

## How French clergy promoted the smallpox vaccine

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In October 2013, a program entitled “Health Care from the Pulpit” was introduced by Enroll America, a non-profit organization whose purpose is to [increase enrollment](#) in services provided by the Affordable Care Act among the previously uninsured. They intend to bring churches of different faiths together to “be engaged in the education and outreach efforts around the Affordable Care Act open enrollment period.” This outreach program suggests a number of methods, including “tabling events” where religious leaders address the importance of health insurance, churches creating and training of “health outreach ministry teams” to educate their community at large, and hosting an “enrollment summit” comprised of religious leaders, health-care professionals, and civic organizations to discuss the issues related to the government health-care program.

After seeing the efforts of this program in her church in Jacksonville, Florida, [one parishioner said](#), “Our pastor, he keeps us real informed and grounded in what's going on in the community, and he's always bringing stuff to help us, so I love him for that.” One of the organizers commented, “Pastors are trusted messengers.” The initiative responds to a need from within the health-care system to gain the cooperation of the nation’s churches in a matter where currently there is a lukewarm response, and they accomplish this through some of the thoroughly “modern” means of social media and the internet.

With some minor changes, programs like “Health Care from the Pulpit” have existed for centuries and in a number of national contexts. They engendered fewer conflicts than one might typically expect considering the field of church and state issues. The greatest example of a concerted effort on the part of public and private organizations to bring religious groups on board with advances in health care occurred during the spread of the smallpox vaccine in France in the early 19th century. Vaccination was discovered by the British physician Edward Jenner in the late 1790s and arrived in France in 1799 just as negotiations started over a “religious settlement” for the Christian churches dispersed during the French

Revolution.

Numerous small societies comprised of civil and medical notables assembled throughout the nation into the Central Vaccine Society, whose aim was to promote the method of smallpox vaccination and educate society at large about its merits. From its earliest years, the society as well as the Ministry of the Interior were aware that the assurances of medical professionals could not open every mind to the procedure, and they asked the nation's clergy—Catholic, Protestant, and Jewish—to aid them in their efforts. The methods they employed varied from reading pre-written statements from the pulpit, distributing medical literature to their parishioners, to administering vaccines personally. While a small portion of the population reacted negatively to these methods, the majority of the French people at the very least accepted the program as a natural collaboration between church and state for the public good.

The example of the French churches and the smallpox vaccine can inform the contemporary debate on vaccination and national health care, as many of the basic assumptions about religion and medicine remain well into the 21st century. For many, the issues go beyond traditional theological arguments that contextualize medicine within the Bible or church laws. In contemporary society, attitudes to vaccination are informed by information coming from many authorities, both inside and outside the medical profession. What do we mean by *religion* when we ally pronouncements on public health to the individual authority of the Christian minister?

Priests in 19th-century France understood they were taking a great gamble on a new method that could potentially be repudiated by the medical community later on. What is the boundary between the health and wellness of the individual, their ability to freely make choices that concern their own life, and the rights of the community at large in relation to these choices? In this regard, vaccination policy for the person of faith is not a binary between church and state, but rather an interaction between a church, a community, and an individual. While historians tend to see reaction to vaccination as a choice between acquiescence or resistance, historical and contemporary examples of religious collaboration on this matter can offer ways for comprehending the dialogue between church and state.

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