



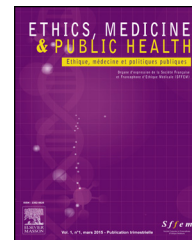
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## LETTER TO THE EDITOR

### Human rights and rethinking the use of “Mandatory” during COVID-19



**Keywords** Disability; Herd Immunity; Mandatory; Rights

*Dear Editor,*

Whether or not the pandemic is here to stay is a matter of herd immunity, but across the scientific literature, there are speculations of natural immunity as more effective compared to it [1,2]. With the existence of other viral mutations such as the Omicron (B.1.1.529) SARS-CoV-2 variant of concern, one of the important questions to be addressed is whether the use of “mandatory” can be ethically applied albeit it impedes the individual rights of those who refuse to accede to it.

A study on the incarcerated populations in the United States seems to think so because given the time-sensitive need for herd immunity, those who are considered core groups, in epidemiological terms, have the highest risk of transmitting the disease and therefore of endangering the whole population, so that mandatory vaccination should be ethically permitted [3]. In prisons in Asia, especially in the Philippines, this can be contextualized on the extreme vulnerability of 500% overoccupancy [4]. The use of “mandatory” here is considered a quick utilitarian move that is supposed to save lives but this is permissible to impede individual rights only if the situation qualifies as a “Catastrophic Moral Horror”, an ethical setting with grave impending harm. We argue here to consider even at the level of disability rights and that an ‘open-minded epistemology’ can accommodate a crucial cross-checking of anthropological and statistical data [5].

The dominant literature on disability rights, for instance, usually refers to disabilities as defects. The problem is not just that public health care caters to persons without disabilities more than persons with disabilities, but that most cultural views resist biomedical views. In deaf research, particularly, the medical model, at the risk of mistreatment, is generally followed that deems deafness as a problem to be cured. The rights argument resists the “mandatory” protocols and claims that it would take a very grave condition to be able to qualify as “Catastrophic Moral Horror.” To date, no law can make any mandatory medication of any procedure enforceable. Human rights standards must be prioritized over legal power. To illustrate, some deaf communities resist mass Cochlear implantations and their

consequent risks, given that most deaf community members do not believe that they need to be “fixed” because they are a people with rich culture sharing a unique sense of intimacy [6]. A deaf parent with three deaf children, Peter Artinian articulately shares: “But for myself, I’m deaf forever. I like it quiet. I like it peaceful. . . You know, I see that, you know—I see other people getting all agitated by the sounds around them. But me, I just sort of, you know, it rolls off my back because it’s quiet and I’m comfortable there” [7].

We thus emphasize a careful use of “mandatory” in local, state, or interstate actions that sacrifice the language of rights merely through the language of risk. The language of rights is a loaded term and understanding it requires delving into lived experiences. These experiences are diverse and mandates should be pluralistic in approach rather than one-sided.

#### Human and animal rights

The authors declare that the work described has not involved experimentation on humans or animals.

#### Informed consent and patient details

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#### Disclosure of interest

The authors declare that they have no competing interest.

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