

A Gadamerian Approach to Epistemic Injustice: Bearing Witness to the Vaccine Injured

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Abstract

In a recent article, “The Lacuna of Hermeneutics: Notes on the Freedom of Thought,” Marcia Sá Cavalcante Schuback raises an important question regarding the limitations of philosophical hermeneutics to be critical and attentive to the reality of current, concrete socio-political issues. In response, I claim that Gadamerian hermeneutics is well positioned to address current and controversial instances of epistemic injustice. In this article, I focus on the contemporary and controversial example of testimony of those that have been injured by the COVID-19 vaccines. In turning to selections from Gadamer’s *Truth and Method*, as well his lectures and essays on health and medicine, I argue that Gadamer’s emphasis on hermeneutic openness and readiness, as well as an attunement to the linguistic and embodied experience of pain, allow us to consider a responsible approach to testimonies of the vaccine injured. Instead of providing a set of criteria or a particular method for distinguishing true from false testimony, Gadamerian hermeneutics calls for an examination and transformation of one’s prejudices, especially prejudices which may impede one’s ability to interpret and understand the subject matter in the first place.

Keywords: Gadamer, hermeneutics, testimony, pain, COVID-19, vaccine

Introduction

In a recent article, “The Lacuna of Hermeneutics: Notes on the Freedom of Thought,” Marcia Sá Cavalcante Schuback raises an important question regarding the limitations of philosophical hermeneutics to be critical and attentive to the reality of the present moment. With a prominent focus on the past and the authority of tradition in the hermeneutics of Martin Heidegger and Hans-Georg Gadamer, the concern is that hermeneutics tends to fall into a reactionary conservatism

that is unable to make a “break with tradition” and “interrupt a heritage and a legacy” when such an intervention is needed (Schuback 2021, 166).¹ This is indeed a crucial and unavoidable question for contemporary hermeneutics scholars who wish to assert that hermeneutics can meaningfully address current concrete socio-political issues.² If contemporary hermeneutic scholarship falls prey to what Gadamer calls the “tyranny of hidden prejudices” (Gadamer 2013, 282), then instead of illuminating important socio-political issues, it may in fact escape, avoid, or distort these issues. If hermeneutics is truly unable to be critical of the authority of tradition, then what are the possibilities of hermeneutics to disclose the real, factual, and even painful conditions of our present moment?

In this essay, I would like to respond to this question by considering the way in which Gadamer’s philosophical hermeneutics is, in fact, able to attend to the present moment by addressing a current and controversial instance of epistemic injustice. For Miranda Fricker, two forms of epistemic injustice include testimonial injustice and hermeneutical injustice. Testimonial injustice takes place “when prejudice causes a hearer to give a deflated level of credibility to a speaker’s word,” and hermeneutical injustice occurs “when a gap in collective interpretive resources puts someone at an unfair disadvantage when it comes to making sense of their social experiences” (Fricker 2007, 1). Testimonial injustice, then, concerns the prejudices of an individual when listening to someone else’s testimony, while hermeneutical injustice concerns prejudices at the structural and conceptual level of a community that make it difficult for the testimony and experiences of marginalized individuals to appear or to be intelligible at all (Fricker 2007, 6-7).

The particular example of epistemic injustice that I want to focus on in this essay concerns the testimony and experience of those who have suffered, and continue to suffer, serious injuries from the COVID-19 vaccines.³ COVID-19 vaccination is one of the most polarizing issues in the world today. A large part of this polarization is associated with the pervasive categorization of individuals as either ‘vaccinated’ or ‘unvaccinated,’ with a wide range of medical, social, political,

economic, and moral claims that are implied in each of these terms.⁴ While there are many nuanced positions and categorizations that become lost in this distinction between vaccinated and unvaccinated,⁵ there is one group in particular that continues to experience epistemic injustice, namely, those who have been injured by the COVID-19 vaccines. Furthermore, when it comes to COVID-19 vaccination, much of the literature in the humanities and social sciences focuses on moral, political, and sociological issues surrounding vaccine mandates, vaccine hesitancy, or outright vaccine refusal (often referred to as ‘anti-vax’ or ‘anti-vaxxers’).⁶ What makes COVID-19 vaccine injury a particularly interesting and controversial case study is that these individuals did not refuse the COVID-19 vaccine and many of them were enthusiastic about receiving the injections. In this way, while many of these individuals are now critical of the COVID-19 vaccine, they do not fall so neatly into the categories of ‘vaccine hesitant’ or ‘anti-vax’ as traditionally conceived.

These individuals experience testimonial injustice insofar as their voices are often unacknowledged or dismissed by medical professionals and the media. When their voices do make it into the public space, their credibility is challenged as they are often associated with ‘anti-vaxxers,’ ‘conspiracy theorists,’ and spreaders of ‘misinformation’ and ‘disinformation.’ They suffer hermeneutical injustice in a particularly cruel form, for instance, when medical professionals seem unable to consider the possibility that an individual’s pain and suffering could have been caused by the vaccine. In such cases, medical professionals appear to be constrained by a structural and conceptual prejudice, in which it is inconceivable that the COVID-19 vaccines could be the cause of serious harm to their patients. Such hermeneutical injustice has led to some physicians diagnosing severe neurological or cardiovascular symptoms as the result of stress or anxiety, ultimately leading to the mistreatment or lack of treatment for the patient’s illness.⁷

In this paper, I claim that Gadamer’s philosophical hermeneutics is more than equipped to address these contemporary forms of epistemic injustice, and in this way, can

further respond to the concerns raised by Schuback about the critical capacities of hermeneutics. In order to do this, I turn to Gadamer's work on hermeneutic experience and his account of pain, treatment, and dialogue. First, I turn to some of Gadamer's more famous passages in *Truth and Method* that concern the importance of allowing one's prejudices to come into play in interpretive experience, as well as the notion that hermeneutic experience is often a painful encounter with an experience that is new and challenging. Second, I turn briefly to Gadamer's essays and lectures on health and medicine in order to emphasize the important role of pain in his hermeneutic project. For Gadamer, the experience of pain presents challenges in being able to bring this experience into language for oneself and for others. Third, I turn to several examples of testimony from the vaccine injured in order to provide contour to the particular injustice that they suffer. In this section, I also offer some hermeneutic reflections on why it is often difficult for these testimonies to be heard or seen at all in the public space. In the last section, I show the importance and necessity of hermeneutic openness and readiness, as well as an attunement to the linguistic and embodied experience of pain, in order to bear witness to these testimonies of our present moment.⁸

Lastly, my paper attempts to open up Gadamerian hermeneutic scholarship to consider new forms of 'text' for hermeneutic interpretation. Philosophical hermeneutics often focuses on literary texts from the past (such as philosophy, literature, poetry, or works of art) as testimonies which we must interpret and understand. The testimony I want to consider in this paper diverges from these usual forms of testimony and focuses on contemporary 'texts' such as social media posts, podcasts, and long format interviews. In order for hermeneutics to attend to the epistemic injustice of the vaccine injured and otherwise attend to current social/political issues, scholars must engage these more contemporary and perhaps unfamiliar texts that are not afforded the interpretive advantages of a scholarly tradition or a history of established research.

1. Gadamer on Prejudice and the Person of Experience

Gadamer's emphasis on the role of prejudice and finitude in hermeneutic experience is crucial for understanding why Gadamerian hermeneutics is needed in order to hear a difficult and challenging testimony of the present moment. One of Gadamer's major tasks in *Truth and Method* is to rehabilitate the authority of tradition and to bring our historically effected consciousness into view. His comments on the authority of tradition rest upon the role of prejudice (*Vorurteil*) in the event of understanding. In drawing on Heidegger's fore-structure of understanding, Gadamer reminds us that understanding is not a matter of applying a theory or method to an object of research, but rather understanding is an ontological event that occurs in the constant revealing and concealing movement of one's own prejudgments and expectations of meaning. Understanding, then, involves the exposure of our prejudices and the examination of their legitimacy for allowing an appropriate meaning to come into view. For this reason, hermeneutic interpretation requires an openness to what the text or other person has to say that may "pull us up short" (*Anstoß*) or "is not compatible with what we had expected" (Gadamer 2013, 280-281). Such a disposition towards the text or the other is "neither 'neutrality' with respect to content nor the extinction of one's self, but the foregrounding and appropriation of one's own fore-meanings and prejudices. The important thing is to be aware of one's own bias, so that the text can present itself in all its otherness and thus assert its own truth against one's own fore-meanings" (Gadamer 2013, 282). Hermeneutical understanding concerns the meaning that emerges from out of this constant dialectical play between the alterity of the text and our own prejudices. On the one hand, we ought to avoid the "tyranny of hidden prejudices" that make us unable to hear the alterity of the text (Gadamer 2013, 282). On the other hand, we ought to avoid the very "prejudice against prejudice" that marks the Enlightenment, namely, the drive to remove, destroy, or overcome prejudice itself as something that only motivates our misunderstanding of the text (Gadamer 2013, 283). For

Gadamer, one ought not to attempt to ‘get rid’ of one’s prejudices, but rather, one ought to allow one’s prejudices to come to the fore, to be challenged, and to be transformed by what is alien, strange, or foreign to what we have already come to know.

Gadamer advocates for a hermeneutical commitment to the other and to those difficult and often painful experiences that allow us to see the particular subject matter of understanding in a new and transformative way. In fact, for Gadamer, hermeneutic experience is grounded in the negation of new, challenging, and painful experiences. He first tells us that experience can either “conform to our expectation and confirm it” or it can be a genuinely new experience that challenges this expectation (Gadamer 2013, 361). This new, challenging experience is negative insofar as it opposes or thwarts what we already know to be true, yet this negativity also ushers forth a positivity: “If a new experience of an object occurs to us, this means that hitherto we have not seen the thing correctly and now know it better. Thus the negativity of experience has a curiously productive meaning. It is not simply that we see through a deception and hence make a correction, but we acquire a comprehensive knowledge” (Gadamer 2013, 361-362). Experience is then a matter of expanding one’s comprehensive knowledge of the hermeneutic situation one finds oneself in, and this requires a constant imposition of what is foreign, strange, or unexpected into our familiar horizon of understanding. To be sure, this kind of experience is not a matter of simply accruing new information about a particular subject matter, but about developing a proper disposition for hermeneutic consciousness, namely, a disposition that is open to new experiences:

The truth of experience always implies an orientation toward new experience. That is why a person who is called experienced has become so not only *through* experiences but is also open *to* new experiences. The consummation of his experience, the perfection that we call ‘being experienced,’ does not consist in the fact that someone already knows everything and knows better than anyone else. Rather, the experienced person proves to be, on the contrary, someone who is radically undogmatic; who, because of the many experiences he has had and the knowledge he has drawn from them, is particularly well equipped to have new experiences and to learn from them. The dialectic of experience has its proper fulfillment not

in definitive knowledge but in the openness to experience that is made possible by experience itself. (Gadamer 2013, 364)

A readiness or openness to new experience is a disposition that is willing and able to learn from this experience, such that what may challenge our own prejudices is not seen as merely an attack, but as the possibility of understanding a more comprehensive context of meaning that demands a transformation of our own prejudices.

However, such a readiness and openness to new experience is no easy task and often requires the will to reckon with our own finitude. As Gadamer notes, a common characteristic of the ‘newness’ of experience is that it is an experience of suffering. Insofar as new experience challenges or “thwarts” our expectation, new experience often involves experiences that are “painful and disagreeable” (Gadamer 2013, 364). Gadamer here refers to Aeschylus’ formula of “learning through suffering” as that which characterizes historical, hermeneutical experience (Gadamer 2013, 365). Much in the same way that the person of experience is not someone who merely acquires a set of new experiences, what one learns through suffering is not some sort of particular knowledge about the kind of suffering one is undergoing. What one learns through suffering is the truth of human finitude:

What a man has to learn through suffering is not this or that particular thing, but insight into the limitations of humanity, into the absoluteness of the barrier that separates man from the divine... Thus experience is experience of human finitude. The truly experienced person is one who has taken this to heart, who knows that he is master neither of time nor the future. The experienced man knows that all foresight is limited and all plans uncertain. . . Real experience is that whereby man becomes aware of his finiteness. In it are discovered the limits of the power and the self-knowledge of his planning reason. The idea that everything can be reversed, that there is always time for everything and that everything somehow returns, proves to be an illusion. (Gadamer 2013, 365)

Pain, disappointment, the thwarting of expectations, and suffering, are all different ways of characterizing the profound encounter with human finitude at the heart of hermeneutic experience. It is an encounter with our limitations as a mortal being, as a being that dies and for whom all

knowledge about the past is incomplete and whose plans for the future are inevitably cut short. This encounter with our own finitude is that which allows us to attune ourselves to the voice and claims of the other, and to find solidarity in the finitude that we share as human beings.

Hermeneutic experience then requires that we approach the claims of the other with all dignity and respect and to treat the other as a ‘Thou’ to the fullest degree. For Gadamer, hermeneutic experience is marked by an I-Thou relation, the highest actualization of which is to “experience the Thou truly as a Thou – i.e., not to overlook his claim but to let him really say something to us” (Gadamer 2013, 369). This requires a committed openness for both the speaker and listener in the conversation: “Without such openness to one another there is no genuine human bond. Belonging together always also means being able to listen to one another” (Gadamer 2013, 369). Furthermore, this openness requires the humility of having one’s prejudices open for transformation and for one’s expectations to be challenged: “Openness to the other, then, involves recognizing that I myself must accept some things that are against me, even though no one else forces me to do so” (Gadamer 2013, 369). A true hermeneutic consciousness maintains a sensibility of readiness towards the claims of the other, a readiness that is at the same time open to new and possibly painful experiences that challenge our familiar and comfortable horizon of understanding.

2. Gadamer on Pain

Aside from Gadamer’s remarks on the painful, disagreeable, and suffering qualities that are a central part of hermeneutic experience, he also has several focused reflections on concrete experience with pain.⁹ In several of his essays and lectures on health and medicine, he discusses the overwhelming character of pain and the great difficulties of bringing this experience of pain into language for oneself and others. In his essay, “Bodily Experience and the Limits of Objectification,” he discusses the great alienation and “inwardization” that arises in the experience of extreme or acute pain: “So powerfully does pain cause us to withdraw from all external experience of the

world and turn us back upon ourselves. . . Every culture knows something of the profound inwardization involved in suffering and the endurance of pain” (Gadamer 1996, 75). In his essay, “Treatment and Dialogue,” Gadamer also refers to the difficulty of interpreting our own painful experiences: “But he [Prince Auersperg] also shows us that peculiar self-concealment which belongs to pain, so that it often proves difficult to say exactly where it hurts” (Gadamer 1996, 131). This inwardization and self-concealment of pain requires the physician or medical professional to do much more than collect data and apply instrumental knowledge and modern medical techniques upon the patient. Gadamer raises this concern in his essay, “Philosophy and Practical Medicine,” in which he writes: “Instead of learning to look for illness in the eyes of the patient or to listen for it in the patient’s voice, we try to read it off the data provided by technologically sophisticated measuring instruments” (Gadamer 1996, 98). For Gadamer, treatment, involves speech and dialogue, and an attentiveness to the voice and embodied experience of the patient.

In order to properly attend to the pain of the patient, Gadamer reminds us of the intimacy and proximity involved in the German word for treatment, *Behandlung*. In this word, Gadamer hears the special tactile sense that a physician must develop in order to ‘handle’ someone with care and responsibility: “Within it [*Behandlung*] one hears literally the word ‘hand,’ the skilled and practiced hand that can recognize problems simply through feeling and touching the affected parts of the patient’s body” (Gadamer 1996, 99). To treat or handle a patient in this way is to attune oneself to not just to the verbal or written account of the patient’s pain, but also to the patient’s embodied testimony of pain: “It [*behandeln*] means, with the hand (*palpus*), carefully and responsively feeling the patient’s body so as to detect strains and tensions which can perhaps help to confirm or correct the patient’s own subjective localization, that is, the patient’s experience of pain. The function of pain in the living body is to register through subjective sensation a disturbance in that harmonious balance of bodily processes which constitutes health” (Gadamer 1996, 108). This careful attentiveness to the patient is likewise a

careful attention to language and dialogue that takes place between the physician and the patient. The dialogue that ought to take place between the physician and patient is one of question and answer, such that all partners in the conversation “find themselves caught up and involved” (Gadamer 1996, 128).¹⁰ Dialogue, for Gadamer, implies the active participation of both the physician and the patient in the process of treatment, such that the dialogue is not simply the physician attempting to mine helpful information from the patient, but that the dialogue itself is “seen as part of the treatment itself and as something which remains important throughout the entire process of making a recovery.” (Gadamer 1996, 128)

As we will see in the remainder of this essay, properly attending to the experience of the pain of others requires a particularly sensitive hermeneutical attunement to the verbal and embodied testimony of this pain. While pain can be explicit and visceral in its severity, it can likewise conceal itself and resist its actualization in language. In response to the pain and suffering of others, Gadamer calls us to not only cultivate an openness for new experience, but to attune ourselves as best we can to a verbal and embodied testimony that resists its own articulation.

3. The Testimony of the Vaccine Injured

In focusing on these moments in Gadamer’s works which emphasize an openness to hearing the call of the pain and suffering of others, I want to show why his hermeneutical project is vital for addressing the epistemic injustice concerning COVID-19 vaccine injuries. In current public discourse, it is a challenging task to enter into a genuine, open conversation about the safety of the COVID-19 vaccines and whether, and to what degree, individuals are being seriously harmed by them. However, if we take Gadamer’s hermeneutic project seriously, and I think we should, then affirming a hermeneutic consciousness is precisely what is called for in order to bring this subject matter to light and to bear witness to the pain and suffering of those that have been injured by the COVID-19 vaccines.

Before engaging various testimonies of the vaccine injured, it is important to offer an account of what I mean by vaccine ‘injury’ in this discussion. First, the word ‘injury’ in this paper will be coterminous with what public health authorities call an adverse effect or “adverse event” (CDC 2023, May 31). In this essay, a vaccine injury does not refer to the many common side effects noted by the Centers for Disease Control and Prevention (CDC), such as soreness in the arm, fatigue, tiredness, headaches, or fever (CDC 2023, May 5). A vaccine injury is serious and often leads to hospitalization, long-term or life-long debilitation, and also includes death. These injuries include, but are not limited to, anaphylaxis, thrombosis, thrombocytopenia, Guillain-Barré syndrome, Bell’s palsy, myocarditis, pericarditis, stroke, and heart attack (CDC 2023, May 31). While the frequency of COVID-19 vaccine injury is a contentious and debatable topic, there is ample and unequivocal evidence that such injuries have occurred and continue to occur for many individuals. For instance, there are currently more than 3,000 peer-reviewed studies in scientific and medical journals that document case studies and mechanisms of action for COVID-19 vaccine injury (REACT19 2022).¹¹ Most recently, there is even a growing interest in what researchers are calling “Long Vax,” which mimics symptoms of Long Covid (Vogel & Couzin-Frankel 2023).

However, the most pervasive and controversial evidence for vaccine injury concerns the many forms of vaccine injury testimony that I want to explore in this second half of this essay. In this essay, I consider a testimony to be any kind of claim, statement, or appeal that makes a two-fold demand on the listener or the one who bears witness to the testimony: 1) to be open and ready for the possibility that the testimony is true; 2) to act responsibly and with care in the face of what is revealed in such testimony. With this in mind, I want to focus on just a few forms of testimony of the vaccine injured. At the most visceral and personal level, this testimony takes the form of individual written and verbal accounts. Perhaps the most publicized instance of this first form of testimony comes from a hearing held by U.S. Senator Ron Johnson on November 2nd, 2021. During this hearing, several vaccine injured individuals,

such as Kellai Rodriguez, Kyle Werner, Doug Cameron, Brianne Dressen, and Maddie de Garay, gave voice to their injuries to the public (Johnson 2021). This form of testimony also includes the vaccine injured discussing their injuries on social media and podcasts (Cherry 2022; Tan 2022). Testimony of the vaccine injured can also be associated with the testimony of experts that give an account of these injuries on behalf of those injured and are unable to be heard. This includes, but is certainly not limited to, several nurses at hospitals in Ventura County, CA (Kilpatrick 2021 October 21 and December 14), and physician whistleblower accounts of vaccine injury submitted to Health & Human Services (HHS), the CDC, and the Food and Drug Administration (FDA) (Siri & Brehm 2021).

However, despite the evidence and publicity of such testimony, the vaccine injured often encounter disbelief and dismissal from medical professionals regarding their claim that the vaccine is the cause of their injuries.¹² In response to this, several vaccine injured individuals created REACT19, a “science-based non-profit” organization that offers “financial, physical, and emotional support for those suffering from longterm Covid-19 vaccine adverse events” (REACT19 2021). One of the many resources provided by the organization is the *Dearly Discarded* podcast, in which host Jared St. Clair interviews individuals who have been injured by the COVID-19 vaccine. In one example, St. Clair interviews 22-year old André Cherry, a vaccine injured person who received his second Moderna vaccine injection on June 23rd, 2021. André began experiencing tremors in his arms and legs just hours and days after receiving the injection. He then began to experience a wide array of debilitating neurological symptoms in the months that followed, as well as a severe disruption in his young life: “It’s been a very difficult and frustrating thing to be experiencing slowly losing control of your body” (Cherry 2022). André and his family did not initially consider the vaccine to be the cause of these symptoms, and their first trip to the emergency room ended with a diagnosis of dehydration. Once they began to suspect that the vaccine triggered André’s symptoms, they informed their medical professionals about

their concerns. This message, according to André's mother, "was not received" (Cherry 2022).

André and his family decided to contact Moderna about his symptoms being a possible reaction to the vaccine shot. However, in order to do a proper follow up with Moderna, the vaccine company required André to have a doctor fill out a form and verify that his symptoms were a reaction to the vaccine. As of the time of the interview (April 8 2022), André and his family have still not been able to find a physician "who's willing to say that this could potentially be related to the vaccine" (Cherry 2022). André's family describes medical professionals consistently diagnosing his symptoms as related to stress or anxiety, with his mother explaining that they have had to "fight for every test that we've gotten for him" (Cherry 2022). On a visit to a neurosurgeon, André and his family bring video of André's symptoms to show the doctor. André's brother describes the interaction with the neurosurgeon in the following way: "And his [the neurosurgeon] response to us trying to show him those videos is that he doesn't want to argue. . . and no one was arguing . . . we want you to look at this stuff so you can see the severity of his circumstance." (Cherry 2022)

Another example is that of Kamila Tan. Kamila was a healthy athlete who played beach volleyball at UCLA and was completing a master's degree in public health at the time she received two injections of the Pfizer vaccine in January of 2021. After a few months she began to experience several debilitating symptoms, but had concerns about talking about them:

I was so hesitant to share my story at first because my symptoms were not immediate... I don't like getting into the details of how long it took me to experience X,Y,Z symptom, or how long it took for them to build up over time, because it gives people a reason not to believe me. And it was really frustrating to walk into doctor's offices and say "no I didn't experience these symptoms right away, but this is the one thing that I've done differently with my health." (Tan 2022)

After explaining to medical professionals all of her new symptoms, such as neuropathy, body aches, migraines, tremors, and tinnitus, Kamila tells us that "they were all just chalked up to stress." (Tan 2022) Like André and many others, Kamila encountered the same frustrations about being heard and believed by medical professionals: "You expect to go to the

doctor and get answers. I kept going to the doctor and being more confused and being invalidated.”¹³ (Tan 2022)

While these are only two brief examples, they provide a glimpse into the epistemic injustice that the community of vaccine injured individuals experience in trying to speak about their pain and suffering. First, each individual encounters an initial pain and confusion regarding their symptoms. Both of these individuals are young and (were) healthy, and then their health took a dramatic and unexplainable turn. Both, to different degrees, have had to endure the disbelief, denial, and misdiagnosis of various medical professionals. While these accounts are only anecdotal, they point to a common experience of many vaccine injured, namely, that they are often told that their symptoms are simply due to stress or anxiety. This, of course, is not meant to downplay the possibility that stress and anxiety could be involved in their symptoms. It could also very well be the case that many individuals actually do experience stress and anxiety instead of a vaccine injury. However, in cases such as André and Kamila, symptoms were severe and persisted, and a misdiagnosis of stress or anxiety only served to ignore or dismiss their pain and suffering.¹⁴

Given that this form of epistemic injustice can lead to very real and significant harm to individuals already experiencing great pain and suffering, a hermeneutic approach to this testimony should engage some difficult questions about why this injustice takes place. Why, for instance, is it so difficult for these testimonies to be heard and believed? Why do the vaccine injured often encounter an initial disbelief and dismissal by their healthcare professionals, especially when we consider the incredible sacrifices and efforts made by medical professionals in service to their patients over the course of the pandemic? One possible explanation for this kind of injustice is a nationwide effort to address vaccine hesitancy by eliminating forms of misinformation and disinformation surrounding the COVID-19 vaccine. In July of 2021, U.S. Surgeon General, Vivek Murthy, issued a public statement entitled, “Confronting Health Misinformation,” in which he discusses the dangers of misinformation: “Misinformation has caused confusion and led people to decline COVID-19 vaccines, reject public health

measures such as masking and physical distancing, and use unproven treatments. For example, a recent study showed that even brief exposure to COVID-19 vaccine misinformation made people less likely to want a COVID-19 vaccine” (Murthy 2021, 4). Given this, it is not hard to understand why there would be an immediate stigma attached to those that claim they have been injured by the COVID-19 vaccine, and why not just medical professionals, but even friends, family, and the general public would be initially dismissive of these claims. In this way, the worry about vaccine hesitancy could lead to a societal prejudice (in the Gadamerian sense) of disbelief or suspicion about the claims of vaccine injury. From the standpoint of medical professionals, vaccines have become an incredibly important and powerful tool for addressing the crisis of COVID-19. Because of this, it is only understandable that individuals claiming that they were injured by the COVID-19 vaccine are met with resistance, especially from medical professionals. Such claims may run counter to what healthcare professionals know and understand about the disease and the vaccine, and it could be a terrifying thought to consider the possibility that in some (perhaps rare) cases the cure for COVID-19 actually caused a patient serious pain and suffering.¹⁵ From a Gadamerian point of view, this would require allowing a deep and volatile prejudice about the COVID-19 vaccines to be put into play and challenged, which could be a profoundly disturbing and disagreeable experience for any medical professional trying to do right by their patients and the public at large.

Yet the epistemic injustice suffered by the vaccine injured also takes place outside of the doctor’s office or emergency room. For the general public, access to these testimonies is made difficult by mis- and disinformation policies on social media and in the press. For instance, AP, AFP, BBC, CBC/Radio-Canada, European Broadcasting Union (EBU), Facebook, Financial Times, First Draft, Google/YouTube, The Hindu, Microsoft, Reuters, Reuters Institute for the Study of Journalism, Twitter, and The Washington Post are all part of the “Trusted News Initiative,” which aims to “work together to expand our framework and ensure legitimate concerns about

future vaccinations are heard, whilst harmful disinformation myths are stopped in their tracks” (BBC 2020). Undoubtedly, there is false information (intentional or otherwise) on social media and in the press about the COVID-19 vaccine. However, it is not hard to see how honest testimony about one’s vaccine injury can become associated with social media accounts and activist groups that make extreme claims and violate the misinformation policy. For instance, Madelyn Webb and Kayla Gogarty of *Media Matters for America* report on the deletion of a Facebook group with the name “COVID 19 VACCINE VICTIMS AND FAMILIES” in April of 2021, a group that was “dedicated to gathering stories of people allegedly injured by the COVID-19 vaccine. According to the company, the group was removed because it had violated Facebook’s harmful misinformation policies” (Webb & Gogarty 2021). While Facebook may rightfully argue that the group was engaging in harmful behavior and therefore was violating the policy, it also seems unreasonable to assume that every single story in the group was false or fabricated in some way. How many of those stories were genuine and how many individuals actually found helpful information and much needed support in that Facebook group? Furthermore, the recent reporting of the so called “Twitter Files” suggests that social media companies were actually encouraged by third party organizations (such as Stanford University’s Virality Project) to remove “true content which might promote vaccine hesitancy,” which includes “stories of true vaccine side effects” (Taibbi 2023).¹⁶ While mis- and disinformation policies may be designed and implemented in a way that is relatively effective and with the best intentions, they may also unwittingly remove from their platform honest and genuine voices attempting to speak about their pain and suffering.¹⁷ Here, I think, it is important to return to Gadamer’s claim about a particular openness and readiness for hearing a difficult truth. Instead of painting a broad brush over testimony of vaccine injury as simply dis/misinformation, it is paramount to hold open the possibility that not all claims about vaccine injury are simply false or not worthy of consideration, but that such claims might be pulling us up short and challenging us to

approach the situation with a more complex horizon of understanding.

4. Conclusion: A Hermeneutic Approach to the Testimonies of the Vaccine Injured

Gadamer's philosophical hermeneutics provides us with several important insights in order that we may responsibly bear witness to testimonies of the vaccine injured. Gadamer's emphasis on being open and ready for new experience is crucial for this task. If we approach the claims of the vaccine injured without willing to have our own prejudices and expectations challenged and possibly transformed, then we are not acting responsibly in the face of such testimony. For instance, given the messaging campaign to the public regarding the safety of the COVID-19 vaccines, listening to the testimony of the vaccine injured means that we must bring our own prejudices about the safety of the vaccines into play. We must hold open the possibility that those that appear as dissenting voices are perhaps not lying nor engaged in self-deception about their own symptoms or the symptoms of others, and we must not outright dismiss these individuals as simply caught up in a particular political or cultural ideology. This means we should avoid philosophical approaches like the one put forward by Steven Nadler and Lawrence Shapiro in their opinion piece in *The Times of Israel*, which refers to individuals in opposition to the COVID-19 vaccines as "stupid" and suffering from an "ailment" they call "epistemic stubbornness":

The epistemically stubborn person refuses to tailor his or her beliefs to the available evidence. They continue to believe, for instance, that the COVID-19 vaccine is dangerous despite the wealth of evidence to the contrary. Typically, the fault is not ignorance of the facts - one would have to be living in a deep hole not to have been exposed to widespread reports of the corona virus's danger and the vaccine's efficacy and safety - but a stubborn refusal to see the facts as repudiating what one *wants* to believe. (Nadler & Shapiro 2021)

Here, it is hard to imagine that the authors of this article would be able to bear witness to the more visceral and individual testimonies of the pain and suffering of the vaccine injured. To do so would require an openness and readiness for

the possibility that the individual is not merely epistemically stubborn, that the COVID-19 vaccine could be dangerous, and that the individual has something meaningful to say. In short, it means to treat such an individual as a Thou and to not overlook the claim that is made on us to understand.

Gadamer's emphasis on speech, dialogue, and embodiment in relation to the experience and inwardization of pain is a call to be sensitive to language that continues to isolate and alienate the vaccine injured. In hastily labeling the claims of those that have been injured by the vaccines as 'misinformation' or 'disinformation,' and by referring to such individuals as 'anti-vaxxers,' we run the risk of dismissing their testimony as wrong, inaccurate, and unworthy of being heard. This, of course, does not mean that misinformation or disinformation surrounding vaccine injury does not exist. However, in labeling as misinformation the testimony of those genuinely suffering from vaccine injury we only further invalidate their experience. Furthermore, we ought to be wary of the deceptively banal language of 'adverse events' in bearing witness to the real pain and suffering of others. As an example, I refer back to vaccine injury testimony from the Senator Johnson hearing. This is how Sean Barcavage, himself a nurse practitioner, describes his experience with the 'adverse events' of the vaccine:

Things continued to progress. I developed POTS, POTS syndrome. Never even heard of it before I was a nurse, where you can't stand for more than five minutes without your heart rate zooming, getting faint and nauseous. Severe intractable insomnia. I never had a problem sleeping before. Suddenly I'm taking five meds to try to get to sleep. Muscle twitches, tremors, adrenal dumps. Adrenal dumps that would burn my muscles and my stomach. . . By August I literally exploded in generalized body neuropathies. Imagine, waking up in the middle of the night, stinging in my hands and feet, burning in the soles of my feet, prickling all over like I fell in a bush of nettles. . . This experience has shattered my life... The 24/7 tinnitus has robbed me of every moment of silence and peace. The impact on my medical career which I love and worked so hard for is immeasurable. (Barcavage 2021)

To take a hermeneutic approach to the testimony of the vaccine injured is to hear the call of pain and suffering in their testimonies and restore the nauseating, stinging, burning,

tremoring, and life shattering language that is so easily covered over by the language of ‘adverse events’ and ‘adverse effects.’ To attend to this testimony is to avoid immediately assuming that the painful experience of an individual is a matter of stress or anxiety. Instead, attending to this testimony means hearing and listening to the embodied claim of the individual and to recognize the great difficulty of bringing this experience of pain into language for others. If, for Gadamer, the experience of pain already promotes a self-concealment or inwardization, then it requires all the more care, patience, and attention in order for this experience to come forth into language and into dialogue with others.

While I claim that Gadamerian hermeneutics is already well prepared to approach these difficult testimonies of the present moment, Schuback’s concern with the possibility that “hermeneutics misses rather than embraces the challenges of our today” (Schuback 2021, 167), nevertheless pushes contemporary hermeneutic scholarship to reconsider the kinds of texts and testimonies that we ought to turn to in order that we do not miss concrete concerns of the present moment. The testimony from the vaccine injured brings this issue to light. Instead of always turning to philosophy, literature, poetry, art, or music, contemporary hermeneutics needs to incorporate more up to date ‘texts’ into the interpretive space, such as social media and blog posts, podcasts, and long format interviews. While there are many concerns about the credibility and veracity of these texts, a hermeneutical approach must nevertheless hold open the ‘possibility’ that such testimony is meaningful and worthy of interpretive engagement. Interpreting newer forms of texts and testimony also means hermeneutic scholarship needs to become more interdisciplinary and engage scholarship in the sciences. With the case of COVID-19 vaccines, this means that we are not only involved in a critical dialogue with our public health authorities and institutions, but also with those qualified researchers and practitioners in the medical field that not only support the COVID-19 vaccines, but also those that have reasonable concerns about them as well. In this way, we may be able to bear witness to the voices of pain and suffering that may

challenge our prejudices about public health measures and medical treatment.

Lastly, bearing witness to the testimonies of the vaccine injured is a call to avoid various prejudicial pitfalls that restrict us from seeing and accepting new experience. It is a call to cultivate and maintain a hermeneutic openness and readiness to that which may challenge and overwhelm our expectations of what is true and real. This, of course, is a much different approach to testimony than standard approaches in analytic epistemology. For Gadamer, the point of hermeneutic experience and interpretation is not to develop a method or series of criteria for adjudicating between true and false testimony. Instead, a hermeneutic approach to testimony is a matter of allowing the other to speak, allowing our own prejudices about the subject matter to be tested, and ultimately allowing the subject matter itself to be illuminated and understood in a newer and more complete way. In this way, a Gadamerian approach to the testimony of the vaccine injured is less about determining the veracity of an individual's statement, but about examining and transforming prejudices that may be inappropriate to the particular situation, that is, prejudices that may impede our ability to interpret and understand the subject matter at hand. Without such a hermeneutic approach, then we run the risk of not attending to the real plight of those that are already easily dismissed and cast aside to the fringes of public discourse. Worse, we risk committing and perpetuating epistemic injustice by ignoring the testimony of the pain and suffering of others. As Gadamer tells us, a hermeneutic disposition of openness and readiness for new experience is to undergo often painful and disappointing experiences. It is typically not an enjoyable experience to have our prejudices challenged and put into question, especially concerning a matter as serious as COVID-19 vaccination. However, regardless of one's position and judgment about the COVID-19 vaccines, it is now more important than ever to be open to new experience, to hold open the possibility that the other is right and that we are wrong, and to treat all of those suffering with the dignity and respect

they deserve by approaching their testimony with patience and humility.

NOTES

¹ It should be noted that Schuback is hopeful and affirmative about the possibilities for hermeneutics to address questions of our 'today.' However, instead of focusing on a particular contemporary issue, Schuback turns to the poetry of Paul Celan and develops an account of hermeneutics that engages a "gerundive mode of existing." (Schuback 2021, 175)

² See Alcoff 2006; Warnke 2015; and Barthold 2016 for examples of hermeneutics scholars focusing on contemporary socio-political issues, such as race and gender.

³ I am also focusing on COVID-19 vaccination in order to add to hermeneutics scholarship that attends to issues related to the COVID-19 pandemic. See Nielsen and Liakos 2020; Kearney 2021; Aho 2020 and 2022. This paper likewise contributes to emerging scholarship that brings Gadamerian hermeneutics into conversation with Miranda Fricker's work on epistemic injustice. See Burke 2022 and Nielsen & Utsler 2023.

⁴ For instance, refusing the Covid-19 vaccine is often associated with a politically conservative background or being from a 'red state' area. See Leonhard 2021; Krugman 2021; and Brown 2021. Refusing the COVID-19 vaccine is also typically seen as an immoral or irresponsible decision that puts oneself and others at an unnecessary risk. See Matose 2023, and Nadler and Shapiro 2021.

⁵ Some of these positions include: people that are only partially vaccinated with one shot; people who have received the initial two shot regimen but no booster; or people who have received the initial two shot regimen plus one or more booster shots. Furthermore, what it means to be 'vaccinated' or 'fully vaccinated' for COVID-19 continues to shift over time depending on age and development of newer updated vaccines (CDC 2023, June 7).

⁶ See, for instance, Matose 2023, Huang 2022, Giubilini and Savulescu 2022, and Kattumana 2022.

⁷ See Dressen 2022. Dressen discusses other harms that come from this particular mode of hermeneutical injustice. This includes several instances of suicide due to the physical pain of vaccine injuries and the psychological trauma of not being believed by friends, family, and most importantly, the medical community.

⁸ I use the term "bearing witness" throughout this paper in order to indicate the disposition of openness, readiness, and attunement in Gadamer's hermeneutics as the responsible or ethical response to the testimony of the vaccine injured.

⁹ Gadamer maintained an avid interest in issues surrounding health, medicine, illness, and pain throughout his life. In fact, one of Gadamer's final professional appearances was as a lecturer on the topic of pain at a medical conference in Heidelberg in 2000 (Gadamer 2020).

¹⁰ In his 2000 lecture on pain, Gadamer considers the first cries of a newborn at birth as the initiation of a conversation with the world: “Here in the birth cry, I already find an early indication of a conversation, a conversation which one has not yet seen, either with one’s own mother or the doctor” (Gadamer 2020). Even at birth, the appeal to dialogue is a fundamental aspect of human experience.

¹¹ The non-profit organization for the vaccine injured, REACT19, has compiled these studies in an easily accessible format on their website. See REACT19 2022.

¹² Dismissal or denial of COVID-19 vaccine injury by healthcare professionals is a common experience detailed by many of those who testified at the Senator Johnson hearing. See Broder 2022 for more discussion about these experiences.

¹³ See the REACT19 website for more examples of written, audio, and video testimony from vaccine injured who have experienced disbelief and dismissal from medical professionals about the cause of their injuries.

¹⁴ Skepticism of vaccine related symptoms points to another common issue for the vaccine injured, namely, a lack of resources for treating their symptoms. One notable example in this regard is the great difficulty in receiving any kind of financial compensation through federal programs, such as the Vaccine Injury Compensation Program (VICP) or the Countermeasures Injury Compensation Program (CICP). For more, see (Demasi 2022). Furthermore, when the vaccine is not accepted as a possible cause of various injuries, patients are often left to seek out information and resources outside of the standard healthcare system. While some are able to find help and relief through various support groups, many are unable to find treatment at all or are further exploited by pseudo-scientific medical practitioners.

¹⁵ See Kilpatrick 2021 (October and December) for more examples of epistemic injustice related to the COVID-19 vaccine in a professional healthcare setting.

¹⁶ The politically polarizing nature of the “Twitter Files” of course raises potential concerns about the credibility of the source. However, Taibbi is an award-winning journalist and does provide evidence to support his claims. This, I think, warrants at least considering the worthiness of such a source.

¹⁷ See Head 2023. Head notes a similar issue about misinformation and vaccine injury in the UK: “In very rare cases though, vaccines can be linked to serious injuries and even death. Vaccine injuries (also often called adverse events) are a difficult area in which to carry out research or advocacy, partly because anti-vaccine communities persistently muddy the waters with misinformation and abuse. This does a disservice to those who have a genuine vaccine injury.” (Head 2023)

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