

## **Should the vaccination be coercive?**

Iñigo de Miguel Beriain

The announcement made a few days ago by Pfizer has raised realistic expectations that a coronavirus vaccine will be available soon. Under these conditions, a fundamental question urgently needs to be addressed: should it be coercive? At first sight, the reader is likely to tend to give a negative answer to the question, if only out of ignorance. After all, our country has not implemented coercive vaccination policies for too long to remember them. It is therefore important to explain what they are. In practice, there are two forms of coercive vaccination: one that imposes sanctions on those who do not vaccinate themselves (compulsory vaccination) and one that prevents them from entering certain areas that they wish to secure, such as schools or means of transport, for example (mandatory vaccination). There is a third, brute force vaccination, but it is such an unfair and impractical method that we will leave it aside and focus on these two.

The system of sanctions is considered the most damaging to freedom and also the least equitable of the two possible, in that both a wealthy person and one who is not wealthy at all could get around the obligation much more easily than the average citizen. Moreover, it would leave those who are not on any register off the radar, not to mention the unruly, of course. In short, we would have to assume that a percentage of the population would not be vaccinated. Given these drawbacks, it seems reasonable to opt for the alternative, i.e. the creation of safe spaces which only those who have been vaccinated would be able to enter.

Now that we know more precisely what we are talking about, let's go back to the original question: can (should) we force citizens to get vaccinated? There are several reasons to argue that we can. In principle, the vaccine will protect those who choose to be vaccinated against the virus. This, in turn, will ensure that they will neither contract the COVID nor be able to pass it on to others. In an ideal scenario, widespread vaccination would allow us to achieve group immunity and return to normal life. There seem to be good reasons for this.

However, there are also reasons against this option. Coercion does not sit well with individual freedom, which is a fundamental right. So much so that enforced vaccination

can only be justified if we conclude that the method achieves a reasonable result in the risk reduction/restriction ratio for fundamental rights. It is not at all clear to me that this is always the case, for several reasons. To begin with, it is not clear that children will benefit greatly from the vaccine. Moreover, depending on its side effects, it is possible that they will lose out in terms of risk/benefit. The same may be true for many children under thirty, for example. Should we force them (or their parents) to proceed with vaccination? Considering that the benefit of the group should be placed before the individual risk, when the latter is very small, I would like to ask why, then, the variolization (forced contagion) of these groups has not already been advocated, given that the pathology itself barely generates statistically significant effects on them. Moreover, it is to be expected that a strategy of enforced vaccination would lead to major social conflicts. In a country where almost half of the population is suspicious of the vaccine, recourse to coercion can be very problematic. Other fundamental rights would probably have to be restricted in order to impose it. I find this excessive.

Should we then just opt for voluntary vaccination? It is difficult to say yes. Hopefully, the misgivings would fade away and we could reach reasonable rates of immunisation. In the best-case scenario, it would take time. In the meantime, we would have to continue with a lot of restrictions on our normal activity and there would still be many super-contagious events. Very expensive and harmful to public health.

It seems, in short, that all options are bad. In my opinion, to appeal to a third way, which mixes the concept of safe spaces with voluntary vaccination. Let us allow access to these areas both because people have been vaccinated, because they have recently passed the disease (we will have to see how long), and because they have undergone the relevant diagnostic tests. The emergence of new screening techniques (such as group PCRs or improved antigen testing) may make this option possible and sustainable in a very short time. It would be sufficient to establish a reasonable system of screening and certification. It will be expensive (tests would have to be subsidised, of course) and complex (logistics would have to be established), but not impossible. In return, we would have the possibility of obtaining much of what a coercive vaccination system would give us without having to assume, in return, its worst consequences. Isn't it worth considering?

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