

## Testimony of Curtis Chang

**Submitted to the Senate Committee on Health Education, Labor and Pension in preparation for the June 22, 2021 hearing entitled “Vaccines: America’s Shot at ending the COVID-19 Pandemic”**

### **BIOGRAPHICAL PROFILE:**

Curtis Chang is the co-founder (along with Kris Carter) of Christians And The Vaccine, a partnership with the Ad Council, COVID Collaborative, the National Association of Evangelicals, and Values Partnership. Curtis has led this outreach effort to evangelicals, a critical demographic in the national and global vaccination cause. As a theologian, Curtis is on the faculty of the Duke Divinity School and is a Senior Fellow at Fuller Theological Seminary. His ministry experience includes serving as a senior pastor of an Evangelical Covenant Church in California. He has authored or contributed to multiple books, including *Engaging Unbelief: A Captivating Strategy from Augustine and Aquinas (IVP)*.

### **WRITTEN STATEMENT:**

The pathway to ending the pandemic runs through the evangelical church. Almost half of all white evangelicals are [resistant to getting vaccinated](#). The sheer size of this population nationally and within concentrated regions mean evangelicals could make or break the vaccine’s potential to restore life to normal in communities across the country. Yet for many outside the evangelical world, this resistance seems incomprehensible.

As life-long evangelicals, we worry about how our people could become a barrier for recovery from the pandemic. But as insiders, we also have an understanding of how we got here. Evangelical resistance to the vaccine is driven by larger forces that have reshaped our tribe’s relationship with the broader secular world. Vaccine outreach efforts to our community must account for these deeper dynamics, and should partner with evangelical leaders who know best how to navigate this altered landscape.

For everyone — evangelical or not — the decision to take the vaccine is essentially a decision to trust institutions. Few of us are equipped to understand the vaccines’ scientific complexities. We only take the vaccine when we decide to trust “Them:” the constellation of scientific, government, and media institutions assuring everyone that the vaccine is truly safe, effective, and necessary.

But what happens when this trust in “Them” is thoroughly undermined within a particular community?

American evangelicals are historically prone to ambivalence toward the dominant secular institutions of the day. In fact, a posture of critical evaluation is built into the fabric of our faith. Evangelicals interpret Jesus' teaching that his followers are in the world but not "of the world" (John 17:16) to mean we should engage with the world's secular institutions with a certain measure of caution. In proper doses, a certain amount of caution is healthy for all communities — not just evangelicals. No institution is infallible, and critical thinking can be a civic virtue.

Unfortunately, in recent years, the evangelical posture of critical engagement with secular institutions has mutated from caution into outright fear and hostility. Reminders to be on guard while engaging "Them" have turned into a belief that "They are out to get us!" Many social forces — both internal and external to our community — caused this, but three current forces have especially exploited our built-in ambivalence toward secular institutions.

First, conservative media have mastered the art of sowing evangelical suspicion of "the Establishment" to attract our eyeballs and grow their ratings. Second, politicians — some Christian and some not — have mastered the art of leveraging fear of elite institutions to gain our votes. Third, online conspiracy movements such as QAnon and the anti-vaxxers — which are thoroughly secular in their origins — have mastered the art of creating fictional enemies that are out to destroy our values, and in the case of the vaccine, our actual bodies. All of these forces now actively shape how large segments of our community perceive the vaccine.

In our vaccine outreach with evangelicals, we hear a variety of reasons for suspicion, ranging from common fears that the vaccine was rushed to conspiracy theories that the vaccine contains tracking chips or is the "the mark of the beast". But underneath all of those diverse reasons is the sharply intensified reflex of institutional distrust.

This reflex has taken root so rapidly that an alarming gap has opened up between evangelical pastors and the people in their pews. One survey from the National Association of Evangelicals conducted in January showed that [95% of leaders were planning to take the vaccine themselves](#), a marked contrast to other surveys that show [45%](#) to [55%](#) of evangelicals continuing to be reluctant on the vaccine. This gap follows [a well-researched trend](#) of pastors feeling afraid to speak on public issues for fear of alienating some portion of their members.

Even so, there is a path forward. A [just-released study](#) from Public Religion Research Institute and Interfaith Youth Core (PRRI/IFYC) reveals two key encouraging truths. First, there still exists a large "moveable middle" even among vaccine-hesitant evangelicals. Second, faith-based appeals — distinguished from secular public health appeals — are an effective strategy. Among vaccine-hesitant white evangelicals, 47% said that more faith-based outreach would encourage them to get the shot.

Several high-profile evangelical leaders have already begun faith-based outreach. NIH Director Francis Collins, a well-known evangelical, has worked tirelessly to promote the vaccine. BioLogos, a Christian nonprofit that promotes the integration of faith and science, has rallied other evangelical scientists for the cause. Russell Moore, head of the Southern Baptist

Convention's Ethics & Religious Liberty Commission, has provided important guidance to the country's largest Protestant denomination. Even Donald Trump-supporting conservatives like Franklin Graham and Dr. Robert Jeffress have come out strongly in favor of the vaccines, willingly enduring hostile reactions from their base.

These national voices are important, but we are now at a pivotal moment: the ground game phase of vaccination outreach. The PRRI/IFYC study spotlighted that the remaining vaccine-hesitant evangelicals will be most persuaded by a mixture of subtle, local and highly relational efforts: e.g. people learning that their pastor or fellow church member got vaccinated, or getting help from their church in scheduling a vaccination appointment.

Evangelicals on the ground must take the lead in implementing these efforts because the underlying problem is our community's distrust of secular institutions. Resistance won't be overcome by more well-intended PSAs from the Biden Administration; it can only happen via millions of granular exchanges like that between a pro-vaccine evangelical and a vaccine-hesitant friend who attends the same church.

While evangelicals are best-equipped to reach evangelicals, secular institutions still have a critical role to play, particularly to achieve the scale of outreach necessary in this crucial moment. Philanthropy, social media platforms, public health all can meaningfully accelerate this ground game phase — if those institutions are willing to partner with evangelicals.

American evangelicals must help our own community find their way out of the thicket of vaccine confusion and distrust. But we still need the partnership of secular institutions. The pandemic has provided this nation many lessons in humility, perhaps none greater than the realization that none of us — and no sub-community — ever stands fully alone.

## **SUMMARY of TESTIMONY**

The road to ending the pandemic runs through the evangelical church. At the national level, white evangelicals comprise the single largest vaccine hesitant demographic. At the state level, a map of the states with the lowest vaccination rates corresponds tightly with a map of the Bible Belt. And at the global level, US evangelical culture is already exporting our misinformation and fears to the rest of the world, especially via social media.

Evangelicals are prone to vaccine distrust because vaccine trust is essentially a proxy for institutional trust. Every one of us will take the vaccine only to the extent that we trust the FDA, the CDC, public health, pharmaceutical companies, and others. Unfortunately, white evangelical distrust of institutions is at an all time high.

There are complex and longstanding reasons for this distrust. But in the context of the vaccine, this distrust has been exacerbated by public health overlooking the need to reach out to white evangelicals. There has simply been little targeted outreach efforts from public health.

To the extent that public health has engaged faith communities, it has overwhelmingly been with minority faith communities, where it has succeeded with remarkable effect, driving a 10 point jump in vaccine acceptance among Black Protestants in just a few months of outreach. The racial equity emphasis has been necessary, but it unfortunately has excluded attention to the largest and most hesitant population, which is counter-productive in a nationwide pandemic. Because of this exclusive focus on minority communities, there has been no available pathway to partner with the government to expand our efforts. Moreover, the vast majority of federal funding on vaccine outreach was simply distributed to the state level, meaning there was no efficient pathway for the federal government to partner with us on national outreach.

It is critical that faith based outreach increases for white evangelicals with the COVID vaccine, and for future public health crises. This is because studies show that faith based public health outreach works. One study by PRRI showed that 44% of vaccine hesitant evangelicals say that they would be influenced by faith based efforts.

The key recipe is a partnership between faith leaders and public health. The message and voice has to come most directly from trusted voices within the faith community, but public health can make a big difference in convening faith leaders, providing resources to amplify those faith voices, and taking cues from those leaders on what public health efforts work best in their particular communities. This last point about taking cues from faith leaders is critical, because there is no one-size-fits all approach.

We respectfully submit the following two requests to this committee for consideration: (1) Please direct federal outreach efforts on the vaccine and future public health crises to pay attention to white evangelicals, in addition to minority faith communities; and (2) Please direct public health funds on the vaccine to include coordinated national outreach efforts.