Coercive COVID-19 Vaccination Measures and the Law: An International and Comparative Analysis

Between 2020 and 2022, governments and private entities worldwide employed varying degrees of coercion – both explicit and implicit – to increase COVID-19 vaccination uptake. These measures ranged from outright mandates backed by penalties to indirect pressures such as workplace requirements and restricted access to public venues for the unvaccinated. The unprecedented scale of these interventions has raised fundamental legal questions about whether coercive vaccination policies violated established international norms and domestic laws. This study examines the issue in depth by analyzing primary legal texts – from international human rights instruments to national constitutions and statutes – to identify provisions under which such practices could be deemed clearly criminal or potentially unlawful. The analysis is organized into thematic chapters, beginning with the global legal framework on bodily integrity and informed consent, then surveying key national laws (with emphasis on the United States and Russia), and finally addressing two special topics: comparisons of coercive vaccination measures to fascist or Nazi practices, and the role of corruption or conflicts of interest in driving these policies. Throughout, the letter of the law is the guiding focus, with conclusions drawn from the black-letter provisions of treaties, codes, and constitutions. External opinions and commentary are included for context but do not dictate the legal conclusions. By grounding the discussion in authoritative legal texts, this article provides a scholarly foundation for assessing the legality of COVID-19 vaccination coercion under both international and domestic legal norms.

International Legal Norms on Bodily Integrity and Informed Consent

Foundational Human Rights Instruments (UDHR and ICCPR): The principle of personal autonomy and the right to bodily integrity are deeply ingrained in international human rights law. The *Universal Declaration of Human Rights* (UDHR), adopted in 1948 in the shadow of World War II, proclaims in Article 3 that "Everyone has the right to life, liberty and security of person" [1]. This broad guarantee of personal security and liberty provides a basis for arguing that individuals must be free from unwanted bodily intrusions. Article 5 of the UDHR further specifies that "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment" [2]. Although routine public health measures like vaccinations are far from the egregious abuses contemplated by the term "torture," this article encapsulates a general principle against forcible or degrading treatment without consent.

In 1966, these human rights principles were codified in binding form by the *International Covenant on Civil and Political Rights* (ICCPR), which many nations (including the U.S., Russia, and others relevant to this study) have ratified. The ICCPR contains a key provision directly relevant to medical coercion. Article 7 of the ICCPR not only reiterates the torture prohibition but also adds a second clause explicitly on medical experimentation: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or

punishment. **In particular, no one shall be subjected without his free consent to medical or scientific experimentation**." [3] This clause was a deliberate response to the atrocities of Nazi doctors, ensuring that never again could anyone be used as a human test subject without voluntary consent. Coercive COVID-19 vaccination policies have been characterized by some critics as a form of human experimentation (given the speed of vaccine development and emergency-use distribution). To the extent that COVID vaccines in 2020– 2021 were authorized under expedited emergency mechanisms, one could argue that forcing or pressuring individuals to receive them contravened the ICCPR's guarantee that medical interventions of an experimental nature require free consent. Notably, Article 7 of the ICCPR is non-derogable – it admits no suspension even in public emergencies – underscoring the fundamental nature of the norm [3]. If pandemic-era vaccine mandates are viewed as violating the spirit of Article 7 (by effectively coercing participation in a mass medical intervention), such measures would conflict with a core international human rights obligation. At minimum, any use of force, duress, or threat to compel vaccination runs counter to the ICCPR's emphasis on consent. States Party to the ICCPR were thus on notice that public health policies must still respect the individual's right to be free from non-consensual medical procedures.

The Nuremberg Code and the Legacy of World War II: Even before the UN human rights framework emerged, the post-World War II tribunals established important legal principles regarding medical ethics. The *Nuremberg Code* of 1947, formulated by the Nuremberg Military Tribunal in the Nazi doctors' trial, enunciated ten ethical principles for human experimentation. Foremost among these is the principle that "**The voluntary consent of the human subject is absolutely essential**" [4]. The Code elaborates that consent must be free from "any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion" and given with sufficient knowledge and comprehension of the procedure's risks

[4]. While the Nuremberg Code specifically addressed scientific experiments, its first principle has attained axiomatic status in medical law and ethics broadly. It stands for the proposition that no medical intervention can be morally or legally justified if obtained through coercion or deceit. Though the Nuremberg Code is not a treaty, it informed the development of binding law such as the ICCPR's Article 7 discussed above [3]. Coercive vaccination practices can be examined against this benchmark. If a government or employer says "take this injection or lose your job" (an implicit duress), one could argue that *voluntary* consent – as understood by Nuremberg – is absent. Indeed, the language of the Code is unequivocal that an intervention must be made "without…force [or] coercion" and with the subject able to exercise "free power of choice" [5]. Any element of pressure undermines the legitimacy of the consent. Therefore, to the extent that COVID-19 vaccine mandates left individuals with no reasonable alternative (e.g. be vaccinated or be effectively excluded from society), such policies conflict with the Nuremberg Code's ideal of voluntary choice. While not itself a binding law, the Nuremberg principles have been integrated into modern legal norms and are frequently cited as an authoritative guide to the lawfulness of medical practices.

Other International Treaties and Declarations: International law contains multiple other instruments underscoring informed consent and prohibiting forced medical interventions. For example, the *Convention on Human Rights and Biomedicine* (Oviedo Convention, 1997) – a Council of Europe treaty – provides in Article
5: "An intervention in the health field may only be carried out after the person concerned has given free and informed consent to it." [6]. This treaty (binding on many European countries, though not all) codifies the requirement of informed consent as a general rule, permitting exceptions only under strict conditions defined by law. Similarly, the *Universal Declaration on Bioethics and Human Rights* (adopted by UNESCO in 2005) proclaims in Article 6(1) that **"Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned"**, and that consent may be withdrawn at any time without disadvantage [7]. Article 6(2) of that declaration likewise

affirms that scientific research requires the person's prior, free, express, and informed consent, subject to only strictly defined exceptions consistent with human rights law [8]. Although the UNESCO declaration is not a treaty, it reflects a global consensus on bioethical norms, reinforcing that even in public health emergencies, the default standard is voluntary consent to medical interventions.

It is also notable that *regional human rights systems* echo these principles. The *European Convention on Human Rights* (ECHR) guarantees the right to respect for private life (Article 8), which the European Court of Human Rights has interpreted as encompassing bodily integrity and autonomy in medical decision-making. Under the ECHR, interferences with bodily integrity (such as compulsory vaccinations) must be justified as "necessary in a democratic society" for legitimate aims like public health, and proportionate to those aims. In April 2021, for instance, the ECHR in *Vavřička and others v. Czech Republic* upheld childhood vaccination requirements, finding them justified for public health; however, the Court stressed that the policy in question was not a forcible vaccination – it involved modest fines and the exclusion of unvaccinated children from preschool, measures the Court deemed within the State's margin of appreciation. This illustrates that even under rights-respecting regimes, some forms of vaccine requirements can pass legal muster if they are proportionate and allow refusals (albeit with civil consequences). Yet, the very need for such legal scrutiny emphasizes that coercive medical measures are exceptions to the norm of personal autonomy, tolerated only within careful bounds. The broader European legal landscape also includes instruments like the *Charter of Fundamental Rights of the EU*, whose Article 3 affirms the right to physical integrity and requires free and informed consent in medicine, reinforcing the idea that bodily interventions must be consensual.

International Criminal Law Aspects: Finally, it should be noted that international law defines certain extreme forms of medical coercion as crimes. The post-WWII *Nuremberg Tribunal* classified the Nazis' involuntary medical experiments on concentration camp inmates as war crimes and crimes against humanity. Today, the *Rome Statute of the International Criminal Court* (ICC) includes **"inhumane acts"** intentionally causing great suffering or serious injury as crimes against humanity (Article 7) and prohibits *"biological experiments"* on protected persons in armed conflict as war crimes (Article 8) – both reflecting the same underlying norm: forcing medical or scientific procedures on individuals is a grave offense. While COVID-19 vaccination campaigns bear no resemblance to wartime atrocities in intent or severity, some jurists have speculated whether a truly systematic, forcible mass vaccination, if proven to cause widespread harm, could ever be framed as a crime against humanity (for example, as *"other inhumane acts"* or as persecution if a specific group was targeted). Indeed, complaints were submitted to the ICC by groups of lawyers and activists alleging that officials pushing mandatory COVID vaccines were committing crimes against humanity, drawing analogies to Nuremberg. As of this writing, these efforts have not resulted in any official investigations, and the legal consensus does not support treating public health mandates as criminal atrocities. Nonetheless, the invocation of international criminal law underscores the perceived gravity, in some quarters, of deviating from the voluntary consent principle. It reinforces the point that coercive medical interventions occupy the outer fringes of legality and morality, and only the most compelling public interests could ever justify them under law.

In sum, international legal norms – from the human rights treaties to bioethics declarations and the shadow of Nuremberg – strongly favor the **voluntary** nature of medical interventions. The baseline rule is clear: individuals cannot be compelled to undergo medical treatment or experimentation without their informed and free consent. Any departure from this rule (such as mandatory vaccination policies) must be narrowly tailored and justified by a superior legal interest (like preventing serious harm to others), and even then must avoid methods that amount to force or coercion. These international standards set the stage for

examining national laws: most countries have incorporated similar principles into their constitutions or statutes, as the next chapter shows.

National Legal Frameworks and Responses to Vaccine Coercion

United States

The United States lacks an explicit constitutional clause on the right to refuse medical treatment, but American law has long recognized bodily integrity as a fundamental liberty interest. The U.S. Supreme Court has affirmed that competent individuals have a due process liberty right to decline medical interventions: *"A competent person has a liberty interest under the Due Process Clause in refusing unwanted medical treatment."* [9] This principle, rooted in the constitutional guarantee of liberty (Fifth and Fourteenth Amendments), underpins cases from *Cruzan v. Director, Missouri Dept. of Health* (1990) – involving the right to refuse life-sustaining treatment – to *Planned Parenthood v. Casey* and others, all of which extol personal autonomy over medical decisions. Thus, although the U.S. Constitution does not mention "health" or "consent" expressly, the Supreme Court has inferred from the Due Process Clause that personal decisions about one's body and medical care are highly protected. Any government action that compels a medical procedure implicates this fundamental liberty interest and must satisfy stringent constitutional scrutiny balancing the individual's rights against the state's interest.

However, American jurisprudence on vaccination has a unique landmark: *Jacobson v. Massachusetts*, 197 U.S. 11 (1905). In *Jacobson*, the Supreme Court upheld a state law requiring smallpox vaccination, finding that individual liberty could be subject to reasonable constraints for the sake of public health and safety [9] . The Court famously stated that freedom of the individual might "at times, under the pressure of great dangers" be subjected to *such restraint, to be enforced by reasonable regulations, as the safety of the general public may demand*. This 1905 precedent has been cited widely during the COVID-19 era to justify vaccine mandates. Yet it is crucial to note the context and limits of *Jacobson*: the law in question allowed a fine (a $5 penalty) for those who refused vaccination, rather than authorizing officials to forcibly vaccinate individuals. Moreover, *Jacobson* was decided before the development of modern strict scrutiny for fundamental rights – some scholars argue it would be decided differently under contemporary standards. Still, *Jacobson* remains good law and suggests that, in the U.S., vaccine mandates can be lawful if they are reasonable, proportional, and enacted through proper legislative authority to serve a pressing public health need. During 2020–2022, this precedent was tested as various governments and employers imposed COVID vaccine requirements. Federal courts generally upheld workplace and school COVID-19 vaccine mandates (especially once vaccines received full FDA approval), reasoning that the mandates were within the governments' police power or an employer's prerogative to ensure safety, analogizing to *Jacobson*. At the same time, the judiciary acknowledged that mandates must include medical exemptions and (in some cases) religious exemptions to pass legal muster under statutory protections like the Americans with Disabilities Act and Title VII of the Civil Rights Act.

From a **statutory** standpoint, one intriguing facet of U.S. law during the pandemic was the status of vaccines under *Emergency Use Authorization* (EUA). Prior to full licensure, COVID-19 vaccines were distributed under EUAs granted by the FDA. The Federal Food, Drug, and Cosmetic Act provides that individuals receiving an EUA product must be informed **"of the option to accept or refuse administration of the product, [and] of the consequences, if any, of refusing"** [10] . This is codified at 21 U.S.C. § 360bbb-3(e)(1) (A)(ii)(III). Some have argued that this provision implies no EUA vaccine can be truly mandated, because federal law requires that recipients be given the choice to refuse. Indeed, military vaccine mandates were

temporarily halted early in the pandemic on this ground (when service members argued they could not be forced to take EUA vaccines absent explicit presidential waiver). The U.S. Department of Justice's Office of Legal Counsel, however, issued an opinion in mid-2021 opining that the EUA statute's "option to refuse" language only requires informing individuals of their rights and the potential consequences of refusal, but does not prohibit public or private entities from imposing vaccination requirements as a condition (so long as the individual can technically refuse and accept the consequence) [10] . This legal interpretation was contentious, but ultimately, many mandates proceeded even while vaccines were under EUA, especially in healthcare and education sectors, largely upheld by courts deferring to *Jacobson* and the dire circumstances of the pandemic. Once vaccines were formally licensed (e.g. Pfizer's vaccine gained full FDA approval in August 2021), the EUA-specific issue dissipated.

It is also important to recognize that the United States is a federal system, and police powers (including public health mandates) largely lie with the states. State laws on vaccination vary. All states have long-standing laws requiring various immunizations for schoolchildren, with differing exemption frameworks (medical, religious, and in some states personal belief exemptions). Before COVID-19, however, adult vaccination mandates were rare outside of certain professions (like healthcare workers required to take flu shots in some hospitals). When COVID vaccines became available, some states and cities imposed mandates on defined groups (e.g. state employees, health sector, or in New York City, all private-sector employees). Simultaneously, other states (mostly in the South and Midwest) passed **laws banning COVID-19 vaccine mandates or "passports."** For instance, Florida enacted legislation in 2021 prohibiting businesses and government entities from requiring proof of COVID vaccination for services, and providing fines for violations. These state laws were premised on individual rights and the experimental nature of the vaccines. Thus, within the U.S., there was a patchwork: some jurisdictions coercing vaccination, others expressly outlawing such coercion.

In terms of criminal law, could coercive vaccination be considered a crime in the U.S.? Generally, physically forcing an injection on an unwilling person could constitute **battery** under criminal and tort law – an unlawful touching of another's person. If an official, under color of law, willfully violated someone's bodily integrity without legal authority, it might also trigger federal civil rights criminal statutes (such as 18 U.S.C. § 242, which makes it a crime to deprive someone of constitutional rights under color of law). However, COVID vaccination mandates in the U.S. did not typically involve strapping people down and injecting them by force; they functioned via penalties or loss of opportunities for the non-compliant, thus muddying the waters of what "force" means. No U.S. authorities attempted to criminally charge individuals who refused vaccination; instead, enforcement was civil/administrative (firing from a job, exclusion from venues, etc.). Thus, while in theory a line could be crossed into criminal assault or coercion (e.g., a rogue actor physically injecting someone against their will outside any legal process), in practice U.S. vaccine mandates stayed on the civil side of the law. The key legal battles were in civil court (constitutional challenges, labor grievances, etc.) rather than criminal prosecutions. Ultimately, from a U.S. perspective, coercive vaccination measures occupied a legally gray zone where they were sometimes upheld in the name of public health, yet remained deeply controversial in light of the strong American traditions of personal freedom and skepticism of government compulsion.

Russian Federation

The Russian Federation's laws exhibit a strong principle of voluntariness in medical matters, grounded both in its post-Soviet constitution and in specific health legislation. The *Constitution of the Russian Federation (1993)* contains an analogue to the ICCPR and other human rights texts in Article 21. That article declares,

first, the inviolability of human dignity, and then explicitly provides: **"No one shall be subjected to medical, scientific or other experiments without their voluntary consent."** This constitutional mandate [11] [12], much like the Ukrainian and Polish constitutions (discussed below), was crafted with awareness of the abuses of totalitarian regimes and scientific experimentation on persons. While COVID-19 vaccination may not be an "experiment" in the ordinary sense once approved for use, the spirit of Article 21 suggests that any involuntary medical intervention contradicts the supreme law of Russia. For a COVID vaccine mandate to be lawful under the Russian Constitution, it would need to avoid characterizing the intervention as a non-consensual experiment. Russian authorities generally framed their vaccination campaign as voluntary, but with strong encouragement and some regional requirements – testing the boundary of what constitutes "voluntary consent."

In fact, Russia's **federal statutes** reinforce the voluntary nature of vaccination. Federal Law No. 157-ФЗ "On Immunological Prevention of Infectious Diseases" (dated 17 September 1998) is the principal law governing vaccinations. According to this law, "vaccination in Russia is voluntary and no one can be forced to take it" [13]. The law enshrines informed voluntary consent as the standard, reflecting the ethical norm that citizens have the right to decide on preventive treatments. The Vaccination Law does allow authorities to introduce *mandatory* vaccinations for certain listed infectious diseases and certain high-risk occupations, but even then, the enforcement mechanism is generally indirect (e.g. exclusion from certain jobs or benefits) rather than physical compulsion. Specifically, the law and a related Government Decree (No. 825 of 15 July 1999) list occupations (like healthcare, education, or other roles with high risk of disease transmission) where employers may require vaccination as a condition of employment [14]. In such cases, an employee who refuses a required vaccine for a listed disease can be legally transferred to another role or put on leave; an applicant for such a job can be denied hiring. This is similar to many countries' approach of tying vaccination to job eligibility in sensitive sectors. Crucially, COVID-19 was added in 2021 to the national calendar of prophylactic vaccinations under the category of vaccinations carried out in epidemic conditions at the direction of the Chief Sanitary Doctor (a federal public health authority) [15]. This addition created a legal basis for regional Chief Sanitary Doctors to mandate COVID vaccines for specific groups if the epidemiological situation demanded. And indeed, in mid-2021, as Russia faced a severe COVID wave, a number of regions (starting with Moscow) issued decrees requiring certain categories of workers (e.g. retail, education, public transport workers) to be vaccinated, typically aiming for 60%–80% coverage in those sectors. These decrees were grounded in provisions of the *Law on the Sanitary-Epidemiological Welfare of the Population*, which authorizes sanitary doctors to impose mandatory preventive measures during epidemics.

Despite these regional mandates, Russian officials maintained that vaccination was voluntary for the general population. There was social pressure and incentives (such as lotteries for vaccinated persons) as well as restrictions (Moscow briefly required proof of vaccination or recent recovery to dine in restaurants in summer 2021). But overt coercion – like police enforcing vaccination – did not occur. Notably, Russia's approach stopped short of creating national "green pass" systems or criminal penalties for the unvaccinated. By late 2021, proposed federal legislation for QR-code health passes (that would have restricted unvaccinated persons' access to public places and transport) met public resistance and was withdrawn from the State Duma. This legislative retreat could be seen as bowing to the constitutional and legal norm of voluntariness in healthcare decisions.

Under Russian law, therefore, explicit **criminality** of coercive vaccination could arise if someone violated the consent provisions egregiously. If, for example, an official willfully forced a medical procedure on a person without any lawful basis, it could potentially be prosecuted as an abuse of power or even as battery under the Russian Criminal Code (assault provisions). The Criminal Code also has provisions against endangering

life and health through misuse of authority. However, there were no reported criminal prosecutions in Russia for vaccine mandate enforcement, since the measures used (like suspension from work) were administrative, not violent. The more plausible legal challenges were civil: whether the regional mandates were ultra vires or unconstitutional. In October 2021, Russia's Constitutional Court quietly dismissed a complaint against the Sakha Republic's regional vaccine mandate, effectively allowing such mandates by declining to intervene. The Court noted that protecting health can justify requiring vaccinations for certain jobs, and that Russian law provides for voluntary consent except as established by law – implying that where a valid law or sanitary rule exists, the requirement is lawful. This outcome aligns with Russia's legal framework that, while upholding consent, carves out exceptions when legislated for public health reasons.

In summary, Russia's domestic law clearly enshrines the principle that people cannot be subjected to medical interventions without consent, paralleling international norms. Coercive vaccination policies walk a fine line: Russian authorities relied on existing law to mandate vaccines in limited contexts, framing it as consistent with legislation, while still rhetorically insisting on voluntariness. The strong wording of the Constitution and immunization law would make any overt forceful vaccination illegal. Thus, any *de facto* coercion had to operate through legal loopholes or indirect pressures. The legality of those pressures (suspending unvaccinated workers, etc.) was generally upheld as a proportionate public health measure, not seen as "forcing" vaccination in the criminal sense. Nonetheless, the Russian legal framework provided vaccine-hesitant individuals with formal rights – the right to refuse and accept certain consequences – and did not criminalize refusal. This places Russia toward the more liberty-protective end of the spectrum, at least in formal law, even if on the ground there was significant pressure to comply during the pandemic's peak.

Canada

In Canada, individual rights are protected by the *Canadian Charter of Rights and Freedoms*, which is part of the Constitution. Two Charter rights are particularly relevant to vaccination mandates: *Section 7*, which guarantees the right to life, liberty, and security of the person, and *Section 15*, which guarantees equality and non-discrimination. Jurisprudence under Section 7 has interpreted "security of the person" to include a right to bodily integrity and control over one's own medical decisions. For example, the Canadian Supreme Court in *Rodriguez v. British Columbia* (1993) acknowledged that forcing someone to undergo a medical procedure would impair security of the person. Thus, a government policy compelling vaccination engages Section 7 because it affects bodily integrity and autonomous choice. However, Section 7 rights are not absolute; a deprivation of liberty or security of the person can be justified if done in accordance with the "principles of fundamental justice." In a pandemic context, a government would argue that any intrusion (like a vaccine mandate) is minimal and serves the greater good of protecting life and health, thus not offending fundamental justice – or that if it does, it can be justified under Section 1 of the Charter, which allows "reasonable limits" on rights that can be demonstrably justified in a free and democratic society.

During 2021, Canadian governments at federal and provincial levels implemented several vaccine mandates: the federal government required COVID vaccination for federal public servants and for travelers on trains and planes; many provinces required vaccine proof (the "vaccine passport") to access restaurants, gyms, and other non-essential services. These measures were challenged in courts and human rights tribunals by individuals claiming violation of Charter rights (including freedom of religion for those with religious objections, and the right to liberty/security for bodily autonomy). As of 2022, the courts have generally upheld the **constitutionality** of these mandates. In one illustrative case, *Ontario Superior Court* Justice Schram in *Michalski v. McMaster University* (2022) found that a university's vaccine mandate, as a

government actor's policy, engaged Section 7 but was consistent with fundamental justice given the pressing objective of preventing COVID outbreaks [16] [17] . Canadian courts have often applied a Section 1 analysis, concluding that mandates were proportionate and justified limits on rights in the pandemic emergency. They noted factors like: the mandates were time-limited and reviewed as conditions evolved; medical or religious exemptions were often provided; and the evidence showed vaccines significantly protected public health. Thus, legally, no Canadian court found vaccine mandates "clearly criminal" – rather, they were seen as valid exercises of public health authority that survived constitutional scrutiny.

Canadian criminal law did not directly come into play for enforcing vaccination. Refusal to vaccinate was not criminalized, and no one was physically forced by police to take a shot. The enforcement of provincial proof-of-vaccination systems was done by denying entry or levying fines on businesses that failed to check status, not by arresting unvaccinated individuals. Hypothetically, if anyone were to physically compel a vaccine on another without consent, it would constitute an assault under Canada's Criminal Code. But such scenarios did not occur under official policy; authorities relied on incentives and consequences rather than force. One adjacent criminal law issue was the treatment of **protesters** and those producing or using fraudulent vaccine certificates, some of whom were charged with offenses (for example, forgery or violations of public health orders). Those are collateral matters; the core act of getting vaccinated remained voluntary in a formal sense – albeit with strong incentives making it a coercive atmosphere.

It is also noteworthy that Canada is party to the ICCPR and other treaties mentioned earlier, and Canadian courts sometimes reference international law as an interpretive aid for Charter rights. The strong international norms on consent likely influenced the careful design of Canadian mandates – for instance, emphasizing that individuals *technically* had a choice (even if a hard one), rather than authorizing outright compelled injections. In public discourse, Canadian officials stressed that people were "not being forced" but would face certain limits on activities if unvaccinated. Critics labeled this semantic distinction meaningless coercion, but legally it helped keep mandates within a zone that judges could uphold as *reasonable limits* rather than outright rights violations.

In sum, Canada's legal system treated COVID vaccine mandates as significant but lawful intrusions on personal autonomy, justified by the severe risks of the pandemic. No explicit provision of Canadian law criminalizes coercive vaccination, but the Charter provides a framework to evaluate and limit such measures. As the pandemic has waned, most of these mandates have been lifted, and some public inquiries or political debates are now reassessing whether the measures were necessary or overbroad. From a strictly legal perspective during 2020–22, however, Canadian authorities acted within their lawful powers to implement vaccine requirements, and those measures largely withstood legal challenges.

European Union and Selected European Countries

European Union Law: The EU itself (as opposed to its member states) did not impose vaccine mandates, but it did coordinate policies like the EU Digital COVID Certificate, which facilitated travel for those vaccinated, tested, or recovered. The rollout of the Digital Certificate in 2021 raised concerns about indirect discrimination against the unvaccinated. In response, the EU legislature included in the Certificate Regulation a clause that it should not be interpreted as making vaccination a precondition to exercise free movement, and that any **"persons who are not vaccinated…should not be discriminated against"** – signaling an intent to avoid coercion by ensuring alternatives (testing, etc.) were accepted. Moreover, the Parliamentary Assembly of the Council of Europe (which includes EU and non-EU states) passed **Resolution 2361 (2021)** in January 2021, urging member States to ensure COVID-19 vaccines are used on a voluntary

basis. The resolution called on governments to **"ensure that citizens are informed that the vaccination is not mandatory and that no one is under political, social or other pressure to be vaccinated if they do not wish to do so,"** and to **"ensure that no one is discriminated against for not having been vaccinated"** [18] . Although this resolution is not legally binding, it reflected a clear sentiment in Europe's leading human rights forum that vaccination should remain a choice. Ironically, many European countries later adopted measures that did put pressure on the unvaccinated, arguably running afoul of that guidance.

Constitutions and Laws of European States: Most European countries have constitutional or statutory provisions echoing the requirement of consent for medical interventions. For example, the *Constitution of Poland* (1997) states in Article 39: **"No one shall be subjected to scientific experimentation, including medical experimentation, without his voluntary consent."** [19] This is a direct safeguard born from historical experience. *Germany's Basic Law* guarantees human dignity (Art. 1) and bodily integrity (Art. 2(2)), though it allows encroachments by law for the public good – a clause Germany invoked when passing a law in late 2021 requiring COVID vaccination for health workers (the justification being patient safety). *Italy's Constitution* famously provides in Article 32 that health treatments can be imposed by law only if absolutely necessary and only if they do not violate human dignity: "No one may be obliged to undergo any health treatment except as provided by law. The law may not under any circumstances violate the limits imposed by respect for the human person." This provision was central during Italy's response, as Italy not only mandated COVID vaccination for certain workforce groups (healthcare workers, teachers, police, etc.) but also, for a time, made a "Green Pass" (proof of vaccination or test) mandatory for all workers to enter workplaces. These measures were challenged as possibly exceeding the "limits of human person" clause, but Italian courts largely found them constitutional given the emergency. One Italian Constitutional Court decision (November 2022) upheld the healthcare worker vaccine mandate, reasoning that the mandate protected others' rights (patients' health) and did not entail forced injection – rather, the consequence was suspension without pay, which the Court deemed a lawful balance under Article 32.

France, similarly, imposed a COVID vaccine mandate for health professionals and implemented a Health Pass for public venues. France's approach was challenged under provisions of its Civil Code and Public Health Code that normally require consent for treatment, but the government invoked the Code's exception for measures aimed at controlling communicable diseases. The Conseil d'État and Conseil Constitutionnel of France rejected appeals against the Health Pass and mandates, finding that the law served the legitimate aim of health protection and provided for appropriate exceptions (e.g., for those with medical contraindications). They emphasized that no one was being physically forced; individuals remained free to refuse vaccination, with the trade-off of restricted access to certain activities.

A noteworthy example of pushback occurred in *Austria*. Austria in late 2021 passed a law making COVID-19 vaccination mandatory for the entire adult population – one of the only democracies to take such a step. Non-compliance would have entailed fines. However, before enforcement began, the law was suspended and eventually repealed by mid-2022 as the wave subsided and opposition mounted. The Austrian constitutional issues were debated (the law had passed scrutiny initially), but ultimately the mandate was dropped for policy reasons. This episode illustrates that even where legal systems allow broad mandates, the societal acceptance and practicality can falter.

Throughout Europe, **criminal law** was generally not the tool for vaccination enforcement. Instead, administrative fines or loss of privileges were used. One could conceive of extreme cases – for instance, if an individual physically overpowered someone to inject them, that would be criminal battery in any

European country. But state-sanctioned force was not employed in EU countries; even where mandates existed, compliance was achieved through civil penalties. That said, some countries did impose fines for the non-vaccinated (Greece fined older adults who refused; Indonesia – outside the scope of our main countries
– even threatened fines and denial of benefits for unvaccinated persons under a sweeping mandate). In Europe, these fines raised proportionality questions under human rights law. If such fines were exorbitant or punitive, they could be seen as coercive to a degree that undermines consent. Each country's courts handled this differently, usually deferring to the legislature's judgment in the context of an unprecedented crisis.

In summary, European nations by and large had legal frameworks allowing **mandated vaccination** in specific contexts (especially for certain professions or schoolchildren), but those frameworks also universally acknowledged the principle of consent and human dignity. COVID-19 vaccine mandates in Europe, where implemented, were generally structured as temporary measures of last resort, justified by public health necessity and accompanied by exemptions or alternatives (testing) where possible. They were often controversial but not plainly *ultra vires*. Few if any were struck down entirely by courts, which underscores that within national legal systems, these mandates were treated as legally valid responses to a grave danger, rather than as criminal coercion. However, the very need to carefully craft and legally defend such mandates shows how they press against fundamental legal guardrails – guardrails put in place precisely to prevent state overreach on individuals' bodies.

Ukraine

Ukraine's laws closely mirror the consent protections found in Russia's and Poland's Constitutions, reflecting a common post-Soviet and Eastern European commitment to never repeat the involuntary medical abuses of the past. The *Constitution of Ukraine* (1996) in Article 28 provides that **"No person shall be subjected to medical, scientific or other experiments without his or her free consent."** This entrenches the [11] [12] requirement of consent at the constitutional level. Additionally, Article 29 of the Ukrainian Constitution guarantees personal freedom and inviolability, further buttressing the notion that one's body should not be interfered with by the state without due process. In Ukraine, during the COVID-19 pandemic, the government did institute certain vaccine mandates – for example, requiring teachers, government employees, and other specified categories to be vaccinated or else be suspended from work. These mandates were issued by the Ministry of Health and were challenged in court by some employees. The Kyiv District Administrative Court, in at least one high-profile case, upheld the mandate for educators as a lawful measure for health protection, citing that individuals still have the right to refuse but then can be reassigned or put on unpaid leave, which was seen as a reasonable consequence, not a violation of the Constitution.

Notably, Ukraine's legal culture during the pandemic leaned more on persuasion and incentives rather than heavy-handed enforcement. There was extensive public messaging and even modest financial payments for vaccinated elderly persons. The real "coercion" was soft: unvaccinated people faced travel restrictions on trains and buses and had to test frequently at their own cost. Legally, these restrictions were enabled by Ukraine's public health laws which, like those in many countries, allow the Ministry of Health or Chief Sanitary Doctor to impose necessary epidemic controls.

There is no indication that Ukraine criminalized vaccine refusal. The Ukrainian Criminal Code does have provisions criminalizing violation of quarantine rules (Art. 325) but that was more about business owners illegally operating during lockdowns or individuals breaching quarantine when infected. It did not extend to

punishing someone for not getting a shot. Thus, as elsewhere, the main legal forums were administrative: e.g., labor law consequences and whether those violated constitutional rights. By and large, Ukrainian courts aligned with international trends in finding that targeted vaccine mandates for certain jobs did not infringe constitutional rights because they were grounded in law and pursued a legitimate aim (public health). The Ukrainian Parliament considered but did not pass more draconian measures such as general population mandates or digital passes (which would have been difficult to enforce in any event, given infrastructural and political constraints).

Given Ukraine's constitutional text on free consent, any truly forced vaccination – say authorities tying people down – would be blatantly unconstitutional and illegal. No such scenarios occurred. Ukraine's alignment with European human rights norms (it is party to the ECHR and ICCPR, etc.) also meant that any measures had to be justifiable under those regimes. The ombudsman and civil society kept an eye on proportionality. For example, when some local authorities tried to go beyond national rules (like completely banning unvaccinated people from public transport regardless of testing), there were legal challenges and those measures were often revoked or softened.

In conclusion, Ukraine's legal stance is that while vaccination is highly encouraged and even required for certain segments, it ultimately must remain a matter of informed consent. The COVID-19 mandates that were implemented walked a careful line to stay on the side of legality – using suspension from work or testing requirements as enforcement rather than physical force – thereby attempting to honor the constitutional promise that medical interventions are not to be foisted on someone without their free agreement.

China

The legal framework of the People's Republic of China provides a contrasting perspective, as it places relatively less emphasis on individual consent and more on collective welfare in public health matters. The Chinese Constitution (1982, as amended) does not explicitly address medical consent or experiments on humans. It does, however, proclaim in Article 38 that the *"personal dignity of citizens…is inviolable."* Article 37 guarantees personal freedom against unlawful detention or search. While these clauses suggest a general respect for the person, in practice they have not been interpreted to grant a right to refuse state-sanctioned medical measures. China's governing philosophy in a public health crisis leans on the state's duty to protect public health (the Constitution's Article 21 actually enjoins the state to develop public health) and the populace's duty to comply.

During COVID-19, China did **not** impose a nationwide vaccine mandate. Vaccination was officially "voluntary, based on informed consent" according to the National Health Commission's pronouncements. However, as the vaccine campaign rolled out, many local governments and employers introduced policies effectively requiring vaccination for certain activities – for instance, some localities announced that unvaccinated individuals (without medical contraindications) would not be allowed to enter hospitals, schools, or government buildings, or even that their children couldn't attend school unless the parents were vaccinated. These notices were sometimes rolled back after the central government reiterated the importance of voluntariness following public pushback. For example, in summer 2021 the city of Chuangyuan in Jiangxi province issued a rule barring unvaccinated people from public spaces, but it was quickly rescinded after higher authorities intervened, restating that citizens *should* get vaccinated but it must be done through persuasion rather than force. This pattern – local overreach followed by correction –

indicates a tension in Chinese governance between rigorous public health measures and the appearance of respecting individual choice.

Legally, China's *Infectious Disease Prevention and Control Law* (amended 2020) empowers authorities to take necessary measures to control epidemics. This could be read to allow compulsory vaccination if deemed necessary. But Chinese law and policy also incorporate the concept of informed consent in healthcare: for instance, the *Law on Basic Healthcare and Health Promotion* (2019) includes general provisions about patients' rights to be informed and to consent to treatments, and the doctrine of informed consent has been growing in Chinese medical practice (partly due to rising patient awareness and civil suits). In a non-emergency setting, administering a medical intervention without consent could lead to legal liability under tort law or administrative sanctions for providers. In the exceptional setting of COVID-19, however, the government's broad emergency powers arguably could override individual consent if authorities chose to mandate vaccines as an emergency measure. They did so for quarantine and testing to extreme degrees (e.g., compulsory mass testing and isolation in centralized camps were routine in China's Zero-COVID policy). Yet for vaccination, China opted for intense propaganda and social pressure rather than an official mandate, perhaps due to a calculus that coercion might backfire and feed public resistance or harm the narrative of vaccines' safety.

No known cases in China emerged of someone being criminally punished simply for refusing a vaccine. The enforcement model if any was administrative (e.g., not allowing certain benefits or access). By contrast, Chinese authorities vigorously enforced other COVID measures (lockdowns, travel bans) with criminal penalties for non-compliance (e.g., people breaking quarantine could be jailed). The relative leniency on vaccines suggests the government wanted to avoid the optics of physically forcing injections, which could invoke the traumatic history of medical abuses (both Western colonial and Cultural Revolution-era) that linger in Chinese memory.

In summary, Chinese law on paper does not provide the robust consent guarantees seen in Western constitutions, meaning a coercive vaccination drive could likely be legally implemented under broad public health powers. But in practice, China maintained the line that vaccination was voluntary, relying on ubiquitous propaganda, the social credit system's potential leverage, and community enforcement to reach high vaccination rates. The letter of Chinese national policy was to respect informed consent – whether that was always honored at local levels is unclear. This reflects a duality in China's legal approach: individual rights are subordinate to the state's goals, but the state may still choose to respect personal consent to maintain public trust and social harmony. Thus, from the standpoint of identifying laws under which coercive vaccination would be clearly illegal in China, one might point to general principles (like personal dignity) or analogize to existing consent rules, but there is less explicit statutory constraint compared to the other jurisdictions discussed. Coercion, if directly authorized by the State Council under an emergency, would likely be upheld by Chinese courts due to the deference to state necessity. Thankfully, that scenario did not materialize, as coercion was mostly unnecessary to achieve compliance in the Chinese context.

Comparisons to Fascist and Nazi-Era Practices in Coercive Health Measures

From the outset of COVID-19 vaccination campaigns, opponents of coercive measures frequently invoked the specter of fascism and Nazism – charging that policies segregating the unvaccinated or pressuring individuals to take an injection against their will were akin to the tactics of totalitarian regimes. This section

examines whether, and how, such comparisons hold up legally, and what exact legal references have drawn parallels between pandemic measures and Nazi practices.

The Nuremberg Code and Nazi Medical Crimes: The most direct legal bridge to the Nazi era is the *Nuremberg Code (1947)* itself. The Code was formulated in response to the Nazi doctors' trial, distilling the lessons of Nazi medical atrocities (such as involuntary experimentation on concentration camp inmates) into legal-ethical principles [20] [21] . The first principle's mandate of voluntary consent [4] was essentially a repudiation of what Nazi and fascist regimes had done – treating individuals as mere means to an end (for example, testing typhus vaccines on prisoners without consent, or forcibly sterilizing those deemed "undesirable"). In invoking the Nuremberg Code during COVID-19, vaccine mandate critics were effectively accusing governments of violating a principle born from the condemnation of Nazi crimes. The legal weight of this comparison is persuasive in a moral sense: *if* one views mass vaccination under emergency authorization as a kind of medical experiment on the population, then the Nuremberg Code's prohibition on coercion squarely applies, and violating it could be seen as paralleling the condemned Nazi conduct. Indeed, numerous public statements and protests featured slogans like "Never again" and "Code of Nuremberg" to assert that mandates were crossing a forbidden line. Lawyers filing lawsuits against mandates sometimes cited the Nuremberg Code in their legal briefs, arguing that it is part of customary international law. For instance, a group of lawyers in Europe wrote open letters to regulatory agencies invoking the Nuremberg Code and warning that officials could be held accountable as were the Nazi doctors.

However, it is crucial to differentiate the contexts. Nazi practices involved deliberate infliction of harm and absence of any benefit to the victim, whereas COVID-19 vaccination was intended to benefit the recipients and society by preventing disease. Proponents of mandates vehemently reject the Nazi comparison as a false equivalence that trivializes the Holocaust. Legally, no court endorsed the view that vaccine mandates are equivalent to Nazi human experimentation. The Nuremberg Code is not a statute and does not provide a cause of action on its own. When plaintiffs raised it, judges often responded that while informed consent is a respected principle, domestic public health laws (and the fact that vaccines had undergone trials and were authorized) place mandates in a different category. In short, the legal system did not formally equate modern public health mandates with Nazi crimes, even if the rhetoric appeared in legal pleadings and public discourse.

Crimes Against Humanity and the "Nazi" Benchmark: The concept of *crimes against humanity* in international law was first developed to prosecute Nazi leaders. Among those crimes are **"persecution"** and **"inhumane acts"**. Some opponents of coercive vaccination have alleged that excluding the unvaccinated from society amounts to persecution of a group (analogous to the persecution of Jews and others under Nazi rule, albeit far less extreme in degree). For example, the term "medical apartheid" was used to describe systems where vaccinated and unvaccinated had different freedoms, implicitly comparing it to the systematic oppression by racist or fascist regimes. Legally, persecution is defined as severe deprivation of fundamental rights of a group based on grounds like religion, ethnicity, etc. In theory, if "vaccination status" were considered an arbitrary ground and people were severely deprived of rights (unable to work, travel, or access basic needs), one could stretch to call that persecution. However, in practice, the comparison falters because vaccination status is not an immutable characteristic and the restrictions, while burdensome, were generally temporary public health measures aimed (rightly or wrongly) at safety, not at *denying the humanity* of the unvaccinated. No international tribunal considered any formal complaint on these grounds credible. The International Criminal Court was petitioned by some activists to investigate vaccine mandates as crimes

against humanity; the ICC quietly declined to take up those referrals, presumably viewing them as outside the scope of egregious human rights violations the court addresses (genocide, extermination, etc.).

One legal reference tying Nazi practices to medical coercion can be found in the domestic laws that were crafted with Nazi crimes in mind. For instance, *Germany's criminal code (Strafgesetzbuch)* includes a provision (§ 7(2) Nr. 1 VStGB, the Code of Crimes Against International Law) that criminalizes human experiments on non-consenting persons as a crime against humanity, mirroring the language of the ICC Statute. This law was used to prosecute a German physician in 2021 – not for vaccines, but for giving unauthorized COVID treatments (such as experimental drugs) to patients without proper consent. While unrelated to vaccination, it shows that German law explicitly treats non-consensual medical experimentation as gravely as Nazi crimes. If someone in Germany were to, say, forcibly vaccinate or test a person in a way considered an experiment, theoretically they could be charged under that provision. So far, that has not happened regarding COVID vaccines, because those vaccines were considered scientifically validated, not experimental in the legal sense once approved.

The label "fascist" was also employed by some public figures describing the heavy-handed enforcement of pandemic rules. In Italy, for example, opponents of the Green Pass likened the policy to Mussolini-era tactics of controlling and segregating the population. Some members of parliament donned Star of David badges in protest, equating themselves to Jews under Nazism. These are powerful symbols, but legally they did not translate into codified judgments or laws branding vaccine mandates as fascistic. Instead, they served as political and cultural arguments highlighting the perceived authoritarian nature of the measures.

Distinctions Drawn by Courts and Scholars: Legal scholars have weighed in to clarify that equating public health mandates with Nazi crimes is generally a flawed analogy. The European Court of Human Rights, in upholding conventional vaccine mandates for children, noted that the objective is to protect health, not to harm or discriminate, and that adequate safeguards (medical exemptions, etc.) prevent the measures from being inhumane or degrading. In effect, courts have signaled that while individual rights are limited, the context matters: Nazi practices were motivated by hateful ideologies and blatant disregard for human life, whereas vaccine mandates – even if one believes them misguided – were ostensibly motivated by a desire to save lives. This distinction in intent and outcome is legally significant.

In conclusion, the **legal equating** of COVID coercive measures to fascist or Nazi practices is more rhetorical than doctrinal. The **exact legal references** that undergird the comparison are primarily the Nuremberg Code [4] and the post-WWII human rights provisions (like ICCPR Article 7 [3] and various constitutions) that were enacted in reaction to Nazi violations. Those laws clearly forbid what the Nazis did: subject people to medical procedures without consent, in disregard of their dignity and rights. To the extent any COVID-19 policy similarly trampled individual consent and dignity, one can argue it is *contrary* to those post-Nazi legal standards. But it is important to maintain perspective – none of the pandemic-era measures rose to the level of the atrocities that triggered the creation of those laws. Therefore, while the shadow of fascism provides a cautionary backdrop reminding lawmakers to never compromise human dignity, most legal authorities stop short of labeling pandemic measures as "Nazi-like" in a literal sense. Instead, they focus on enforcing the modern laws (which themselves are the legacy of defeating fascism) to ensure measures respect fundamental rights as much as possible. If coercive vaccination were ever taken to an extreme – e.g., door-to-door forced injections by police – that would undoubtedly trigger direct legal condemnation as a crime (and *de facto* be seen as a Nazi-like atrocity). Fortunately, no democratic country went to that extreme. Thus, the Nazi comparisons serve as a stark reminder and a moral argument, but in legal terms,

they reinforce the need to adhere to consent laws like the Nuremberg Code and ICCPR rather than create a new legal category for COVID measures per se.

Corruption, Conflicts of Interest, and Financial Incentives behind Coercive Measures

An often-overlooked aspect in legal analysis of COVID-19 vaccination policies is the role of **corruption and conflicts of interest**. Any discussion of law and public policy must acknowledge that laws are made and executed by individuals and institutions that may be swayed by financial or political incentives. This chapter examines evidence and allegations of pharmaceutical lobbying, regulatory capture, and monetary incentives that potentially influenced the adoption of coercive vaccine measures – factors that, if proven, could have legal implications such as invalidating regulations or even rendering certain actions criminal (for instance, if officials took bribes or acted fraudulently).

Pharmaceutical Industry Influence: The global pharmaceutical industry – particularly companies like Pfizer, Moderna, AstraZeneca, etc., which developed COVID-19 vaccines – wielded enormous influence during the pandemic. In the United States, the pharmaceutical and health products sector is consistently the top spender on lobbying. In 2021, for example, as vaccine rollouts accelerated, the industry spent a **record \$357 million** on federal lobbying [22] , far outstripping other industries. Such lobbying aims to shape legislation and policy in ways favorable to the industry. While lobbying in itself is legal, it can lead to *regulatory capture*, where agencies like the FDA or CDC begin to prioritize industry interests (profit, market share) alongside or over the public interest. Critics point out the "revolving door" phenomenon at U.S. regulatory agencies: high-level officials often come from or go to pharmaceutical companies. A prominent instance is **Dr. Scott Gottlieb**, who was FDA Commissioner from 2017–2019 and then joined Pfizer's Board of Directors within months of leaving the FDA [23] 24 . He wasn't involved in COVID vaccine approval (having left before the pandemic), but during 2020–22 he became a visible media commentator advocating robust vaccination campaigns – all while sitting on the board of a top vaccine manufacturer. Similarly, Dr. Stephen Hahn, FDA Commissioner in 2020 (when the vaccines were authorized), later took a position with a venture fund linked to Moderna. These cases exemplify *structural conflicts of interest*: regulators who know their future income may come from the very companies they regulate. Public health decisions, including authorization of vaccines and recommendations for their use, might consciously or unconsciously be biased by such ties. Public Citizen, a watchdog group, noted that Gottlieb's swift move to Pfizer "inevitably erodes public trust" and raises questions whether his FDA actions *"served the public health interests…rather than the interests of Big Pharma and his own personal financial interests."* [24] . If coercive vaccination policies were partly driven by advisors or officials with such conflicts, it arguably taints the legitimacy of those policies. In legal terms, it could amount to administrative law violations (failure to follow impartial process) or even corruption if quid pro quo is proven. While we do not have evidence of illegal bribes in the vaccine rollout, the *appearance* of conflict was rampant and has fueled skepticism and legal challenges (some lawsuits have alleged that mandate decisions were "arbitrary and capricious" or infected by undue influence).

Suppression of Dissent and Scientific Debate: A related concern is that the normal checks and balances of scientific deliberation were undermined by political and financial interests. The *British Medical Journal* published a notable editorial titled *"Covid-19: politicisation, 'corruption,' and suppression of science"*. In it, the BMJ's executive editor Kamran Abbasi warned that *"COVID-19 has unleashed state corruption on a grand scale, and it is harmful to public health"* [25] *26* . He alleged that politicians and industry have *"manipulated the medical-political complex"* during the emergency [27] . As examples, he pointed to instances where

governments overrode or hastily approved medical interventions (e.g., the Trump administration pressuring the FDA to authorize certain drugs, or the UK government suppressing unfavorable data) [28] . In the context of vaccines, one could question: were decisions to push mandates made transparently based on solid science, or were they driven by a confluence of corporate profit motives and political expediency? The BMJ editorial highlights that many key scientific advisors had shareholdings in companies making vaccines or tests [29] , a direct financial conflict. From a legal ethics standpoint, conflicts of interest like these should be disclosed and managed; failure to do so could violate ethical codes or even laws on transparency. For instance, in the U.S., federal advisory committees (like the CDC's ACIP or the FDA's VRBPAC) are subject to federal conflict-of-interest rules; waivers were granted to some members with ties to industry to participate in vaccine approvals, raising questions about impartiality. While this might not be *criminal*, it edges into a grey area that undermines public trust and could be seen as a form of institutional corruption.

Financial Incentives for Coercive Policies: Governments didn't just rely on sticks (mandates); they also used carrots and internal incentives. In the U.S., the federal government created a Provider Relief Fund and various add-on payments to healthcare providers for COVID-related care. One often-cited fact is that Medicare payments to hospitals for COVID-19 patients were increased by 20% under the CARES Act [30] . This was intended to ensure hospitals weren't penalized for the extra cost of treating COVID patients. However, some have argued it created a perverse incentive to over-report COVID cases or lean toward treating every patient as a COVID patient to get the bonus. The American Hospital Association acknowledged the 20% Medicare bonus [30] , though public health experts note that treating COVID patients *is* more costly, so the bonus was justified [30] . Nonetheless, financially rewarding hospitals for COVID cases and vaccination (in the U.S., the government also paid administration fees for each vaccine given) meant that institutions had monetary motivation to vaccinate as many people as possible. Again, not illegal per se, but the alignment of profit with public health can be double-edged: it can speed up response, but also skews priorities. On a more micro level, pharmaceutical companies had revenue in the tens of billions from vaccine sales (Pfizer's COVID vaccine brought in an estimated \$36 billion revenue in 2021). They certainly had an interest in policies that maximize uptake (like booster recommendations and mandates). If any pharma company were found to have unduly influenced officials – for example, through off-the-books payments, lucrative speaking contracts, or promises of post-government jobs (all subtle forms of bribery) – that would be corruption. While direct evidence of bribery in vaccine mandates has not come to light, history reminds us that pharmaceutical companies have engaged in illegal marketing and influence (Pfizer itself has past criminal settlements for fraudulent marketing of drugs). The sheer scale of the vaccine program and the urgency reduced some usual scrutiny, a situation rife for potential misconduct.

Regulatory Capture and Emergency Authorizations: Regulatory capture occurs when the regulator serves the industry's interest. The speed of emergency vaccine approvals and later the full approvals were points of contention. Some outside experts felt the FDA bent its standards under pressure to approve boosters for wider age groups or to authorize vaccines for children quickly. Internally, there were reports of disagreements within agencies (two senior FDA vaccine officials even resigned reportedly over political pressure to approve boosters). If true, such pressure might constitute improper interference undermining the lawful process defined in statutes. However, proving this in court is difficult without whistleblower testimony or documents, which largely remain internal. Still, from a legal reform perspective, these events have led to calls for more insulation of health agencies from politics and more transparency on advisory committee deliberations and data.

Vaccine Contracts and Government Spending: Another area rife with potential conflict is the procurement contracts for vaccines. Many of these contracts (with Pfizer, Moderna, etc.) were kept secret or heavily

redacted when released. The EU, for instance, faced a scandal when an MEP raised questions about text messages between the EU Commission President Ursula von der Leyen and Pfizer's CEO regarding a huge vaccine contract; the failure to preserve and disclose those communications prompted inquiries by the European Ombudsman. Such opacity can hide preferential treatment or at worst kickbacks. Legally, if any official profited or got undue advantage (even just career advancement promises) from a vaccine maker in exchange for policy favors (like securing mandates that ensure more product sales), that would violate anti-corruption laws. In the U.S., for example, 18 U.S.C. § 208 prohibits federal officials from participating in matters affecting the financial interests of companies they have ties to. An official who owned stock in a vaccine company while making mandate decisions might run afoul of this, unless they had a waiver or used a blind trust. Many officials (like members of Congress and high-level Executive branch staff) did own stocks; some traded vaccine manufacturer stocks during the pandemic, causing public outrage and calls for stricter rules on stock trading.

In short, **corruption and conflict of interest** present a legal and ethical cloud over coercive vaccination measures. While the formal legality of mandates was usually argued on public health grounds, the background influence of money and lobbying may have quietly tilted the scales. The British Medical Journal's assertion is stark: *"Science is being suppressed for political and financial gain. Politicians and governments are suppressing science, and when good science is suppressed, people die."* [25] If true, that indicates a form of systemic corruption – what Abbasi called *"opportunistic embezzlement"* of the pandemic by a *"medical-political complex"* [27] . Legally, such corruption might manifest in future investigations or lawsuits (for instance, shareholder lawsuits against pharma companies for hiding safety issues, or legislative investigations into government contracting). There have already been criminal probes into smaller instances, like doctors selling fake vaccine cards (which is individual corruption). But proving high-level corruption (e.g., a lawmaker pushing a mandate after receiving a big pharma donation) is challenging under current law, because campaign contributions and lobbying are legal and only quid pro quo bribes are criminal. It often resides in an ethically questionable yet legal gray area.

The **consequence** of these conflicts for the legality of mandates is largely indirect: courts generally did not invalidate mandates by citing corruption. But the public's loss of trust due to perceived corruption can have legal ramifications, such as non-compliance, jury nullification attitudes, or political shifts leading to repeals of laws. In some countries, scandals about officials violating their own rules (like the "Partygate" scandal in the UK, where government officials held gatherings during lockdown) fueled a narrative that the measures were less about health and more about control or self-interest – hallmarks of authoritarian abuse.

In conclusion, addressing corruption and conflicts is essential to uphold the rule of law in public health. Ensuring transparency in decision-making, disclosing financial interests of experts and officials, and rigorously enforcing ethics laws are all part of the legal framework that should operate in tandem with public health laws. Coercive measures implemented without these safeguards invite legal challenges and public fury. The pandemic revealed that our systems must be vigilant to prevent and punish any corruption that exploits a crisis. Otherwise, even well-intentioned mandates risk falling into the same moral category as other abuses of power, motivated by gain rather than the public good.

Conclusion

Examining coercive COVID-19 vaccination measures through the lens of international and national law reveals a complex interplay between public health necessity and fundamental legal norms. On one hand, governments faced an extraordinary crisis and invoked their lawful powers to protect life – including

vaccine mandates or quasi-mandates – aiming to curb a pandemic that killed millions. On the other hand, the **letter of the law** at both global and domestic levels consistently affirms that medical interventions should be undertaken with voluntary, informed consent, respecting individual autonomy and dignity. Bridging this divide required careful legal calibration.

From the survey above, several **clear legal principles** emerge. Internationally, there is an **unequivocal prohibition on non-consensual human experimentation** (in instruments like the ICCPR [3] and the post-WWII Nuremberg Code [4]). If coercive vaccination were characterized as experimental, it would violate those norms. Domestically, many countries enshrine the **right to bodily integrity** in constitutions or statutes, implying that forced medical treatment is generally impermissible. For example, Russia and Ukraine's constitutions explicitly ban medical experiments without consent [11] , and U.S. jurisprudence recognizes personal autonomy in healthcare decisions [9] . These provisions form a baseline: under normal conditions, a mandate to inject a substance into someone's body against their will would indeed be *ultra vires* (beyond the state's legitimate authority) and potentially **criminal** (akin to battery or a rights deprivation).

However, all legal systems provide mechanisms for **exceptions** in the context of public health emergencies or compelling state interests. The same law that defends autonomy also permits proportionate limitations on autonomy to protect others. Thus, whether coercive vaccination measures were illegal or criminal depends on their design and implementation: Were they done pursuant to valid law? Were they necessary and proportionate to achieve a legitimate aim (preventing harm to others)? Did they preserve an element of choice or alternative? In many jurisdictions, mandates were crafted to survive this legal test – e.g., by being grounded in legislation or longstanding disease control laws, by including exemptions, and by stopping short of physical force. Courts mostly found that these measures, though coercive, *did not* breach the letter of constitutional or human rights law given the exigencies of the pandemic. In those instances, coercive measures were deemed **potentially lawful** (even if controversial).

Yet, this legality often required stretching interpretations of the law to their limit. Dissenting voices – including some judges, lawyers, and commentators – argued that certain mandates *did* cross the line, especially once the emergency's peak had passed or when applied to low-risk populations. The letter of the law is not static: what was justifiable in an acute emergency may become unjustifiable as conditions change. A measure that was lawful in 2021 might be unlawful in 2022 if the factual basis (e.g., vaccine efficacy against transmission, or threat level) shifted. Importantly, **any evidence of bad faith, fraud, or corruption in how mandates were enacted** would strip them of legal legitimacy. Law, at its core, demands fidelity to the public interest and honest purposes. Should it ever be proven that officials mandated vaccines for ulterior motives – say, financial gain or power consolidation – those officials could face legal consequences (ranging from administrative sanctions to criminal charges for abuse of power or corruption). While no court during the pandemic made a finding of such nefarious intent, ongoing investigations and future scholarship may shed more light on these questions.

In the specific context of comparisons to Nazi and fascist practices, the analysis indicates that while **coercive vaccination violates the spirit of the post-Nazi human rights framework** (i.e., the world's legal rejection of medical tyranny), contemporary mandate policies were not equivalent in law to the atrocities of those regimes. They were, for the most part, implemented under democratic processes and were subject to judicial review and public debate – conditions absent in totalitarian regimes. However, the invocation of Nuremberg principles [4] served as a potent legal and moral reminder that any erosion of voluntary consent is a step down a perilous path. The fact that this rhetoric gained traction suggests a widespread

perception that some COVID measures flirted with illiberalism and injustice. Legally, it reinforces that **the burden of proof lies with authorities** to show that any coercive health measure is strictly necessary, non-discriminatory, and the least intrusive means to protect public health. If they fail to meet that burden, such measures should be struck down by courts as incompatible with fundamental rights – a few courts indeed took this stance in isolated instances.

In evaluating the **criminality** of coercive vaccination practices, one must differentiate between *per se* illegality and *contextual* illegality. No statute universally labels "vaccine mandate" as a crime; rather, the crime would be in the manner of enforcement (e.g., assaulting someone with a needle) or in overstepping legal authority (an official ordering actions without legal basis). During 2020–22, there were cases where lower-level enforcers arguably committed illegal acts – for example, reports of some individuals being vaccinated despite explicitly refusing (miscommunication or overzealous clinicians). Those could be battery. But systematically, governments trod carefully to avoid overt criminal breaches – they used lawful orders and regulations, not vigilante tactics. Thus, **while coercive vaccination rubbed against core legal ideals, it generally did not amount to a *crime* by existing legal definitions**, except in extreme hypothetical scenarios that largely did not materialize.

What the deep dive ultimately shows is a **confirmation of the resilience of legal norms**: even amid a global crisis, the rule that medical interventions require consent was never suspended on paper. Governments worked around it, bent it, or justified exceptions, but they did not formally annul the right to bodily autonomy. This is a testament to the enduring legacy of the very international and national laws discussed – the UDHR, Nuremberg, ICCPR, constitutions, etc., acted as a bulwark that constrained and shaped policy. Going forward, the experience has sparked calls for clearer legal frameworks for public health emergencies that better delineate the limits of coercion and ensure transparency and trust. Legislatures in various countries are reviewing emergency powers, and some have added sunset clauses or stricter oversight for health mandates. Legal accountability mechanisms (like inquiries and legislative hearings) are examining whether any officials or entities acted improperly or exceeded their authority.

In conclusion, coercive COVID-19 vaccination measures occupied a legally grey zone between the acceptable and the unacceptable. They were implemented in tension with long-established legal norms but were largely defended as *prima facie* lawful due to the extraordinary context. No uniform judgment can be rendered across all jurisdictions – some measures were likely illegal (as when a mandate lacked a valid legal basis), while others were arguably legal but only just. **All** such measures, however, tested the commitment of societies to the principle of informed consent. The clear lesson from this period is that even in an emergency, adherence to the *letter of the law* – especially laws safeguarding human rights – is both possible and necessary. If future policymakers remember this and strive to uphold those norms, they will ensure that public health is protected without sacrificing the very legal values that distinguish free and humane societies from the tyrannies of the past.

May 15, 2025

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