industry, however, taking aim at other large institutions such as the government, the CDC, and the media. Person F, for example, posted that the pandemic had really forced her to focus on “The three entities I don’t trust: The government; The media; The medical establishment” (Person F, April 17, 2020). Anti-vaxxers were indeed wary of the very data they have received regarding the impact of COVID-19, going so far as to promote conspiratorial thought as a valid coping mechanism (like was seen with *Plandemic*). For Chiropractor Person

³⁴ Brown, 170.

³⁵ Brown, 170.

³⁶ Brown, 170.

N, conflicting reports from the CDC and WHO on mask use was enough to “start questioning what is really going on” (Person N, May 2, 2020). In this way, he and others insinuated that the pandemic narrative espoused by the media and supported by health organizations didn’t tell the ‘real’ story; rather, something nefarious was afoot. It was therefore crucial to remain skeptical of any and all information disseminated about the pandemic.

Again, anti-institutional sentiment like this was expected, given that conspiratorial thought tends to thrive under conditions of insecurity.³⁷ The significant economic precarity of Maine amidst this crisis is certainly one source of this anxiety, potentially contributing to this psychological need to place blame on an external source. The aggressive manner in which some Mainers antagonized out-of-staters may have been an expression of this insecurity, allowing for a sense of territoriality and innocence amongst uncertain residents. Specifically in the case of anti-vaxxers, their familiarity with the opioid crisis (as discussed in Chapter Three) positioned Big Pharma again as an easy target. But beyond the pharmaceutical industry, anti-vaxxers saw a broader conspiracy made up of the media, doctors, the government, and were quick to direct their anger at other complicit parties, including parents who voted ‘No on 1.’ This mental schema may have allowed posters’ to more easily grapple with their outright rejection of science, reframing the pandemic as the result of power-hungry institutions, conspiring for control rather than of a very real disease

Conclusions

In many ways, the anti-vax response to the COVID-19 pandemic both affirms and builds upon my previous analysis. The same themes resurfaced across posts, fitting well into the context

³⁷ Digrazia, “Social Determinants of Conspiratorial Ideation,” 1.

of neoliberalism: choice was a major concern, parenthood was a discussion point, Big Pharma and other institutions were the subject of skepticism, and economic insecurity seemed to contribute to an overall sense of precipitating anxiety. Probably the biggest difference, then, between pre- and post- pandemic attitudes was that the latter set really did not apply to children. During the election, anti-vaxxers funneled many of their anxieties into their offspring, justifying the rejection of vaccines (to some extent) by expressing parental worry with the “Mama-Bear and Papa-Bear” arguments (Person D, May 24, 2019). But in the midst of a global pandemic, posters displayed a surprising lack of concern about their children, instead being chiefly preoccupied with their own sense of oppression. Their desire for a ‘restoration’ of perceived lost freedom was enough to justify individualistic behaviors which endangered the rest of society.

This finding—that anti-vaxxers relied almost solely on their own sense of oppression to rationalize individualistic behavior amidst the COVID-19 pandemic—points towards a larger potential conclusion regarding modern vaccine hesitance. Really, this is not just a movement of over-protective and worried parents, although it may be for some and can manifest at times as such. Rather, anti-vaxxers seem to be primarily driven by their personal feelings of powerlessness. Vaccines in this way act as an outlet used by some insecure individuals to ‘flex’ their own sense of freedom in an increasingly uncertain world. This does not auger well for a society that must grapple with the coronavirus—and future viruses like it—even if a vaccine is found.

Such a conclusion also provides further evidence for the erosion of social solidarity under the neoliberal state. As discussed in Chapter Three, the fact that altruistic, community-oriented policies are met by some citizens not only with surprise, but revulsion points towards the widespread, deep internalization of neoliberal individuality. And as dangerous as anti-vax and

other self-centric behaviors were outside of the pandemic, they are even more lethal amidst the current outbreak. We are seeing, for lack of a better analogy, results in real time: anti-vax individuals protesting quarantine orders are likely allowing for the continual growth of COVID-19, causing hundreds of deaths on a daily basis. But this urgent need for freedom from collective responsibility seems to override any sense of social solidarity. Indeed, for anti-vaxxers at least, it seems that Margaret Thatcher was right all along: in our current era, there is no “society,” only individuals acting constantly to maximize their best interest.³⁸ And if this neoliberal pursuit of choice results in the death of thousands, well then that must be the price of freedom.

³⁸ Thatcher, “Margaret Thatcher.”

Appendix

Appendix 1: Methods of MHPR Donor Demographic Analysis

I compiled data from MaineCampaignFinance.com concerning donations to both ‘Mainers for Health and Parental Rights’ as well as the ‘Yes on 1 to Reject Big Pharma’ PACs, and was able to use the provided information to ‘code’ for certain trends. Professor Benjamin Lisle converted the data to a Microsoft Excel-friendly format via Adobe Acrobat. From there, I coded each donation based on the donor’s presumed gender identity (based on my own judgement of their name), job category (not listed, healthcare, hospitality, homemaker, education, business/finance, arts and entertainment, student, industrial, self-employed, government/civil, retired, or unemployed), donation amount (<\$100, \$100<x>\$200, \$200<x>\$500, \$500<x>\$1000, \$1000<x>\$5000, or \$5000<x>\$30000), whether or not they resided in-state, and if they listed “self-employment” in any form as a source of income. From this, I created pie charts in Excel. Each donation was coded individually so repeat donors were counted as many times as they donated. Additionally, using zip codes listed in the address bar of donors, Professor Benjamin Lisle used the ArcGIS mapping tool to locate donations with respect to population densities.

Appendix 2: Methods of Anti-Vax Facebook Analysis

Primarily using the donor lists as sources of names (I would type a random assortment of letters in the web engine's 'find' box, and allow that to lead me to individuals) I looked up profiles of donors who were on public mode, and analyzed their posts as well as profile. I listed the individual's name, level of education, primary location, gender, a brief character description, political beliefs, and then went through to find both their earliest and most recent posts which countered the widespread use of vaccines. Counted in this tally were posts which supported the 'Yes on 1' campaign. I then copy and pasted at least three posts from each individual analyzed for a close reading. I was a bit inconsistent with this post selection, and would usually choose the most recent anti-vax post, as well as a smattering of earlier ones. This first data collection began in November, and spanned all the way into early March. I pasted posts into the Voyant Tools corpus generator, yielding counts of most common phrases across all 67 posts.

The second round of Facebook analysis did not involve Voyant tools, and I only 'pulled' posts which were made right before or in the midst of the COVID-19 Pandemic. Since I used the same people across both sections, I noted if they still retained their 'Yes on 1' posts (most did) amidst the pandemic, and their overall attitude towards quarantine order before performing deeper readings of specific text.

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