Wednesday, September 1, 2021

Open Letter Regarding University Vaccination and Testing Mandates

Dear Presidents Goel and MacLatchy,

As faculty members of the University of Waterloo and Wilfrid Laurier University, we write to express our deep concerns with the present COVID-19 vaccination and testing policies at our universities[1,2]. While we share with the policy makers the goal of balancing the safety of our community during a pandemic with other competing interests (e.g., learning, human rights), we do not believe that the current policy achieves this goal. We are aware that another group of faculty, staff and students from the University of Waterloo have, in the last week, also submitted a similar public letter to administration calling for a repeal of the COVID-19 vaccination and testing mandate[3]. Though we have submitted our documents separately we support each other fully. Echoing and expanding on previously articulated arguments, our specific concerns are as follows:

1. **Discrimination:** The current COVID-19 vaccination and testing policy blatantly violates the our universities' commitments to equity, inclusivity and diversity[4,5]. The policy explicitly divides the our university communities into two groups, the vaccinated and the unvaccinated, and then adds to the latter group a requirement to seek an exemption and to regularly undergo onerous biological testing—this falls squarely within *the definition* of 'discrimination'. Furthermore, since certain minority, ethnic and religious groups are less likely be vaccinated[6,7,8], the policy will systemically discriminate against these already disadvantaged groups. Universities should be especially understanding of vaccine hesitancy in some minority groups in light of past unethical medical experiments that have targeted minorities (e.g., the Tuskegee experiments[9, see also 10]). If policy makers at our universities truly believe, teach and practice principles of equity, inclusivity and diversity these principles should not be allowed to fall by the wayside during a pandemic. We maintain that those who hold views about vaccination that differ from the views of the policy makers should not be systematically discriminated against.

2. **Basic Rights:** The coercive nature of the COVID vaccination and testing policy is particularly problematic because it can lead to violations of people's basic "Right to security of the person" as articulated in Section 7.2.iii of the *Canadian Charter of Rights and Freedoms*.[11]

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1 https://uwaterloo.ca/coronavirus/
2 https://www.wlu.ca/coronavirus/assets/resources/vaccinations-requirement-faq.html
3 https://cs.uwaterloo.ca/~mannr/Open-letter-UW-vaccine-mandates.html
4 https://uwaterloo.ca/human-rights-equity-inclusion/equity-office/plans-policies
5 https://www.wlu.ca/about/discover-laurier/equity-diversity-and-inclusion/index.html
6 Razai, M. S., Osama, T., McKechnie, D. G. J., & Majeed, A. (2021). Covid-19 vaccine hesitancy among ethnic minority groups. *BMJ*, *372*, n513. doi: 10.1136/bmj.n513
7 https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/vaccines/vaccine-hesitancy-primer.html
8 Mosby, I., and Swidrovich, J. (2021). Medical experimentation and the roots of COVID-19 vaccine hesitancy among Indigenous Peoples in Canada. CMAJ, 193(11), E381-E383 https://www.cmaj.ca/content/193/11/E381.short
9 https://www.mcgill.ca/oss/article/history/40-years-human-experimentation-america-tuskegee-study
10 Mosby I. Administering colonial science: nutrition research and human biomedical experimentation in Aboriginal communities and residential schools, 1942–1952. Soc Hist 2013; **46**:145–72.
11 https://www.justice.gc.ca/eng/csj-sjc/rfc-dlc/ccrf-ccdl/check/art7.html

According to the *Charter*, "Security of the person includes a person's right to control his/her own bodily integrity. It will be engaged where the state interferes with personal autonomy and a person's ability to control his or her own physical or psychological integrity…" by, for example, "…imposing unwanted medical treatment." Because some people have deeply held personal, religious, and scientific concerns with both vaccination and surrendering bodily material for testing, the present coercive COVID policy can cause "severe psychological harm to the individual," which the *Charter* is meant to prevent. Along similar lines, the *Canadian Bill of Rights*[12] states that "It is hereby recognized and declared that in Canada there have existed and shall continue to exist without discrimination by reason of race, national origin, colour, religion or sex, the following human rights and fundamental freedoms, namely, (a) the right of the individual to life, liberty, *security of the person*…" (italics added). Furthermore, Bill S-201, the *Genetic Non-Discrimination Act*[13], also "…amends the *Canada Labour Code* to protect employees from being required to undergo or to disclose the results of a genetic test, and provides employees with other protections related to genetic testing and test results. It also amends the *Canadian Human Rights Act* to prohibit discrimination on the ground of genetic characteristics." Do university policy makers really intend to override these basic rights afforded to all Canadians? Ontario universities have long supported the notion of "my body, my choice;" is this mantra now to be replaced with "my body, the university administration's choice?" We hope our universities will continue to be a robust champion of basic human rights and freedoms, even during a pandemic.

3. **Scientific Evidence:** The COVID-19 policy fails to take into account and make available all scientific knowledge regarding the transmission of SARS-CoV-2. First, by requiring regular testing of only the unvaccinated, the COVID-19 policy ignores data showing that vaccinated individuals can harbour and transmit SARS-CoV-2[14,15,16]. If the university is interested in tracking COVID-19 infections on campus, why are possible 'breakthrough infections' in the vaccinated not being monitored by regular testing of the vaccinated? Second, the policy involves regular testing of unvaccinated *asymptomatic* individuals, yet policy makers have not provided clear and compelling evidence to support the assumption that asymptomatic individuals are meaningful drivers of COVID-19 spread[17] on campus; nor has there been evidence presented supporting the assumption that the outcomes of COVID tests administered to large numbers of asymptomatic individuals are meaningful, valid, and reliable[18]. Third, the policy ignores evidence that those previously infected with SARS-CoV-

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[12] https://laws-lois.justice.gc.ca/PDF/C-12.3.pdf
[13] https://www.parl.ca/DocumentViewer/en/42-1/bill/S-201/royal-assent#enH42
[14] Hacisuleyman, E., Hale, C., Saito, Y., Blachere, N. E., Bergh, M., Conlon, E. G., … Darnell, R. B. (2021). Vaccine Breakthrough Infections with SARS-CoV-2 Variants. *New England Journal of Medicine*, *384*(23), 2212–2218. doi: 10.1056/nejmoa2105000
[15] https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e3.htm
[16] https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm
[17] Cao, S., Gan, Y., Wang, C., Bachmann, M., Wei, S., Gong, J., ... & Lu, Z. (2020). Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China. *Nature communications*, *11*(1), 1-7. We also note that much of the evidence for asymptomatic spread remains circumstantial and speculative. As an example, see: Huff, H. V., & Singh, A. (2020). Asymptomatic transmission during the coronavirus disease 2019 pandemic and implications for public health strategies. *Clinical Infectious Diseases*, *71*(10), 2752-2756.
[18] Armstrong, S. (2020). Covid-19: Tests on students are highly inaccurate, early findings show. *BMJ*, *371*, m4941. doi: 10.1136/bmj.m4941

2 appear to have robust immunity against the virus[19,20]. Fourth, the requirement for vaccinating university students does not seem to take into account the strikingly low likelihood that university-aged individuals will experience severe COVID-related illness or death[21]. Fifth, policy makers ought to provide and summarize for our university communities all available data demonstrating the efficacy of relevant COVID-19 vaccines, focusing only on conclusive, well-powered, randomized, double-blind, placebo-controlled trials that measure both short-term and long-term immunity in university-aged samples. Finally, our university communities should be presented with a clear statement of the methodology that has been implemented to track negative side-effects of vaccination as well as up-to-date data regarding the prevalence and nature of such side-effects; of course, long-term negative side-effects of vaccination remain completely unknown. Indeed, we note that much of the scientific information pertaining to these issues is partial, circumstantial, and speculative and we are concerned with the apparent lack of a clearly articulated data-driven foundation for the present COVID-19 vaccination and testing policy at our universities.

4. **Coercion:** As currently formulated, the policy coerces students, staff and faculty into taking an invasive experimental medical treatment (i.e., COVID-19 vaccination) that has a largely unknown safety profile and possible life-long and even fatal side-effects[22]. The policy is coercive because if one does not accept the experimental vaccine, one is required to request an exemption and comply with onerous testing protocols. As the presently available COVID-19 vaccinations have not been through standard rigorous testing protocols, the ongoing vaccination program is effectively a large-scale experiment, one that now does not seem to have proper scientific controls. Coercion into participating in such an experiment violates *The Nuremburg Code (1947)*[23] of "Permissible Medical Experiments," which requires "voluntary consent" "without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or *coercion*" (italics added). Our universities have a long history as leaders in setting and upholding the highest standards of ethics, and it is shocking that this outstanding track record is now being tarnished by the ethical violations inherent in the current COVID-19 vaccine and testing policy.

5. **Informed Consent:** Related to the foregoing, the policy also fails to meet the most basic and fundamental standards of informed consent. *The Nuremburg Code (1947)* also stipulates that voluntary consent requires that the individual "should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him [or her] to make an understanding and enlightened decision." Unfortunately, people's ability to make 'enlightened decisions' about pandemic-related issues may have been compromised by

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[19] Cohen, K. W., Linderman, S. L., Moodie, Z., Czartoski, J., Lai, L., Mantus, G., ... & McElrath, M. J. (2021). Longitudinal analysis shows durable and broad immune memory after SARS-CoV-2 infection with persisting antibody responses and memory B and T cells. *Cell Reports Medicine 2, 100354*. DOI:https://doi.org/10.1016/j.xcrm.2021.100354.

[20] Gazit, S., Shlezinger, R., Perez, G., Lotan, R., Peretz, A., … Patalon, T. (2021). Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections. Preprint at medRxiv 2021.08.24.21262415; doi: https://doi.org/10.1101/2021.08.24.21262415

[21] https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html?stat=num&measure=deaths&maps=pt#a2

[22] https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html

[23] https://media.tghn.org/medialibrary/2011/04/BMJ_No_7070_Volume_313_The_Nuremberg_Code.pdf

governmental use of manipulative behavioral economics techniques,[24,25,26,27] suppression and censorship of scientific views[28,29] and media bias.[30] More importantly, at present, along with the COVID vaccine and testing policy, the university has not made easily accessible clear, unbiased, and complete information about 1) the costs and benefits of taking the COVID-19 vaccine, including particularly the short- and long-term negative side-effects of the vaccine (e.g., myocarditis,[31,32] abnormal blood clotting, [33,34] potential pathogenic priming[35]), and 2) the validity and reliability of the testing protocols, especially since the FDA in the USA has revoked the Emergency Use Authorization of some previously used COVID-19 tests[36,37]. Critically, we note that useful data about possible side-effects of COVID-19 vaccines are simply not available since they have not been rigorously collected and investigated. In addition, to further support informed consent, students, staff, and faculty should also be informed about the *Nuremburg Code,* their basic right to refuse invasive medical treatments and tests as is articulated in the *Canadian Charter of Rights and Freedoms* and the *Canadian Bill of Rights*, and the possible dangers of medical privacy violations since both vaccination status and biological data are to be collected.

Based on the foregoing concerns, we request that the current Covid-19 vaccination and testing policy be repealed immediately and that it be replaced with a policy whereby students, staff, and faculty have freedom of choice regarding vaccination and testing.

During emergencies, institutional decision making can be influenced by various political, legal and social pressures and policy makers can allow their personal beliefs, biases and fears to inform their decisions. Concerningly, during emergencies such as the Covid-19 pandemic, there is a tendency for institutions to adopt more authoritarian policies[38]. We respectfully ask university policy makers to

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[24] Wood, S., & Schulman, K. (2021). Beyond politics—promoting Covid-19 vaccination in the United States. New England Journal of Medicine. 384:e23, DOI: 10.1056/NEJMms2033790

[25] https://covid19-sciencetable.ca/sciencebrief/behavioural-science-principles-for-supporting-covid-19-vaccine-confidence-and-uptake-among-ontario-health-care-workers/

[26] Hursh, S. R., Strickland, J. C., Schwartz, L. P., & Reed, D. D. (2020). Quantifying the impact of public perceptions on vaccine acceptance using behavioral economics. *Frontiers in public health*, *8*, 877.

[27] Sanders, J. G., Tosi, A., Obradovic, S., Miligi, I., & Delaney, L. (2021). Lessons From the UK's lockdown: discourse on behavioural science in times of COVID-19. *Frontiers in Psychology*, *12*.

[28] Abbasi, K. (2020). Covid-19: politicisation,"corruption," and suppression of science. *BMJ 2020;371:m4425*

[29] Niemiec, E. (2020). COVID-19 and misinformation: Is censorship of social media a remedy to the spread of medical misinformation?. *EMBO reports*, *21*(11), e51420.

[30] Sacerdote, B., Sehgal, R., & Cook, M. (2020). *Why Is All COVID-19 News Bad News?* (No. w28110). National Bureau of Economic Research.

[31] Verma, A. K., Lavine, K. J., & Lin, C. Y. (2021). Myocarditis after Covid-19 mRNA Vaccination. *The New England Journal of Medicine*. DOI: 10.1056/NEJMc2109975

[32] https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html

[33] Tiede, A., Sachs, U. J., Czwalinna, A., Werwitzke, S., Bikker, R., Krauss, J. K., ... & Ganser, A. (2021). Prothrombotic immune thrombocytopenia after COVID-19 vaccination. *Blood, The Journal of the American Society of Hematology*, *138*(4), 350-353.

[34] Ledford, H. (2021). COVID vaccines and blood clots: five key questions. *Nature*, *592*(7855), 495-496.

[35] Lyons-Weiler, J. (2020). Pathogenic Priming Likely Contributes to Serious and Critical Illness and Mortality in COVID-19 via Autoimmunity. *Journal of Translational Autoimmunity*, *3*, 100051. doi: 10.1016/j.jtauto.2020.100051

[36] https://www.fda.gov/media/150773/download?ACSTrackingID=USCDC_2146-DM61769&ACSTrackingLabel=Lab%20Alert%3A%20FDA%20Revokes%20EUA%20for%20Curative%20SARS-CoV-2%20Assay&deliveryName=USCDC_2146-DM61769

[37] https://www.fda.gov/medical-devices/letters-health-care-providers/certain-covid-19-serologyantibody-tests-should-not-be-used-letter-clinical-laboratory-staff-and

[38] Thomson, S., & Ip, E. C. (2020). COVID-19 emergency measures and the impending authoritarian pandemic. *Journal of Law and the Biosciences*, *7*(1), lsaa064.

resist these compromising influences and impulses and to base policies on conclusive and well-established scientific facts about both benefits and costs of such policies, while also upholding long-standing university values and our basic Canadian rights and freedoms.

Sincerely,

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