

Phantom premise and a shape-shifting ism: reply to Hassoun

Kyle Ferguson , Arthur Caplan 

In 'Against vaccine nationalism', Nicole Hassoun misrepresents our argument, distorts our position and ignores crucial distinctions we present in our article, 'Love thy neighbor? Allocating vaccines in a world of competing obligations'. She has created a strawman that does not resemble our position. In this reply, we address two features of 'Against vaccine nationalism'. First, we address a phantom premise. Hassoun misattributes to us a thesis, according to which citizen-directed duties are stronger than noncitizen-directed duties. This thesis is a figment of her imagination, not a fragment of our argument. Second, we address a shape-shifting ism. Ambiguity attaches to 'vaccine nationalism,' ambiguity that Hassoun exploits despite our distinguishing various meanings of the phrase. As a result, the type of vaccine nationalism she argues against is not the type we defend.

A PHANTOM PREMISE

Hassoun objects to the following argument, which is her reconstruction of ours:

P1. When we belong to a nation-state, we belong to a community that creates (moral) reasons to act in the interest of our citizens.

P2. Our obligations to members of the global community (or those outside of our nation[-]state) are weaker than those of our cocitizens because of the associative ties with them.

C.[*]Within a nation-state, there are moral reasons to procure and allocate vaccines in a self-interested manner'. (Hassoun,¹ p1)

Hassoun does not contest P1.ⁱ Instead, she objects to P2, which is the focal

ⁱWhile we will not quibble at length with Hassoun's formulation of P1, it runs together two sources of obligation: (1) associative ties that bind community members to one another and (2) role-based obligations of leaders. As we write in our article, 'Our claim is that community membership and intra-communal

Division of Medical Ethics, New York University Grossman School of Medicine, New York, New York, USA

Correspondence to Dr Kyle Ferguson, Division of Medical Ethics, New York University Grossman School of Medicine, New York, New York, USA; kyle.ferguson@nyulangone.org

point of her response. She writes, 'The problem with Ferguson and Caplan's argument is that they just baldly assert P2' (Hassoun,¹ p1). She then asks, 'Why are our obligations to members of the global community (or those outside of our nation[-]state) weaker than those to our cocitizens because of the associative ties?' (Hassoun,¹ p1).

There are obvious problems with Hassoun's formulation of P2. Notice that P2 contains an inference indicator: '... because of the associative ties' (Hassoun,¹ p1, italics ours). As a corollary, notice how strange it is for her 'Why' question to include 'because'. It has the same form and should elicit the same confusion as the following ill-formed question:

Why is Socrates mortal because all men are mortal and Socrates is a man?

So, P2's formulation is confusing and erroneous.

The more serious problem with Hassoun's P2 is that she attributes it to us without citation or textual support. In reality, we never assert P2, baldly or otherwise. Neither P2 nor anything resembling it appears in our article. And if we had asserted P2, then we could not have made the other claims we do.

We invite readers to revisit our article. They will not find us claiming that citizen-directed duties are stronger than noncitizen-directed duties or even comparing strengths of either type of obligation. In fact, the terms 'strong', 'stronger', 'strength', 'weak', 'weaker' and 'weakness' do not appear in our article. The term 'weight' appears two times: '... one must acknowledge the moral weight of commitments to protect one's own' (Ferguson and Caplan,² p3); '... good nationalists also feel the weight of reasons to take care of their own ...' (Ferguson and Caplan,² p4). Although

roles create special obligations. These, in turn, can justify partial allocations of vaccines or at least elevate those considerations to the status of moral reasons' (Ferguson and Caplan,² p3). This is significant since the latter type of obligation belongs only to particular role-occupying agents.

these claims assign *some* weight to citizen-directed duties, they do not assign *greater* weight to these duties compared with noncitizen-directed duties. So, when Hassoun denies that citizen-directed duties 'always outweigh obligations to assist those in other countries who are worse off' (Hassoun,¹ p1), she is denying a claim we never make.ⁱⁱ

One of the main thrusts of our article is that there are *moral* reasons to take care of one's own, that these reasons have a normative status too often dismissed as brute-fact obstacles to justice. Our article reframes the issue of justice in the global distribution of coronavirus vaccines. We write,

[T]here are moral reasons both to allocate the vaccine in a nationally self-interested way and to pursue its global distribution. The former is a special obligation; the latter, a general obligation. When these obligations point in opposite directions, we encounter a conflict of duties. (Ferguson and Caplan,² p4)

Once we see that there are moral reasons on both sides of the nationalism–cosmopolitanism divide, we can recognise conflicting obligations for what they are and begin the work of resolving them. Throughout our article, we remain agnostic about the weights or strengths of the duties these conflicts comprise. This agnosticism is explicit:

We have not tried to locate the limits of good vaccine nationalism. Nor have we claimed how best to balance competing obligations. Our claim is simply that there is a balancing act to perform (Ferguson and Caplan,² p4)

In addition to its absence from our article, readers will find much that is incompatible with Hassoun's P2. That is, if we had asserted P2, we could not

ⁱⁱIn the context of granting that citizens also belong to a global community, we write, 'it does not follow that cosmopolitan obligations automatically outweigh obligations one bears by virtue of one's membership to other, smaller-scope communities' (Ferguson and Caplan,² pp2–3). But that does not mean the latter outweighs the former. We also note that community membership and intra-communal roles mean that 'some will have the *primary* obligation, though not their only obligation, to privilege their own' (Ferguson and Caplan,² p3, italics added). But just because leaders have these obligations immediately, in their capacity as leaders, and consider them first in a sequence of deliberation, it does not mean those obligations are absolute or that they necessarily overpower all other obligations regardless of circumstances.

have made the other claims we did. For example, if we thought that citizen-directed duties always outweigh or overpower noncitizen-directed duties, then we would think conflicts of duty are easily solved. But we do not: ‘The real ethical challenge is deciding how best to resolve those conflicts or designing ways to achieve both’ (Ferguson and Caplan,² p4); ‘The most difficult ethical challenges concern balancing these two sets of responsibilities and delineating the moral limits of acceptable partiality. Marking the limit will be complicated and difficult’ (Ferguson and Caplan,² p4). If we thought that citizen-directed obligations are always stronger than those directed towards noncitizens, then we would place no limits on vaccine nationalism; that is, we would think that, as Hassoun puts it, ‘national leaders can always prioritise their own citizens’ claims’ (Hassoun,¹ p1). But we do not: ‘[T]here is, to be sure, a limit to justified nationalism’ (Ferguson and Caplan,² p4).

Now that we have exorcised the phantom premise, what is left of Hassoun’s reconstruction? We propose the following version, replacing her P2 with our P2*:

- P1. When we belong to a nation-state, we belong to a community that creates (moral) reasons to act in the interest of our citizens.
 P2*. Procuring and allocating vaccines in a nationally self-interested manner is in the interest of our citizens.
 C.[.]Within a nation-state, there are moral reasons to procure and allocate vaccines in a self-interested manner’.

Although this revised reconstruction is an improvement, it omits something crucial: limits. This leads to our second point of reply.

A SHAPE-SHIFTING ISM

Hassoun says much about vaccine nationalism except for what it is. She tells us that it is ‘neither ethically justified, nor ... in rich countries’ long-term self interest,’ (Hassoun,¹ p1) and that it ‘fails to respect basic human rights and the people who have them’ (Hassoun,¹ p1). She encourages us to ‘fight vaccine nationalism to ensure a brighter future for all’ (Hassoun,¹ p2). She even claims that arguing for it is ‘simply unconscionable’ (Hassoun,¹ p1). However, Hassoun never defines ‘vaccine

nationalism’. The phrase occurs in her title, and she uses it to name the position we defend in ours. The closest we get to a definition is the idea that ‘wealthy countries can keep their vaccines to themselves or even help their populations first’ (Hassoun,¹ p1).

In the *JME Blog* post accompanying our article, we note that the phrase ‘vaccine nationalism’ is ‘vague enough to allow users to project different meanings on it’.³ Hassoun exploits this vagueness. But in doing so, she ignores distinctions between the various types of vaccine nationalism. She also ignores the many times we write that only *limited* vaccine nationalism and *limited* partiality are justifiable. Even in our abstract, we clarify that we are arguing for ‘*limited* national partiality’, ‘*some* identity-related prioritisation’ and ‘a *limited* form of (vaccine nationalism)’ (Ferguson and Caplan,² p1, italics added). In our introductory paragraph, we qualify this even further: ‘[U]nder the right conditions and subject to important limits, allocating a vaccine in a nationally self-interested way will be a component of justice, not an obstacle to it’ (Ferguson and Caplan,² p1). There, we also write, ‘[T]here are global justice-related limits to prioritising on the basis of ... associative ties’ (Ferguson and Caplan,² p1). In fact, on every page of our article, we stress the limits of acceptable vaccine nationalism and make explicit that we are arguing for a particular kind: ‘limited national partiality is justified’ (Ferguson and Caplan,² p2); ‘the right kind of vaccine nationalism’ (Ferguson and Caplan,² p3); and ‘limited national partiality in allocating a coronavirus vaccine can be justified on grounds of the associative ties and special obligations of community membership’ (Ferguson and Caplan,² p4). Despite all of these qualifications, Hassoun writes only of a crude parody of our vaccine nationalism—vaccine selfishness. The limited partiality we argue for is a far cry from Hassoun’s target, the idea that national leaders are ‘justified in helping their citizens first no matter what’ (Hassoun,¹ p1).

In our article, we distinguish between good, blind and ugly forms of vaccine nationalism. It appears that Hassoun is arguing against—and attributing to us—the ugly and blind forms. However, we only endorse the good: ‘Our point is

simply that there is a good form of vaccine nationalism, one that sees a real conflict between the cosmopolitan duties of benevolence ... and the special obligations of (community) membership’ (Ferguson and Caplan,² p4).

CONCLUSION

Hassoun’s response article might be good rhetoric or good politics. But it is bad philosophy. This kind of strawman argument, whether a symptom of misunderstanding or mischievousness, only undermines debate. It imperils the contribution ethics ought to make to momentous policy decisions where billions of lives hang in the balance.

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ORCID iDs

Kyle Ferguson <http://orcid.org/0000-0001-9285-4975>
 Arthur Caplan <http://orcid.org/0000-0002-4061-8011>

REFERENCES

- Hassoun N. Against vaccine nationalism. *J Med Ethics* 2021. doi:10.1136/medethics-2020-107193
- Ferguson K, Caplan A. Love thy neighbour? allocating vaccines in a world of competing obligations. *J Med Ethics* 2020. doi:10.1136/medethics-2020-106887.
- Ferguson K, Caplan A. Is vaccine nationalism an obstacle or obligation? 2020. *JME Blog*. Available: <https://blogs.bmj.com/medical-ethics/2020/12/12/is-vaccine-nationalism-an-obstacle-or-an-obligation/>