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Can "My Body, My Choice" anti-vaxxers be pro-life?

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Abstract

Many "anti-vaxxers" oppose COVID-19 vaccination mandates on the grounds that they wrongfully infringe on bodily autonomy. Their view has been expressed with the slogan "My Body, My Choice," co-opted from the pro-choice abortion rights movement. Yet, many of those same people are pro-life and support abortion restrictions that are effectively a kind of gestation mandate. Both vaccine and gestation mandates impose restrictions on bodily autonomy in order to prevent serious harms. This article evaluates the defensibility of the anti-vax pro-life position. We argue that the case for opposing gestation mandates on grounds of bodily autonomy is much stronger than the case for opposing vaccine mandates—even if fetuses have full moral status. Thus, there is a deep tension in being a pro-life, COVID anti-vaxxer concerned with bodily autonomy.

KEYWORDS

abortion, anti-vax, COVID-19, pro-life, vaccine mandate, vaccines

1 | INTRODUCTION

Many people who oppose COVID-19 vaccination mandates view them as an unjustified infringement on their bodily autonomy. In the United States, the slogan "My Body, My Choice" has been co-opted from the "pro-choice" abortion rights movement to express the anti-vaccination mandate movement's objection to government and private business intrusion on their liberties. Such *anti-vaxxers* do not believe that harm prevention or promotion of the greater public good can override their right to bodily autonomy.[1] Interestingly, many anti-vaxxers are also anti-abortion ("pro-life") and endorse legal restrictions on abortion access as a way to prevent harm to fetuses. Yet, legal abortion restrictions are a type of mandate. They require that women who become pregnant remain so and that they gestate and give birth. They are functionally gestation and labor mandates, or "gestation mandates" for short.

There seems to be a tension in this anti-vax, anti-abortion combination of views. If one objects to vaccine mandates on the grounds that they constitute an unwarranted intrusion on bodily autonomy even if they prevent harm to others, then shouldn't one also reject abortion restrictions as unwarranted intrusions on bodily autonomy even if they prevent harm to fetuses? In other words, must such anti-vaxxers be pro-choice?

Our primary purpose in this article is to evaluate the defensibility of the anti-vax pro-life position. We will shed light on this issue by comparing vaccine and gestation mandates in terms of the two most salient ethical factors: their restriction on bodily autonomy and their prevention of harm.[2] Our task is essentially a comparative one. Our guiding question is: when attending only to considerations of bodily autonomy and harm, is the case for opposing vaccine mandates weaker than, equal to, or stronger than the case for opposing gestation mandates? If it is weaker (as we will contend), one cannot justifiably object to vaccine mandates by appeal to bodily autonomy

[1]We use the term "anti-vaxxer" as a shorthand for those who oppose vaccine mandates. This encompasses virtually all of those who are critical of vaccines per se, as well as those who are critical only of vaccines being mandated.

[2]One might suggest that the real or primary rationale for abortion restrictions is that they prevent rights violations. The right in question is the so-called "right to life," or the right not to be killed by others. However, preventing someone with a right to life from being killed is preventing harm. The morally relevant differences between the two mandates can be singled out—as we do below—without framing the issue in terms of rights. Alternatively, claims about fetuses' "right to life" can be interpreted as claims to their having moral standing. In this article, we are granting that claim for the sake of argument.

without also objecting to gestation mandates for the same reason. Since our discussion centers on two ethical factors, it leaves open the possibility that there are other factors that could render the anti-vax pro-life position defensible.

We will address the COVID-19 anti-vaccination position solely. Thus, we drop the COVID-19 qualifier when speaking of vaccines or the anti-vax position. The abortion debate is strenuous in the United States, but opposition to abortion rights exists in other countries,[3] as does opposition to vaccine mandates.[4] The possibility for consistently opposing vaccine mandates out of concern for bodily autonomy while supporting abortion restrictions has international relevance.

To facilitate our analysis, we make two important working assumptions in the article: namely, that both gestation and vaccine mandates serve to prevent substantial, morally significant harms. First, we assume—for the sake of argument—that early fetuses have full moral status, that aborting them is a morally serious harm, and that gestation mandates therefore serve to prevent substantial harms. We are adopting this working assumption because virtually all pro-lifers (the proponents of gestation mandates) accept it and because our challenge to the anti-vax pro-life view does not depend on denying it. We will seek to show that *even if* fetuses possess full moral status, it is problematic for one who rejects vaccine mandates on grounds of bodily autonomy to endorse gestation mandates.

Second, we assume that the current scientific consensus about the risks and harms of COVID-19 and the efficacy and risks of vaccines is correct, and thus vaccine mandates also serve to prevent morally serious harms. We adopt this working assumption because it raises the question about how anti-vaxxers could consistently be pro-life. Were the scientific community exaggerating the dangers of COVID-19 or the safety and effectiveness of the vaccines, it is understandable why people would view vaccine mandates as an unjustified intrusion on their liberty. They could defensibly and consistently hold that vaccine mandates are not a viable way to prevent harm while also thinking that abortion restrictions are. What *is* surprising and puzzling, at least at first glance, are those who take opposite positions on vaccine and gestation mandates while believing that both serve to prevent substantial harms. That is the interesting case that merits closer examination. Our two working assumptions allow us to focus upon that case.

It might seem odd that we adopt the second assumption given that perhaps most anti-vaxxers who appeal to bodily autonomy are also skeptical about the dangers of COVID-19 or the safety and efficacy of the vaccines. However, our strategy takes seriously the objection that many anti-vaxxers have raised. When they protest with signs and slogans claiming "My Body, My Choice," they are appealing to a bodily autonomy objection to the mandates. Also, in taking this seriously, we are examining the more promising aspect of their opposition. If appeal to bodily autonomy cannot justify holding an anti-vax pro-life view, adding mistaken beliefs about COVID-19 and the vaccines will surely not bolster the case.

Our ultimate verdict is that one cannot defensibly be a "My Body, My Choice" anti-vaxxer who is pro-life, even under our working assumption that fetuses have full moral status. We reach this conclusion on the basis of a comparative analysis of the ways in which vaccine and gestation mandates restrict bodily autonomy and liberty (Section 2) and the nature and degree of harms that each type of mandate serves to prevent (Section 3). In Section 4, we take stock of our analysis and review why, in light of these factors, there is stronger justification for opposing gestation mandates than for opposing vaccine mandates. Our argument is yet stronger when you revoke the deeply contested assumption that fetuses have moral status. Finally, in Section 5, we explain why the opposite pro-vax, pro-choice stance is defensible.

2 | INFRINGEMENT OF BODILY AUTONOMY

Both vaccine mandates and gestation mandates place restrictions on individuals' liberty and bodily autonomy, although they do so in different ways. Vaccine mandates typically require that individuals receive the vaccine or face some restriction in the kinds of activities they partake in. Government or private businesses may deny the unvaccinated access to educational facilities, modes of transportation, and entrance to restaurants or concert venues. Vaccines may also be required for certain job sectors. Most vaccine mandates are conditional in nature. If one wants to participate in a certain activity or attend a certain institution, they must be vaccinated. A minority of countries have blanket, unconditional mandates for their citizens. In either case, exemptions for people who have elevated medical risk in getting vaccinated may exist and alternatives for the vaccine-resistant, such as frequent COVID-19 testing, are often in place. How restrictive vaccine mandates are depends on how many domains of life are closed off to those who choose to remain unvaccinated. Thus, vaccine mandates can come in degrees of coercion.

Vaccines are moderately invasive. They involve being injected with a novel pharmaceutical, often twice or more across a period of time. For the majority of people, the risks of vaccination are very low.[5] They involve the possibility of short-term side effects such as swelling and pain at the injection site, fever, headache, tiredness, muscle pain, chills, and nausea. In rare cases, anaphylaxis and thrombocytopenia have occurred. But expert opinion is that the benefits of vaccination far exceed these rare risks. Long-term risks with vaccination are "extremely unlikely" based on experience with

[3]Duncan, P., Glenza, J., & Rice-Oxley, M. (2019, May 17). US more anti-abortion than other developed countries – Global poll. *The Guardian*. https://www.theguardian.com/world/2019/may/17/us-more-anti-abortion-than-other-developed-countries-global-poll

[4]Where there are vaccine mandates, there is opposition. For a survey of mandates, see Reuters. (2021, December 16). *Factbox: Countries making COVID-19 vaccines mandatory*. Reuters. https://www.reuters.com/business/healthcare-pharmaceuticals/countries-making-covid-19-vaccines-mandatory-2021-08-16/

[5]World Health Organization (WHO). (2022, January 24). *Coronavirus disease (COVD-19): Vaccines safety*. https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-(covid-19)-vaccines-safety

previous vaccines and understanding of the mechanisms of novel mRNA vaccines.[6] Vaccines are also being offered for free in many countries. Thus, while vaccinations are moderately invasive, they are minimal risk and low cost for most people.

Abortion restrictions also limit an individual's right to bodily autonomy. These restrictions take a variety of forms, but they all block people's access to licensed abortion providers, making termination of their pregnancies in legal and safe facilities difficult or impossible. Some restrictions target abortion providers by making it illegal or prohibitively costly to offer their services, whereas others target the pregnant person by making it financially, logistically, or emotionally difficult for them to successfully secure an abortion. The scope of abortion restrictions can vary. They may or may not apply to people who face pregnancy-related health risks or who are pregnant due to sexual assault or incest, and they can apply to different stages of pregnancy. A pregnant person in a state in which abortion is inaccessible is effectively required to stay pregnant and give birth to the child. Alternatively, they may pursue illegal abortion, which is unregulated and often unsafe, in addition to being against the law. They may travel to a state where abortion is legally provided, but this option is infeasible to many who cannot afford to travel or take time off from work or childcare responsibilities. Gestation mandates function to greatly restrict the options available to a pregnant person to decide whether and how to terminate a pregnancy.

2.1 | Comparing mandates

One might think that vaccine mandates are more severe because they require an injection in one's body, whereas abortion restrictions merely prevent a person from accessing a medical procedure. We often think that someone coercing us to endure an unwanted bodily intrusion is a more serious rights violation than our being prevented from doing with our bodies what we will.

But this is too simplistic. Not all bodily invasions are worse than all bodily restrictions. Being forced to undergo a blood draw is preferable to getting locked inside a jail cell. The latter is not a bodily invasion, but it is a very serious restriction on one's bodily freedom. It more drastically restricts the freedoms and opportunities available to a person than getting blood drawn. Moreover, the psychological distress and pain caused by certain bodily restrictions can be much greater than the pains of a minor invasion. Solitary confinement is far more distressful than an unwanted blood draw. We cannot make a blanket assumption that bodily intrusions are always worse than other bodily restrictions. We need to look not only at the type of restriction but also its impact on a person's ability to exercise their autonomy and other rights.

As already discussed, vaccines are relatively low cost and low burden, with minimal risk imposition. Abortion restrictions, on the other hand, require that a person carry a fetus in their body for 9 months, which typically involves other restrictions on their liberty, including what they can eat, what activities they can engage in, and a recommended series of medical evaluations. Indeed, the latter medical procedures themselves can be invasive, and may include the flu and Tdap vaccines.[7] Even if these vaccines are not forced upon a pregnant person, a gestation mandate forces them to remain in a physical state of pregnancy in which a series of invasive procedures are highly recommended.

Giving birth itself is an invasive experience for the child-bearer, with routine blood draws, use of IV, anesthetic injections, potential epidural, episiotomy, clinicians examining the child-bearer in a state of undress, and inspecting the cervix for dilation. In fact, the prenatal care and birthing process is so intimate and invasive that it can be triggering for sexual assault survivors.[8] Further, the child-bearer must give birth to the child, which is burdensome, painful, and more than minimal risk. This includes the risk of needing Cesarean delivery—estimated to be medically indicated in about 19% of births worldwide.[9] This is a very invasive, surgical procedure, that requires regional anesthesia and involves cutting the child-bearer's abdominal wall and uterus and manually extracting the baby from the uterus. Post-operation care includes pain medication, rest, and restriction on one's movements, with full recovery taking 6 weeks.

Being pregnant and giving birth, even in the best circumstances, poses risks to the child-bearer. Severe maternal morbidity, a catchall for significant short-term or long-term consequences of birth or labor to a child-bearer's health that may require blood transfusions and hysterectomy, affects roughly 50,000 people in the United States each year.[10] Seventeen percent of women worldwide report depression after childbirth.[11] Roughly 300,000 women globally die each year in childbirth.[12] It is difficult at present to find global statistics for COVID vaccine-related deaths. But compare the roughly 750 women who die each year in the United States giving birth to the three documented COVID-19 vaccine-related deaths in the United States out of 185 million vaccinated individuals (as of May 2021).[13]

[6]IbidHitti, F. L., & Weissman, D. (2021). Debunking mRNA vaccine misconceptions—An overview for medical professionals. *American Journal of Medicine*, 134, 703–704.

[7]Centers for Disease Control and Prevention (CDC). (2020, August 24). *Vaccines during pregnancy FAQs*. https://www.cdc.gov/vaccinesafety/concerns/vaccines-during-pregnancy.html

[8]White, A., Danis, M., & Gillece, J. (2016). Abuse survivor perspectives on trauma inquiry in obstetrical practice. *Archives of Women's Mental Health*, 19, 423–427. https://doi.org/10.1007/s00737-015-0547-7

[9]Molina, G., Weiser, T. G., Lipsitz, S. R., Esquivel, M. M., Uribe-Leitz, T., Azad, T., Shah, N., Semrau, K., Berry, W. R., Gawande, A. A., & Haynes, A. B. (2015). Relationship between Cesarean delivery rate and maternal and neonatal mortality. *Journal of the American Medical Association*, 314, 2263–2270. https://doi.org/10.1001/jama.2015.15553

[10]CDC. (2021, February 2). *Severe maternal morbidity in the United States*. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html. Global numbers for SMM are not known, but are typically much higher in lower income countries. Geller, S. E., Koch, A. R., Garland, C. E., MacDonald, J. E., Storey, F., & Lawton, B. (2018). A global view of severe maternal morbidity: Moving beyond maternal mortality. *Reproductive Health*, *15*(Suppl 1), 98. https://doi.org/10.1186/s12978-018-0527-2

[11]Wang, Z., Liu, J., Shuai, H., Cai, Z., Fu, X., Liu, Y., Xiao, X., Zhang, W., Krabbendam, E., Liu, S., Liu, Z., Li, Z., & Yang, B. X. (2021). Mapping global prevalence of depression among postpartum women. *Translational Psychiatry*, 11, 640. https://doi.org/10.1038/s41398-021-01663-6

[12]WHO. (2019, September 19). *Maternal mortality*. https://www.who.int/news-room/fact-sheets/detail/maternal-mortality

[13]Hoyert, D. L. (2021, March 23). *Maternal mortality rates in the United States, 2019*. CDC. https://www.cdc.gov/nchs/data/hestat/maternal-mortality-2021/maternal-mortality-2021.htm; Advisory Committee on Immunization Practices. (2021, May 12). *Update: Thrombosis with thrombocytopenia syndrome (TTS) following COVID-19 vaccination*. National Center for

It is worth noting that some pregnancies are the result of wrongful bodily invasion in the first place. Pregnancies resulting from rape are often experienced as a type of wrongful occupation. Gestation mandates that include restrictions on sexual assault survivors compound and prolong the invasiveness of the original violation.

But even when all is going relatively well—for example the pregnancy is not the result of rape, the child-bearer is not at elevated risk during pregnancy—an unwanted pregnancy can still be experienced as a kind of bodily invasion, an occupation. As Maggie Little states:

> To be pregnant is to be inhabited. It is to be occupied. It is to be in a state of physical intimacy of a particularly thorough-going nature.... To mandate continuation of gestation is, quite simply, to force continuation of such occupation.[14]

The infringement on bodily autonomy through gestation mandates is extensive, involves additional medically intrusive procedures, and poses medical risk to child-bearers. Thus, in terms of violations of bodily autonomy, abortion restrictions impose severe burdens that typically have far more significant and costly consequences than do vaccine mandates.

3 | HARM PREVENTION

Vaccine mandates and gestation mandates are standardly defended by appeal to the greater harms that they prevent. But there are important differences in the nature of the harms.[15] Vaccines drastically reduce individual risk of serious disease or death from COVID-19. With a third dose, vaccines prevent hospitalizations against Delta and Omicron infections with 94% and 90% efficacy, respectively.[16] Vaccines clearly mitigate and prevent harm to the individuals who take them. Were this all they did, a libertarian might argue that vaccine mandates are objectionably paternalistic: people should be left to decide what is in their own best interest and should not be coerced into preventing harm to themselves. But even libertarians, the most passionate defenders of personal liberty, recognize the need to restrict some liberties in order to prevent individuals from harming one another. And it turns out that vaccination mandates prevent a range of such harms.

Most obviously, vaccines reduce the likelihood of an individual transmitting the virus to others. With the Delta variant it is estimated that, on average, infected individuals will infect another eight people in a susceptible population, and the Omicron variant is even more contagious.[17] Although vaccines do not perfectly prevent transmission of COVID-19, vaccinated people are less likely to contract or transmit any variant, and the minority who experience a breakthrough infection are contagious for a shorter time.[18] Thus, getting vaccinated reduces the risk an individual poses to other people. The greatest risk is to children not yet eligible for vaccination (at the time of writing, those under 5), the elderly and immunocompromised who may not be able to be safely vaccinated, and those who are contraindicated for vaccines. A widely vaccinated population also greatly reduces the chance of deleterious mutation of the virus, which could result in higher infection rates, more deadly or debilitating infection, or vaccine resistance.[19]

Another key purpose of COVID-19 vaccines is to keep hospitals functioning without the threat of over-capacitated intensive care units (ICUs). Without vaccines, our ICUs would be overrun with individuals with life-threatening infection. Scarce ICU resources pose a risk to any other individual who needs intensive care, whether from COVID-19 or some other cause. We vaccinate in part to keep our acute medical care resources available, that is, to prevent greater harm to other people in acute need.

There are other harms that vaccines prevent. An adequately vaccinated population can engage in most normal activities with low risk of harming themselves or others, or of overburdening our hospitals. But with an inadequately vaccinated public, businesses, restaurants, sporting events, and mass transportation must be periodically shut down or otherwise curtailed in order to curb infection risk in areas where hospitals are overburdened. A closed or limited economy poses a range of harms to the public, including loss of jobs and further restrictions on people's movement and economic activities. Ironically, while many anti-vaxxers object to vaccines in the name of liberty and freedom, an unvaccinated population is less free to safely travel and engage in activities with other people. A vaccine mandate is an imposition on bodily autonomy that could increase our liberty were enough people to get vaccinated.

Additionally, insofar as widespread vaccination can enable the public to function normally, vaccine mandates can help prevent the

Immunization and Respiratory Diseases. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-05-12/07-COVID-Shimabukuro-508.pdf

[14]Little, M. (1999). Abortion, intimacy, and the duty to gestate. *Ethical Theory and Moral Practice: An International Forum*, 2, 295–312, p. 301.

[15]We are working with an intuitive understanding of "harm." When one person infects another with a virus that leads to their death, it is natural to regard that person as having seriously harmed the other. Likewise, on the assumption that fetuses have full moral personhood, it is natural to regard abortion as an act that seriously harms the fetus. There are various philosophical accounts of harm that can make sense of this intuitive judgment. See Bradley, B. (2012). Doing away with harm. *Philosophy and Phenomenological Research*, *85*, 390–412.

[16]Thompson, M. G., Natarajan, K., Irving, S. A., Rowley, E. A., Griggs, E. P., Gaglani, M., Klein, N. P., Grannis, S. J., DeSilva, M. B., Stenehjem, E., Reese, S. E., Dickerson, M., Naleway, A. L., Han, J., Konatham, D., McEvoy, C., Rao, S., Dixon, B. E., Dascomb, K., ... Ong, T. C. (2022). Effectiveness of a third dose of mRNA vaccines against COVID-19–associated emergency department and urgent care encounters and hospitalizations among adults during periods of Delta and Omicron variant predominance – VISION Network, 10 states, August 2021–January 2022. *MMWR. Morbidity and Mortality Weekly Report*, 71, 139–145.

[17]Liu, Y., & Rocklöv, J. (2021). The reproductive number of the delta variant of SARS-CoV-2 is far higher compared to the ancestral SARS-CoV-2 virus. *Journal of Travel Medicine*, 28, taab124. https://doi.org/10.1093/jtm/taab124; CDC. (2022, February 2). *Omicron variant: What you need to know*. https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html

[18]CDC, op. cit. note 17.

[19]Yeh, T. Y., & Contreras, G. P. (2022). Full vaccination is imperative to suppress SARS-CoV-2 delta variant mutation frequency. *medRxiv*. 2021. 08.08.21261768 [Preprint].

harms of social isolation. A closed public and economy exact a serious mental toll on the population. An estimated additional 53.2 million people suffered from major depressive disorders globally in 2020, a 27.6% increase.[20] There has been an 18% increase in drug overdoses in the United States during the pandemic.[21]

Gestation mandates also prevent harm if (as we are assuming for the sake of argument) fetuses have full moral status and killing them is a morally serious harm. On the other hand, gestation mandates also tend to *cause* substantial harms to the child-bearer who must remain pregnant against their will. They must endure the risks of pregnancy and childbirth, as well as have their future dramatically altered by an unwanted pregnancy. Being compelled to stay pregnant and bear a child can negatively interfere with a child-bearer's education or career plans. It can be a barrier for women and child-bearers to leaving troubled or abusive relationships. Thus, gestation mandates are not univocal means of harm prevention, for while they do prevent the death of fetuses, they also can make the child-bearer worse off.

3.1 | Comparing mandates

There are notable differences in the harms that gestation mandates and vaccine mandates prevent, which makes comparison of them complicated. Abortions cause harm to fetuses in a fairly straightforward way. The harm is (a) *simple and direct*. There is typically a single event that involves a doctor and a pregnant person causing harm directly to the fetus. The harm is (b) *uniform in kind and morally serious*. It is almost always death. The result of an abortion is (c) *certain*. Fetuses virtually never survive the procedure and so preventing an abortion prevents an otherwise certain harm. Abortion is (d) typically the *intentional killing* of the fetus. Finally, preventing an abortion typically spares (e) a *single, identifiable individual* from death.

The harms prevented by vaccine mandates are different in nature. For the sake of simplicity, we focus on the harms of infection and not the harms of increased chance of deleterious virus mutation, overfilled ICUs, or a shuttered economy. The harm caused by a person's being unvaccinated is (a) *sometimes simple and direct* (as when the unvaccinated person gets infected by another or directly infects someone else) *and sometimes complex and indirect*. In many cases, the harm is not isolated to one person and the risk is posed to many others. This could be one individual directly posing risk to multiple others, or it could be indirect: one unvaccinated person could set off a chain of transmissions or even spawn a super-spreader event. Additionally, the harm is (b) *not uniform in kind and varies in the degree of moral seriousness*. The harm of infection ranges from asymptomatic infection, mild symptoms, serious disease, long-COVID, hospitalization, or death. The risks an unvaccinated person poses to others are (c) *probable rather than certain*, with the risk varying depending on the person's situation (are they in an area with low vaccination rates?), other behaviors (are they social distancing and wearing masks?), and the characteristics of those who are exposed (their age, vaccination status, underlying conditions). When the decision to forego or postpone vaccination results in death or other harm to others, this harm is usually (d) *not intended*. Finally, the harm prevented in getting vaccinated (e) *does not usually involve a particular, identifiable beneficiary*. The victims of an individual not getting vaccinated are not always or usually epistemically obvious. It could be the person at the grocery who walks behind you after you cough, who you never even saw. It could be their immunocompromised grandmother waiting at home for the groceries.

The last difference—the identifiability/non-identifiability of the victims—could help explain why some people take very seriously the harms of abortion while struggling to see the harms of not getting vaccinated. Abortions cause harm to particular, identifiable fetuses, while going unvaccinated poses risk of harm to unidentifiable others. This may make the harm of abortion much more psychologically salient and easier to identify. But this is not a morally relevant difference. Harms are not less morally significant when one is ignorant of the identity of the victims. The fact that we cannot point to a determinate victim of one's failure to get vaccinated does not mean one does not in fact pose serious risk to others.

The other differences seem to have moral relevance, but could they justify an anti-vax pro-life position? One might claim that they do, pointing out that gestation mandates prevent the most serious harm of death with near certainty, whereas vaccine mandates merely reduce the probability of harms ranging from less serious to death. It may seem that urgency is on the side of gestation mandates. But this reasoning is too facile. A particular abortion typically has one victim, but an unvaccinated person risks infecting multiple victims, with harms that range from mild illness to death. This includes pregnant people and their fetuses. Pregnant and recently pregnant people have increased risk of developing severe disease if infected, and COVID-19 infection during pregnancy increases the risk of pre-term and stillbirth.[22] The fact that abortions cause simple and direct harms may also make them more salient; but the fact that going unvaccinated poses direct and indirect harms to multiple people, with the potential to set off chains of transmissions, means that the harm of remaining unvaccinated can compound in ways that a single abortion cannot. The compounded harms of individuals going unvaccinated are not less serious or urgent than the direct harms of abortion.

The fact that gestation mandates, unlike vaccine mandates, prevent *intentional* acts of harming might have some moral significance. Not all ethicists agree that intention matters to the moral seriousness of an action, even if it does have relevance for the blameworthiness of the agent. However, one might think that intentional killings are worse because they exhibit ill will or deep

[20]COVID-19 Mental Disorders Collaborators. (2021, October 8). Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. *Lancet*, 398(10312), 1700–1712. https://doi.org/10.1016/S0140-6736(21)02143-7

[21]ODMAP. (n.d.). *Overdose Detection Mapping Application Program*. Retrieved February 9, 2022, from http://www.odmap.org

[22]CDC. (2022, January 24). *Pregnant and recently pregnant people*. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnant-people.html

disregard for the victims, while unintentional killings do not. But unintentional killings that result from negligence or recklessness in the face of good evidence that one's action risks harming others seem problematic on the very same grounds. You need not intend harm to others to show disregard or disrespect for them; you can also express ill will or disrespect when you fail to take reasonable steps to avoid harming them. So this moral distinction may not make a significant difference in a situation where all people have ample access to the evidence that COVID-19 infection poses serious risks to others and that cheap and easy vaccines are available to greatly reduce those risks.

Pro-life advocates who believe that "the sanctity of life" justifies the enormously burdensome costs of gestation mandates should have a very low tolerance for actions that pose a substantial risk of death to others when the costs of avoiding such risks are minimal. Imagine there is a condition that only pregnant people can have that carries a moderate risk of killing their fetuses in the womb. Luckily there is a treatment for this condition that is administered through injection and is low risk and low cost. Presumably, those who believe that fetuses have full moral status would also believe there is a morally compelling reason for pregnant people to take the injection. They might even want this mandated on the grounds that pregnant people who refuse such a low-cost, low-risk treatment would be acting negligently by not taking it. But this just is one of the harms relevant to the COVID-19 vaccination debate. So, while we think that vaccine mandates are on a par with gestation mandates in harm prevention because they mitigate multiple risky infections and chains of transmission rather than just one death, even if they were less efficacious at preventing harm and death, one who cares about the value of human life should not be parsing death rates so finely. (Incidentally, the hypothetical example above also speaks to the difference between intentional and unintentional killings. A pregnant person who refuses the treatment may simply be acting negligently, not intending the death of the fetus. We do not think people who care greatly about preserving all human life would find a death due to this kind of negligence significantly morally better than an intentional killing.) We conclude that the mandates are comparable at preventing harms and that any difference between them in this regard is not sufficient to justify an asymmetrical response from those who care deeply about the sanctity of human life.

4 | JUSTIFYING MANDATES

We have assessed the two main factors relevant to the justification of vaccine and gestation mandates. In terms of bodily autonomy, abortion restrictions are far more intrusive and burdensome than vaccine mandates. Vaccines are moderately invasive medical interventions with a low-risk profile and typically low cost to recipients. Gestation mandates require child-bearers to remain pregnant against their will, inflicting on them a range of significant burdens associated with pregnancy and labor. They can dramatically change the course of the child-bearer's life, education, career, and family plans.

On the dimension of harm prevention, gestation mandates aim to prevent abortions that simply and directly cause the death of fetuses with near certainty (though the mandates themselves cause serious harm to child-bearers). But the often complex and indirect ways that vaccine mandates reduce the risk of death and serious disease to multiple potential victims of infection are comparably serious and urgent. The difference in harm prevention between the two should not be significant to someone whose priority is to preserve human life.

Thus, gestation mandates impose far more serious bodily restrictions than do vaccine mandates, with a comparable payoff in harm prevention. If one is opposed to vaccine mandates for reasons of bodily autonomy, they should more fervently oppose gestation mandates. When bodily autonomy and harm prevention are the primary moral factors for assessment, the anti-vax pro-life position seems indefensible.

We've assumed for the sake of argument that fetuses have full moral status and that gestation mandates prevent the morally serious harm of fetal killings. But, in the United States, for example, it is deeply controversial whether fetuses—especially first-term fetuses, the subjects of 92.2% of US abortions—have full moral status.[23] A minority of Americans (38%) believe that "life begins at conception," typically interpreted to mean that this is when fetuses come to have the rights of full moral personhood.[24] Thus, thinking that gestation mandates prevent morally serious harms requires taking a controversial and contested position about fetal moral status. In contrast, with few exceptions, the moral status of those who become victims of COVID-19 (whether through infection, lack of ICU bed, or a shuttered economy) is not contested. They are persons with full moral status whose illness and death incontrovertibly matter.

Those who care deeply about the sanctity of human life (which obviously must include concern for adults and born children) and who consider a highly invasive gestation mandate to be justifiable should certainly find the far less invasive vaccine mandates justifiable as well. But even setting that critical point aside: vaccine mandates protect unborn fetuses too.[25]

5 | MUST PRO-VAXXERS BE PRO-LIFE?

We've presented a challenge for those who are against vaccine mandates due to concerns about bodily autonomy but in favor of gestation mandates in spite of their infringement on bodily autonomy. What about the opposite view? Can one defensibly be pro-choice and oppose gestation mandates because they believe the

[23]CDC. (2020, November 25). *CDCs abortion surveillance system FAQs*. https://www.cdc.gov/reproductivehealth/data_stats/abortion.htm

[24]Murad, Y. (2019, June 20). *Conflict on fetal rights lies at the heart of America's abortion debate*. Morning Consult. https://morningconsult.com/2019/06/20/conflict-on-fetal-rights-lies-at-the-heart-of-americas-abortion-debate. For representative views on opposing sides of the philosophical debate about fetal moral status, see Marquis, D. (1989). Why abortion is immoral. *Journal of Philosophy, 86*, 183–202; Tooley. M. (1972). Abortion and infanticide. *Philosophy & Public Affairs*, *2*, 37–65.

[25]Lenharo, M. (2021, October 5). Vaccination protects pregnant people and their babies from severe COVID. *Scientific American*. https://www.scientificamerican.com/article/vaccination-protects-pregnant-people-and-their-babies-from-severe-covid/

right to bodily autonomy overrides concern about harm to the fetus, while being pro-vaccination mandate because they think bodily autonomy does not prevail in this case? The fact that some anti-vaxxers protest with the pro-choice slogan "My Body, My Choice" might suggest that it's problematic for a person to be pro-choice and pro-vax, as many Americans are.

But the pro-vax pro-choice position is much easier to defend for fairly obvious reasons. In terms of bodily autonomy and harm, the case for opposing vaccine mandates is much weaker than the case for opposing gestation mandates. While both mandates prevent morally serious harm (at least, on the assumption of fetal moral personhood), the violation of bodily autonomy from abortion restrictions is far more serious than the bodily invasion in a vaccine mandate. This is a key difference in these mandates that could allow one to be pro-choice while also being pro-vax. One might think the rather minimal bodily invasion of mandated vaccines is publicly justifiable by the harm that vaccines prevent, while the grievous restrictions of anti-abortion laws on people's liberty and bodily autonomy are too severe to be justified even if they prevent harm to others.

6 | CONCLUSION

We have sought to show that the anti-vaxxer who sees vaccine mandates as an unjustified infringement on their bodily autonomy and liberty should object to gestation mandates on similar grounds. For the sake of our discussion, we adopted the working assumptions that the scientific consensus on COVID-19 and the vaccines is trustworthy and that abortions cause morally serious harm to fetuses. We then analyzed vaccine and gestation mandates in terms of their infringement on bodily autonomy and their prevention of harms.

Our finding is that while both types of mandate prevent morally serious harms, gestation mandates far more extensively restrict bodily autonomy than do vaccine mandates, which are only moderately invasive. Given this assessment, one who opposes vaccine mandates solely or primarily out of respect for bodily autonomy ought to likewise oppose gestation mandates. We did not consider other reasons for or against vaccine and gestation mandates, so it is possible that some other ethically significant factor could intervene to render the anti-vax and pro-life positions compatible. But the case against the anti-vax pro-life position is shown to be stronger still when we recognize that the justification for gestation mandates rests on the controversial view that fetuses have moral status.

Anti-vaxxers may have chosen to co-opt "My Body, My Choice" from the pro-choice movement to leverage the power of that slogan for their own cause and to imply that pro-choicers should be concerned about the bodily autonomy infringements in vaccine mandates. Anti-vaxxers should know what adoption of that slogan commits them to in the abortion debate. Anti-vaxxers who are ultimately concerned about vaccine mandates' restriction on their bodily autonomy should be pro-choice.

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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