

*RESEAU SHS VACCINATION*  
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# REFUSAL OF THE VACCINE AMONG CARERS DURING PANDEMIC COVID 19

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# BACKGROUND AND HYPOTHESES OF THE RESEARCH REFUVAX

- Funding from MESHS (Lille) for Emerging projects
  - In partnership with *Sud santé* (french union inside public hospitals)
- Questioning the refusal of both class and carers
  - refusal was inversely proportional to hierarchy
  - There was a sharp contrast between doctors and paramedics (or carers)
    - Why both and each ?
- Hypothesis of pockets of resistance, as a protesting sociability
  - Not far from the myth of Social Networking Unified Strength (I must confess!)

# A SENSITIVE FIELD

- Qualitative socio-geographical cluster survey (37 interviews)
  - 6 sociogeographic clusters (Paris – East – South – So. Est – West Indies – Swiss area) : 5 interviews in Paris (Sud headquarter), 9 in Besançon UHC, 10 in Hyeres and Chambéry HC, 11 in West Indies UHC FDF / PAP, 2 in CHUV
- Sensitive field : twice my sociologist partner left !
  - Too far : difficulty of finding people to interview (I lost West of France...)
  - Too close : difficulty of criticizing people you know (in West Indies)
- Does entering via the trade union create a bias?
  - Yes and no : it is a left union but a representative one among health carers
  - No unions have 2 bases : TU members and corporate environment (IS 2008)

# FRAGMENTATION OF COLLECTIVES

- Rejection by homogeneous pockets was largely a fantasy because the collectives concerned are fragmented
  - Divided families: refusal reduced to couple inside tiny popular families
  - Divided hospital care departments: refusers lived tensions at work even if a majority of carers were hesitant at first (according to refusing carers)
  - Divided unions: understanding it was the goal of Sud Santé in the project
  - Low initial politicisation: carers refusal is neither activist, neither antivax neither antipass (even if closer to antipass than antivax)
- It looked more like an ethical individual revolt

# SOCIAL DISTANCE BETWEEN DOCTORS AND CARERS

- The carer comes from below and the doctor from above
  - « This doctor says hello »: a common expression indicating the doctor's daily obligation to reduce social distance
- The « doctor passes »... the carer remains (other common expression)
  - In others words carer is always under pression and closer to patients
- The doctor changes his mind... The carer has to follow
  - A carer in a polyhandicap hospital was upset about doctors' disagrees
- The carer is getting old... The doctor gets even younger!
  - From Salvador Santiago to La Pitié Paris, medical careers go from public to private:  
« one in ten of my psychiatrist friends stayed in the public sector » said a psychiatr.

# A REAL INDIVIDUAL ARGUMENTATION AMONG CARERS

- Strong values

- Concern about the consequences for others (not libertarian individualism)
- Concern about patients consentment (rules posted everywhere in hospitals)
- Profesionalism better than vaccine: feeling that qualifications and experience set aside, replaced by a vaccine

- Medical arguments

- No religious neither ideological argues to reject the vaccine
- A preference for conventional vaccines
  - And fear for body consequences of a « false », « chiminal » and « profitable» vaccine
- A reasonable doubt facing a variability of medical truth : ex. chloroquine was used against covid until march 2021 in swiss CHUV and Raoult was a model
  - Six months before you are in, six months later you are out of medical argue

# HYBRID DELUSION AND CONSPIRACY

- Mix of delusion (bad discourse) and kairos (good action)
  - The Sahara sand wind more frequent in the caribbean islands came from « deliberate abuse of authority » said an agent on strike in Pointe à Pitre hospital
  - But he had an active, attentive, proactive presence within the strike committee
- Mix of conspiracy, postcolonial truths and social pressure to conform
  - In a discussion in a restaurant with a carer and two trade unionists, they more or less all shared the idea of a global genocide starting in China (full of people): the vaccine anti covid was invented to limit the world population
  - The same discussion was based on post-colonial truths like the french deny of Chlordecone as the last ex of social and racial differentiation in the West Indies
  - Conformism: as he evocates a medical truth the carer was reminded par unionists of natural medicine invented by slaves... and banned from sale during the pandemic

# « GALLIC VILLAGES » IN THE WEST INDIES!

- A metropolitan spot in Hyères: « at the beginning, 500 out of 600 of us refused the vaccine » said a carer organised in Sud Santé.
  - correlated with an popular hospital, with high number of care assistants
- « Villaj résistanz » in Martinique and its equivalent in Guadeloupe: superlatives strikes
  - Duration and intensity : one year strikes with every day presence of the commitee strike at the entrance of CHU (average of 50 carers)
  - Creativity and intensity: each of the two 'villages' had built places to sleep, eat, meet, hold support galas, a free radio station here and an ecologist garden there, yoga courses, psychological or legal support, conferences, all-night guards, banners, committees, mobile teams to go holding meetings...
  - correlated with high level of precarity in West Indies hospitals, strong anticolonial culture and strong financial solidarity



# COST OF REFUSAL BEFORE CARERS REINSTATEMENT

- Even in these superlatives strikes, refusers lived loneliness
  - Community disagreements : they went on demonstrationS called by independantist unions without being in favor of independance
  - Experience of family discords, economic precarity, even suicides in France
- Objective and subjective denial of their professional identity
  - Individual capacity: suspension means « no skills any longer »
  - Administrative status: suspension is a juridic no man's land involving no more rights attached to the public service status and even social rights.
  - Main result: no social indemnities for unemployment

# Conclusion

## CONTRASTING PROFESSIONAL CONFIDENCE

- Professional environments are subject to contrasting social constraints
  - Hospital carers and workers under pressure to improve productivity and make savings – correlated with modest diplomas and social origins
  - Less pressure from the authorities on doctors – higher diplomas & origins
- Same doubt and professional obligation to be informed, but different scales of professional cognition and confidence
  - Medical specialists are called upon to comment on what is widely published in their epistemic community. *Doubt becomes positive* if becoming more objective, in a socio-political affinity with the political authorities.
  - Carers need to know what's going on in their particular environment: which patients, care, habits, colleagues. Facing an unusual vaccine with social, medical and political distrust... *doubt becomes negative*.

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