Should Vaccination Be Mandatory in a Public Health Emergency?

Introduction

Public health emergencies often test the boundaries of liberalism the most. Usually, whether a person gets vaccinated or not is just a part of their personal health choice; however, when an infectious disease with high transmissibility, high fatality rate, or high risk of severe illness spreads rapidly, this choice no longer solely concerns the individual themselves. At this point, whether the state can require vaccination to protect the lives of others becomes a truly challenging issue.

The debate surrounding this issue is often simply summarized as the opposition between "freedom" and "security", but this statement actually conceals the real difficulty. The crux of the matter is not which of the two is more important, but rather under what conditions refusing vaccination is no longer just a private decision borne solely by the individual, but rather becomes an act that is sufficient to warrant state intervention and poses a serious threat to the rights of others.

This essay argues that a public health emergency does not give the government unlimited authority. Vaccination should not become a universal duty simply because an emergency has been declared, but this does not mean that the state can never impose a vaccine mandate. In Locke's liberal framework, a mandate may be justified when refusal creates a serious and avoidable risk to others, vaccination can significantly reduce that risk, and the state uses the least restrictive, proportionate, time-limited, and reviewable measures. The answer, then, is neither an absolute "yes" nor an absolute "no": mandatory vaccination may be justified only in limited and extreme circumstances (Childress et al., 2002; Gostin & Wiley, 2016; Locke, 1988; World Health Organization, 2022).

Locke's standard of legitimacy

To determine whether a vaccine mandate is justified, one must first answer a more fundamental question: Under what conditions is a country entitled to impose mandatory measures on its citizens? The reason why Locke's political philosophy is significant lies in the fact that it simultaneously explains why the government can exercise coercive power and why this coercive power must be strictly limited.

According to Locke, when people leave the state of nature and enter into a political society, it is not to hand over their rights to an unlimited ruler, but to more reliably safeguard the natural rights that originally belong to them, namely life, liberty and property. The legitimacy of the government does not stem from some abstract slogan of "public good", but lies in whether it truly fulfills the duty of protecting rights (Locke, 1988).

From this, it is clear that freedom is not unrestricted and arbitrary action. One of Locke's most important principles is that no one should harm the life, health, freedom or property of others. That is to say, freedom never means that individuals can transfer serious risks to others. If a person's behavior has exposed others to significant and avoidable harm, then the state taking intervention measures to prevent such harm does not violate liberalism; instead, it may precisely be fulfilling the core responsibility of a

liberal state (Childress et al., 2002; Locke, 1988).

However, the other side of the Locke theory cannot be ignored either. Since the sole purpose of the existence of the government is to protect rights, the government itself must not expand its power indefinitely under the pretext of "public interest". Any coercive measure must be traceable to being necessary for the protection of rights, and cannot simply be regarded as legitimate merely because it is more efficient, more convenient, or more in line with the preferences of the majority. Especially when the state attempts to cross the physical boundaries and impose medical intervention on individuals, the burden of argument it bears is obviously higher than that of general behavioral regulation (Gostin & Wiley, 2016; Jacobson v. Massachusetts, 1905).

Therefore, Locke was neither a staunch advocate of state coercion nor an absolute opponent of any state intervention. What he truly offered was a set of dual standards: Firstly, whether refusing vaccination has caused significant, avoidable and involuntary risks to the basic rights of others, especially the right to life; Secondly, even if this condition is met, whether the measures proposed by the state are still the least restrictive, proportionate and strictly constrained means. Only when both of these conditions are satisfied can the state's coercive power remain legitimate (Childress et al., 2002; WHO, 2022).

When Does Refusal Become a Public Wrong?

Under normal circumstances, whether to receive a vaccine can indeed be regarded as an individual's decision regarding their own body, with the consequences mainly borne by the individual themselves. However, in a public health emergency, this understanding may no longer hold true. The reason why infectious diseases are different from ordinary diseases politically and legally lies in their significant externality: the risk of infection, the potential spread, and the occupation of limited medical resources by an individual often do not only affect the individual themselves (Fine et al., 2011; Omer et al., 2009).

If refusing vaccination makes a person more susceptible to infection and spreads the disease to innocent people, especially the elderly, infants, immunocompromised patients, or others who cannot adequately protect themselves, then this behavior can no longer be described as a purely private choice. Similarly, if large-scale refusal of vaccination leads to an increase in the severity rate and severely strains the medical system, then the victims are no longer just the infected individuals themselves, but also include other patients who cannot receive timely treatment due to the occupation of medical resources, such as those with heart attacks, strokes, cancer, or pregnant women. In this case, the consequences caused by refusing vaccination have clearly exceeded the private domain (Fine et al., 2011; Omer et al., 2009; Stewart, 2009).

In this sense, the theoretical basis of vaccine mandates does not lie in the notion that "the state knows better than individuals what is beneficial for them", but rather in the idea that "the state has the obligation to prevent citizens from transferring serious harm to others". That is to say, not getting vaccinated, in certain emergency situations, is no longer merely a personal preference, but may pose a real threat to the life rights and public order of others (Gostin & Wiley, 2016; Omer et al., 2009).

This conclusion, however, should not be stated too broadly. Not every infectious disease meets these conditions, and not every vaccine can justify state compulsion. Refusal can trigger Lockean intervention only when the disease is highly transmissible and seriously harmful, and when vaccination not only protects the individual but also substantially reduces risks to others. If a vaccine mainly reduces severe illness for the vaccinated person but does little to reduce transmission, refusal looks more like self-regarding risk than a serious wrong to others. A public health emergency therefore does not automatically satisfy Locke's test; it only makes satisfaction possible in a narrow range of cases (Oordt-Speets et al., 2023; WHO, 2022).

Why must mandatory orders always be exceptional?

Even when state intervention is most defensible, vaccine mandates should not become a normal tool of government. They can be justified only because they are exceptional and tightly limited.

If the state can achieve the same protection through free vaccination, mobile clinics, public education, workplace warnings, testing, and isolation, then coercion is unnecessary. If a mandate is not a last resort, it loses its strongest liberal justification. Locke does not allow the state to cross individual rights simply because coercion is faster or easier. He allows only the minimum necessary intervention when milder measures clearly cannot prevent serious harm (Childress et al., 2002; WHO, 2022).

The scope of any mandate must also match the risk. Stronger duties may be easier to justify for people who work in high-risk settings and directly face vulnerable groups, such as ICU staff or nursing home carers. It is much harder to justify the same rule for everyone. A liberal state must explain why these people, why these settings, and why this period. If it cannot do so, the mandate should not stand (McClung et al., 2020; Stewart, 2009; WHO, 2022).

A legitimate vaccine mandate must therefore be exceptional, precise, and temporary, not universal, long-term, or indiscriminate (Gostin & Wiley, 2016; Parmet & Khalik, 2023).

The strongest objections and their limits

The strongest objection to mandatory vaccination is that it reaches into the body itself rather than merely regulating outward conduct. In Lockean liberalism, the body is central to self-ownership. If the state may order citizens to accept a medical intervention, it seems to cross a boundary that should be crossed only with great caution. This objection is powerful because it captures a real liberal fear: once the state may cross bodily boundaries in the name of protection, what can still limit it (Locke, 1988; Stewart, 2009)?

This objection must be taken seriously. The burden of proof for a vaccine mandate should be much higher than for mask rules, travel limits, or ordinary regulations. Supporters of mandates must show not only that the policy serves the public interest, but that it prevents serious harm to others and that no less restrictive alternative will work. (Childress et al., 2002; WHO, 2022)

However, this objection does not automatically lead to the conclusion that "any

vaccine mandate is unjust". If a person refuses to be vaccinated, thereby putting others at a serious and avoidable fatal risk, then the limited intervention made by the state to mitigate this risk is not an arbitrary domination of the body, but rather preventing one individual from imposing the cost of their own choice on others. Of course, the body's autonomy is of great significance, but it is not a license for an individual to externalize significant harm to others (Jacobson v. Massachusetts, 1905; Omer et al., 2009).

A second objection is that emergencies often allow governments to expand power too easily. This concern is also valid. Emergency powers are dangerous not only because they grow quickly, but because they may become normal. For that reason, even a justified vaccine mandate must be tightly controlled. It needs a clear legal basis, a sunset clause, independent judicial review, and fresh review whenever the facts change. Without these limits, a policy created to protect life may become a tool for eroding liberty (Gostin & Wiley, 2016; Parmet & Khalik, 2023).

A final objection concerns safety and fairness. Even if vaccines are generally safe and effective, the state should not ask individuals to bear a small but real risk for the public good without also accepting responsibility. A just mandate therefore requires three things: strong evidence of vaccine safety and effectiveness, real access to vaccination for everyone, and a no-fault compensation scheme for the very few people who suffer serious adverse effects. Without these conditions, compulsion cannot be fair (Attwell et al., 2019; Mungwira et al., 2020; WHO, 2022).

Conclusion

Whether vaccination should be mandatory in a public health emergency cannot be answered with a simple yes or no. Locke’s liberalism does not allow individuals to make freedom absolute and shift serious risks onto innocent people. But it also does not allow governments to treat protection as a reason for unlimited power (Childress et al., 2002; Locke, 1988).

The liberal answer is therefore a limited one. A vaccine mandate may be legitimate only when refusal creates a serious, avoidable, and non-consensual risk to others, when vaccination can significantly reduce that risk, and when the state uses the least restrictive, proportionate, temporary, and reviewable measures available (Fine et al., 2011; Oordt-Speets et al., 2023; WHO, 2022).

A mature public health policy should neither let safety erase freedom nor let freedom ignore serious harm. It should limit power by principle, define risk by evidence, and prevent abuse through institutions. Only then can mandatory vaccination fit liberalism rather than betray it.

References:

Attwell, K., Drislane, S., & Leask, J. (2019). Mandatory vaccination and no fault vaccine injury compensation schemes: An identification of country-level policies. Vaccine, 37(21), 2843-2848. https://doi.org/10.1016/j.vaccine.2019.03.065

Childress, J. F., Faden, R. R., Gaare, R. D., Gostin, L. O., Kahn, J., Bonnie, R. J., Kass, N. E., Mastroianni, A. C., Moreno, J. D., & Nieburg, P. (2002). Public health ethics: Mapping the terrain. The Journal of Law, Medicine & Ethics, 30(2), 170-178. https://doi.org/10.1111/j.1748-720X.2002.tb00384.x

Fine, P., Eames, K., & Heymann, D. L. (2011). "Herd immunity": A rough guide. Clinical Infectious Diseases, 52(7), 911-916. https://doi.org/10.1093/cid/cir007

Gostin, L. O., & Wiley, L. F. (2016). Public health law: Power, duty, restraint (3rd ed.). University of California Press.

Jacobson v. Massachusetts, 197 U.S. 11 (1905). https://supreme.justia.com/cases/federal/us/197/11/

Locke, J. (1988). Two treatises of government (P. Laslett, Ed.). Cambridge University Press. (Original work published 1689)

McClung, N., Chamberland, M., Kinlaw, K., Matthew, D. B., Wallace, M., Bell, B. P., Lee, G. M., Talbot, H. K., Romero, J. R., Oliver, S. E., & Dooling, K. (2020). The Advisory Committee on Immunization Practices' ethical principles for allocating initial supplies of COVID-19 vaccine: United States, 2020. Morbidity and Mortality Weekly Report, 69(47), 1782-1786. https://doi.org/10.15585/mmwr.mm6947e3

Mungwira, R. G., Guillard, C., Salda?a, A., Okabe, N., Petousis-Harris, H., Agbenu, E., & Durrheim, D. N. (2020). Global landscape analysis of no-fault compensation programmes for vaccine injuries: A review and survey of implementing countries. PLOS ONE, 15(5), Article e0233334. https://doi.org/10.1371/journal.pone.0233334

Omer, S. B., Salmon, D. A., Orenstein, W. A., deHart, M. P., & Halsey, N. (2009). Vaccine refusal, mandatory immunization, and the risks of vaccine-preventable diseases. New England Journal of Medicine, 360(19), 1981-1988. https://doi.org/10.1056/NEJMsa0806477

Oordt-Speets, A., Spinardi, J., Mendoza, C., Yang, J., Morales, G., McLaughlin, J. M., & Kyaw, M. H. (2023). Effectiveness of COVID-19 vaccination on transmission: A systematic review. COVID, 3(10), 1516-1527. https://doi.org/10.3390/covid3100103

Parmet, W. E., & Khalik, F. (2023). Judicial review of public health powers since the start of the COVID-19 pandemic: Trends and implications. American Journal of Public Health, 113(3), 280-287. https://doi.org/10.2105/AJPH.2022.307181

Stewart, A. M. (2009). Mandatory vaccination of health care workers. New England Journal of Medicine, 361(21), 2015-2017. https://doi.org/10.1056/NEJMp0910151

World Health Organization. (2022). COVID-19 and mandatory vaccination: Ethical considerations. https://www.who.int/publications/i/item/WHO-2019-nCoV-

Policy-brief-Mandatory-vaccination-2022.1