How a Soviet Past Influences the Present: Vaccine Hesitancy in the Russian-Speaking Population Today

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ABSTRACT

The Russian-speaking population in the United States has shown a notoriously high prevalence of vaccine hesitancy. The same trends are present in the former Soviet republics. This was illuminated during the COVID-19 pandemic as the World Health Organization cited this demographic as among the lowest vaccinated. This study aims at discovering key factors behind vaccine hesitancy in the Russian-speaking population in former Soviet republics and the USA. From August to November of 2021, twenty five 30-minute interviews with subjects ranging between ages 16-81 were conducted in Russian. Through these 25 interviews, 15 with immigrants in the Russian-speaking community in Washington State and 10 with residents of Russia and Ukraine, coupled with reviews of published literature and online sources, a strong relationship between vaccine hesitancy and a multitude of factors was established. The key factors behind vaccine hesitancy documented in this study were tied to subjects’ experiences and culture in the former Soviet Union. Among these was a strong distrust of government, doubts towards the healthcare system, mistrust of medical professionals, a Soviet medical culture that questions prophylactic treatment options, the eruption of a consumer-dominated society in the post-soviet era, and misinformation in the media. For immigrants in the U.S., a general confusion with the American healthcare system was also a contributing factor. These findings reveal key drivers of vaccine hesitancy in one of the lowest vaccinated demographics overall, highlighting the persisting importance of Soviet background. Shining light on these factors is essential for combating vaccine hesitancy in this population.

Background

The Soviet Union, to this day, remains one of the most fascinating phenomena of modern history. From 1922 to 1991, it was a seventy year attempt at reconstructing a nation in a revolutionary way. The existence of the USSR changed global dynamics, creating a tense political landscape and redefining the possibilities for organizing a society. Although the Soviet Union has fallen, its influence remains ingrained in countless aspects of Slavic culture and ways of life for the Russian-speaking population around the globe.

Among these effects, is the perspectives of Russian-speaking people towards vaccination. The Russian-speaking population in the United States, composed of immigrants from Eastern Europe, has shown a notoriously high prevalence of vaccine hesitancy (Belluz, 2022; Cowden, 2022; WA State Dept of Health, 2022). The same trends are present in Russia, Ukraine, Belarus, and other former Soviet republics (Larson et al, 2016; Ryazantsev, 2021). This behavioral pattern was illuminated during the COVID-19 pandemic as the ‘World Health Organization’ and ‘Global Health’ cited this demographic as among the lowest vaccinated (WHO, 2022; Twigg, 2022). The reasons behind this significant statistical disparity have not yet been thoroughly explored. This study aims at discovering key factors behind vaccine hesitancy in the Russian-speaking population in former Soviet republics and the U.S.

Methodology
To better understand this trend, from August to November of 2021, twenty-five 30-minute interviews with subjects ranging between ages 16-81 were conducted in Russian. Fifteen participants were immigrants in the Russian-speaking community in Washington State and ten participants were residents of Russia and Ukraine. The interviews were conducted either in person or over the phone. Responses were then translated into English, analyzed, and grouped into several categories (see Table 1). This analysis was coupled with a comprehensive review of published literature and online sources, from English and Russian publications. A strong relationship between vaccine hesitancy and a multitude of factors was established.

Table 1: Study participants’ responses

<table>
<thead>
<tr>
<th></th>
<th>Residents of Post-Soviet republics</th>
<th>Russian-speaking immigrants in US</th>
</tr>
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<tbody>
<tr>
<td>Distrust of Government</td>
<td>9/10</td>
<td>13/15</td>
</tr>
<tr>
<td>Suspicions towards healthcare system/distrust of doctors</td>
<td>6/10</td>
<td>9/15</td>
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<tr>
<td>Alternative prophylactic treatment options</td>
<td>6/10</td>
<td>10/15</td>
</tr>
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<td>Russian and English media</td>
<td>7/10</td>
<td>12/15</td>
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<tr>
<td>Importance of having a choice</td>
<td>6/10</td>
<td>11/15</td>
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</tbody>
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Analysis

The effectiveness of the Soviet Union as a totalitarian communist regime was reliant on an extremely centralized government. This meant the government was intertwined with manufacturing and distribution of goods, the media, corporations, and every major institution in the country. All aspects of healthcare including vaccination were thus inevitably controlled by the government. When it came to taking any kind of vaccination shot, there was no consent form sign, no religious exemption to declare, no approval to give, and no personal choice to make. That power belonged only to the regime (Hoang, 2020; Rus Fed, 1971). This came hand in hand with limiting and filtering publicly available information related to vaccination. The data on vaccine safety was often either falsified or simply not provided. It was easy for the public to develop skeptical attitudes when it came to the efficacy, safety, and necessity of vaccination (Hoang, 2020). One interviewee commented, “Do I need the shot? Or does the government need me to take the shot?” Government efforts towards vaccination often felt to the public to be more of a control tactic than an effective preventive treatment (Tilton et al, 2022).

Thirty years later, this frame of mind hasn’t changed much. Survey subjects currently living in Russia felt that COVID data was falsified by their government and were especially cynical after Russian president Vladimir Putin’s refusal to reveal which vaccine was administered to him. Beyond Putin’s seemingly deceptive vaccination, the name of the Russian vaccine and nature of its rapid production gave further rise to suspicions (Berman, 2022). The name “Sputnik” alluded to an almost ‘Cold War-like’ approach to healthcare (Burki, 2020; Euro Council on Foreign Relations, 2021). It was perceived that, for the Russian government, being first was more important than being safest or most effective. Interviewees understood the significance of global perception, but was the safety of the Russian people a priority? “They don’t care about us; they just want to win. But it isn’t even a competition!” one of the participants explained. The distrust of the government appears to be a leading contributor towards low vaccination in this population in the post-soviet era.
This suspicion of the government spills over into the healthcare system as well. Because of the Soviet government’s omnipresent nature in the healthcare field, attitudes towards medical professionals were mixed and remain so in present-day Eastern Europe (Tilton, 2021; Twigg, 2021). Considering the healthcare system in the USSR, it was inevitable that doctors would be associated with the government. Doctors were seen as trapped between their loyalty to patients and their responsibility to Soviet bureaucracy as they were required to abide by a strict set of rules. To many, it seemed as though their work was for the government rather than for their patients. Additionally, doctors were assigned to people based on the region in which they lived. This made the patient-physician relationship forced rather than mutually agreed upon, leading many people to distance themselves from healthcare altogether. This distancing was also the result of personal experiences with hospitals or clinics. Interview subjects described hospital visits where their needs could not be met because of a lack of medical supplies. They recalled feeling like patient-centered care was not a priority and often blamed the healthcare system.

These experiences are reflected, not only in attitudes towards healthcare among residents of the post-soviet republics, but also among Russian-speaking immigrants (Cowden, 2016; Kraft et al., 2021; Larson et al., 2016). In this population, there are inherent suspicions directed towards medical professionals (Belluz, 2019; Krieger et al., 2015). “They’re all bought up by big pharma. Insurance companies probably tell them which medications to prescribe”, one interviewee shared. There was also a basic level of confusion with the American healthcare system stemming from the language barrier, which prevented clear communication between the patient and doctor. Another key part of this confusion was the result of a different healthcare structure in the US where doctors were not assigned to patients, but rather, patients picked out their doctors. This new system can be difficult to adapt to and understand. These factors taken together, produce an inherent aversion to the healthcare system (Cowden, 2016; Fuson, 2021; WA State Dept of Health, 2012).

As might be expected, that aversion, in both the US and the post-soviet nations, can be closely associated with a preference of home remedies and informal cures as opposed to scientifically proven treatment options. Ultimately, this is a consequence of a long-existing medical culture in the Soviet Union (Hoang, 2020). Outside of mass government-controlled immunization, many people leaned against vaccination in the USSR (Hoch, 1997). There was a ‘no symptoms means no problems’ doctrine. In fact, many people felt that hospital or clinic visits brought only further stress, unnecessary testing, and a general disregard for the needs of individual patients (Yeritsyan, 2017). Instead informal remedies were preferred as a method to treat illness. “Drinking strong tea with honey and lemons” was the answer to every fever and “applying cabbage” was the solution to any kind of swelling. Home remedies like these were common and widespread in the USSR and have remained a prevalent philosophy in the Russian-speaking population (Briko et al., 2017; Hoang, 2020). Furthermore, the popularity of sanatoriums in the USSR and Eastern Europe today speaks volumes of the way this demographic approaches illness. The best treatments are often considered to be spending time outdoors, enjoying some fresh air, and drinking natural spring water. “I don’t need some doctor telling me what to do. What I really need is to spend the weekend at Soap Lake bathing in natural minerals’, observed one interviewee.

Another interesting phenomenon that is worth mentioning is the general shift towards a consumer mentality in the post-Soviet era. It was only natural that after the fall of the Soviet Union and with it, vaccine mandates that had been in place, vaccination rates in the post-soviet states fell dramatically (Hoch, 1997). In the switch between communism and a market economy, these nations saw the eruption of a consumer mentality in which the availability of a wide breadth of goods was highly valued (Gryaznyevich, 2013). Having a choice, whether it was between brands of clothing or types of apples, quickly became a vital part of the post-soviet society. This new world of options and choices stood in stark contrast to the restricted consumer culture of the USSR. This applied to vaccines as well. Not only did the availability of other pharmaceutical brands like Pfizer and Moderna contribute to the second-guessing of Sputnik, but the removal of vaccine mandates that had long been in place, caused people to, for the first time, refrain from getting vaccinated. The concept of choice had been introduced. For some individuals, especially the younger generation, this fueled an inherent desire to rebel against public health recommendations simply because they could (Bogomiagkova, 2021).
Finally, it is not surprising that a key factor that influences the mindset of this demographic is the media. The misinformation and mixed messaging that people are subjected to when they turn on their televisions, is a driving force behind vaccine hesitancy. The importance of television in the lives of Russian-speaking immigrants in the US cannot be understated. Watching Russian news channels is not simply a way for them to stay up to date; it serves as a connection between them and their culture and language. Unfortunately, this can also result in blind trust and viewers being strongly influenced by what they watch. The media takes full advantage of that fact, using every opportunity to promote a certain agenda. Most recently, with COVID 19, the media was the fuel behind what appeared to be a ‘medical cold war’ (Broniatowski et al, 2018). Russian channels’ portrayal of the vaccine Sputnik was juxtaposed with their descriptions of American vaccines like Pfizer and Moderna. However American media is likewise to blame for this narrative. US news channels have also done their part to propagate the ‘medical cold war’ narrative, contrasting the efficacy of American vaccines with the rushed and suspicious Sputnik vaccine. Consequently, Russian-speaking immigrants find themselves refraining from any vaccination at all. “Let the dust settle, then I may try this new vaccine”, one participant commented.

Conclusion

This study highlights the persisting importance of Soviet culture and background in the modern day. It shows that vaccine hesitancy in the Russian-speaking community around the world is no mystery. The key factors behind vaccine hesitancy documented in this study were tied to subjects’ experiences and culture in the former Soviet Union. Among these was a strong distrust of government, uncertainty towards the healthcare system in the former USSR republics and in the US, a mistrust of medical professionals stemming from ties to bureaucracy and corporations, a Soviet medical culture that strongly supports home remedies as a preferred treatment option, the eruption of a consumer-dominated society in the post-soviet era, and misinformation in the media. For immigrants in the U.S. in particular, a general confusion with the American healthcare system is also a contributing factor.

This analysis highlights key factors behind the phenomenon of vaccine hesitancy in Russian-speaking communities. However, further research with a larger number of interview subjects is needed to better understand the mindset of this demographic as a whole and other potential reasons that contribute to vaccine hesitancy in this group. Understanding these barriers is essential and is the first step towards combating vaccine hesitancy in the Russian-speaking population.

References


