



Editorial: Ethics and Teacher Vaccinations during COVID-19

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When the call for papers for this special issue of Teachers' Work was sent out, vaccinations for COVID-19 were not yet available in New Zealand and the Delta variant was not yet in the community. While New Zealand went through an early lockdown, and particularly Auckland had seen some further restrictions on occasion until that time, much of the impact of the pandemic on everyday life in New Zealand was still relatively low compared with what other parts of the world were experiencing, including parts of Australia and the UK, for example. Since then, the picture has changed dramatically. Delta has arrived and vaccines have been rolled out, slowly at first and more quickly and forcefully over time. On November the 15th of this year, vaccinations became mandatory for the majority of the educational workforce, including teachers in early childhood, primary and secondary schools. While the Government vaccine mandate has not been extended to those in the tertiary sector, the requirements of vaccinations for certain professions, such as health workers, teachers and others, have created a complexity for affected programmes. This includes exploring how to support students who might not be eligible to work in their chosen profession without vaccination, as well as figuring out which staff members need to be vaccinated before visiting students on placements in organisations, centres and schools that fall under the vaccination requirements mandated by the government.

While there are many layers of complexity for centres, schools, universities and a range of organisations, not to forget many businesses and public organisations across the country due to the regulations under the new traffic light system, it would be easy to point towards a relatively simple solution: full vaccination of the eligible population. And indeed, mandatory vaccinations for all is a pathway taken, or at least considered, by some governments. While some complexity would remain around vulnerable populations, many processes would likely be much simpler and the economic and social impact would likely be significantly reduced in comparison to the current challenges faced in most countries around the world. This said, reality has shown that achieving a fully vaccinated population without mandata is hard to come by and a host of issues and concerns have been voiced against the vaccines themselves, and especially against mandating vaccinations in principle or for certain professions. Matheson Russell's (2021) contribution in *The Conversation* addresses some of the general ethical considerations that revolve around the concerns relating to mandatory

vaccinations. Drawing on some of Russell's points, we want to focus here on some of the concerns voiced by teachers and educators around mandatory vaccinations for our profession and consider some of the ethical complexities pertinent to educational institutions and the compulsory education system in particular.

Paul Heyward (2021), in his insightful and empathetic reflection on the conversations between vaccinated and non-vaccinate teachers in *The Conversation*, alerts readers to the ethical dilemmas teachers face on both sides of the divide. Heyward shines a light on the complexity of teachers' perspectives in this context, and that decisions for and against vaccination can both stem from a professional stance of what it means to be a critically reflective teacher. Equally, the argument could be made that both positions can be in keeping with the New Zealand teacher standards as reflected in *'Our Code, Our Standards'* (Education Council, 2017). In this editorial, we will discuss some of the underlying conflicting ethical values that, among others, give ground for the hesitancy of some teachers to get vaccinated. One argument that is mentioned in the media (e.g. Gerritsen, 2021) and in Heyward's article is the concern of freedom of choice and the autonomy over one's own body. Russell (2021) also comments on these aspects and defends the position that autonomy over one's own body is a fundamental human right and any constraints of this right need to be considered very carefully and have to be justified ethically with more than just the convenience of reaching higher vaccination ratios or certain targets. He also points out that, while coupling mandatory vaccination to particular professions and circumstances, the right of autonomy and choice over getting vaccinated is technically not violated in the current mandates. But he contends that the compulsion of the consequences of losing one's job and livelihood comes rather close and the difference to mandatory vaccinations for some people based on their profession is marginal.

What is competing in the context of the pandemic here, are the conflicting notions of freedom of choice and autonomy over one's own body, and the protection of people's lives. As with many ethical conflicts, there are no clear and fixed answers but a spectrum of ethical aspects needs to be considered that can prioritise one ethical principle above another. For example, forced vaccination to protect a person from getting sick themselves would for most people seem to be a significant violation of people's freedom and autonomy about their own person. Arguments of costs for society through, for example, expensive intensive care treatments are hardly sufficient and would provide a slippery ethical slope to justify all sorts of forced interventions and likely lead to a significant erosion of one's rights to freedom and autonomy. However, individual freedom in a society and autonomy cannot be absolute or one would arrive eventually at an anarchic state without regulations. That this is not desirable has been argued throughout history, for example by Plato, Hobbs and others.

So the argument of individual freedom in a society is a balancing act, and for many philosophical or political scholars from Plato to Amartya Sen, individual freedoms end where the freedom (or life) of others is impacted. This is now the other side of the argument for vaccination mandates: it is not just oneself that is impacted by one's choice to be vaccinated, but other people in the community as well. Individual freedom goes hand in hand with individual responsibility for one's actions and where large parts of the community choose not to be vaccinated, the vulnerable and those who cannot be vaccinated themselves for medical, age (i.e. children) or other reasons are—as so often—the most affected. And here we

arrive at the crux of the matter for teachers. Should teachers' individual freedoms outweigh the needs of the collective student body under our care? The majority of teachers' work is with populations in early childhood centres and schools that are more vulnerable to contracting COVID-19 as the world awaits a vaccination for many in these age groups. In addition to the direct responsibility for the students we work with, we need to take into account their whānau—the family members our students will be in touch with, which can be vulnerable themselves. While people with a medical condition might seclude themselves from public places to reduce their potential exposure to the virus, they cannot reasonably be expected to break contact with their children or grandchildren. As such, the individual freedom expressed through a rejection of vaccination on the side of teachers would impact on the freedom of their students and their relatives to see each other without the added risk of passing on a life-threatening illness. Therefore the question we must contend with as teachers is which has the higher ethical value: the freedom to refuse vaccinations (at a fairly small risk and inconvenience to oneself) while retaining one's position as a teacher, or the significant risk of infecting children and students in our care with COVID-19 who cannot be protected through vaccinations (yet) themselves?

The debate about individual freedom is anchored in the western tradition of focus on the individual as an autonomous decision maker—a position Jim Marshall took issue with. If we take seriously the philosophical stances of more communal societies, then we need to engage with the responsibilities of communities, rather than of individuals. In Tamaki Makaurau, the epicentre of the contagion—and the likely epicentre of future contagions, as it is the key communication hub with the rest of the world, especially Australia—a deep understanding of the attitudes of Māori and Pacific communities is vital to the success of health policy. Leaders of those communities have come down on different sides, some encouraging vaccination (like the Assembly of God pastors whose congregation was at the centre of one Auckland outbreak) and some discouraging vaccination in the name of 'freedom' like the Bishop of Destiny Church. The less than admirable history of Pākehā with regard to Māori health colours this decision-making (Godfery, 2021), and the ongoing inadequacies of state health provision with regard to Māori and Pasifika do not help. For those without familiarity with the experiences of Māori and Pacific people with the casual racism of those at the frontline of Health implementation, including hospitals, it will be difficult to envisage both the extent of the casual racism and the depth of consequent distrust and resentment. But such experiences colour the world in which our tamaiti, our tamariki live, and we as teachers need to question how our behaviour either challenges or supports assumptions of ignorance and ill will. That is, to be clear, assumptions about (pākehā) teachers' ignorance and ill will.

So, given these circumstances, what are the responsibilities of teachers as a *collective* towards the vaccinated and unvaccinated? The mandate makes the position of the practising teacher very clear: you have to be vaccinated to practise. The approach to unvaccinated children is not so clear: some cannot be vaccinated and some belong to families who will not be. For those of us who are old or already have underlying conditions, or have vulnerable family members, the answer is probably pretty obvious: we cannot afford the risk and will either insist on attendance by vaccinated students only, or leave the profession. But for

ECE teachers this is an unreal choice: there is no vaccine for under 5s. For those teachers there is a huge risk for themselves and their families with every day at work. And those teachers carry as ethical burden not only their own issues, but their responsibility to working women whose 'freedom' to work is inextricably combined with the provision of quality childcare.

Embedded at the heart of this work is an understanding of education as a public good, that is, that education serves not only individuals, but the broader society. As teachers, our work is inherently about the collective. No one can be an effective teacher who is in the profession for themselves. Decisions about teachers' work, such as collective bargaining agreements through our unions that aim to increase pay and find better balances to working conditions, are ultimately about the provision of *better education for our communities, not for ourselves*. UNESCO has just released a new flagship report aimed at shaping what they call a 'new social contract' for education. In this report, world leading academics make the argument for countries around the world to "renew education as a common good" (2021, p. 109), and equally recognise that this will require teachers (among others) to embody such a vision. Attacks on education as a public good are well-versed in Aotearoa New Zealand. As teachers, the ethical imperative to maintain the public good—to cement education as a common good—relies on a break from narrow views of individual freedoms at the expense of all else, and an understanding of individual freedoms within the bounds of communal responsibility.

There is another ethical question to be asked however: if we as teachers—across the age range—decline to teach unvaccinated children, do we run the risk of encouraging the growth of reclusive, often religion-based and science-poor communities teaching their own children? Are we likely to develop an educational underclass that may itself have a political impact in future years?

Hayward (2021) refers to Nel Nodding's 'ethics of care' as the guiding principle for educators to consider their actions in these contexts. But Nodding's ethics of care also applies, Hayward argues, to how we engage with our teacher colleagues. One significant challenge of the current pandemic situation is the power of division that the often emotionally charged and heated discussion over vaccination in the media and public and private realm unfolds. The question of vaccination suddenly splits our communities and society along new lines: some marginalised people and groups that considered themselves already on the fringes of society are now driven further away, while others who considered themselves in the centre of society might now feel excluded as well. Therefore, we support Hayward's call for a measured and considered conversation that sees those with a different stance on vaccination to our own as a human being who is reacting to their own considerations, emotions, hopes and fears. After all, it is a role of the educator to gently support the learner (young and old) to critically reflect on their position and to take new and relevant information on board to develop a deeper understanding of the issue at hand. Following the Māori concept of 'ako' [reciprocity of teaching and learning], this also means to be open ourselves as educators to undergo the same process with our own positions and beliefs.

What comes to the fore here is one of the key aspects of education: to support critical and caring thinking and the skill of reflection on one's own beliefs, norms and values in a life-long process of human development. Laura D'Olimpio (2020) coined the term 'critical perspectivism' to highlight, particularly in our

current age of social media and questionable reliability of online information, the importance of cultivating a critical mindset towards the flood of information (and disinformation) we are exposed to on a daily basis. But critical perspectivism also emphasises the importance to keep in perspective the other—the human being on the other side of the screen, the actual person we communicate with and who is affected emotionally, mentally and potentially physically by what we say online or in person. Therefore, Nodding's ethic of care encompasses our interactions with our students, our colleagues, our managers, the people we manage, our whānau and communities. It also extends to our interactions with the 'unseen' people we might communicate with in the myriad channels and spaces online. As such, critical perspectivism and an ethic of care hold the potential to interrupt these dividing forces of the vaccination question and might lead to informed discussions towards deeper understanding of the complexities of the topic and the situation of each person in our local communities. The hope remains that through an ethic of care and respect for each other, we can use this challenge to bringing all parts of our society closer together rather than to give in to the dividing force of the current discussion. At this point, it is worthwhile to note that the vast majority of teachers have already made their decision on the ethical question of vaccinations to protecting themselves, the students in their care, their whānau, their local community as well as our society at large: 97.6% of registered teachers have been vaccinated as of December 2nd this year (Ministry of Education, 2021).

While we only touched on a fraction of the issues surrounding teachers' work in the pandemic, the focus on what we see as one of, if not the key ethical questions of educators in this and future pandemics will hopefully be of some help for those of us who struggle with the complexity of the situation in our daily practice and conversations with others. In the articles and teacher reflections in this special issue, a range of implications of the Coronavirus on teachers' work in different settings in Aotearoa New Zealand, Australia and the UK are explored and insights offered that might help us to refine our practice as teachers over the coming year(s) for this and potential future pandemics that might arise.

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