## **OPEN LETTER**

First drafted 9 April 2022, last revised 27 August 2022

Re: Post-secondary COVID-19 vaccination policies in Canada must end now

Dear faculty colleagues, campus unions, and college and university administrators,

In April 2021, the Canadian Union of Public Employees (CUPE), which represents many contract faculty and teaching assistants at Ontario's universities, published its recommendations for COVID-19 vaccination requirements that included a strong commitment to workers' rights, including an **unconditional right to refuse the vaccine**. Furthermore, in August 2021 the Canadian Association of University Teachers (CAUT), the umbrella organization of Canada's tenure-track faculty unions, posted a formal template for mandatory vaccination policies with similar provisions, implying that **faculty members may choose not to be vaccinated** and "will be permitted to ... fulfill their employment obligations remotely".

In direct contradiction to these early <u>collegial governance initiatives</u> and to the <u>fair and respectful approaches taken in the provinces of British Columbia and Quebec</u>, Alberta's and Ontario's colleges and universities implemented punitive policies limiting campus access to vaccinated faculty, staff, and students, with "rare" exemptions that turned out to be nearly impossible to obtain in practice. Moreover, campus administrators denied <u>reasonable</u>, <u>tried and tested accommodations such as work-from-home</u> and instead construed campus access as a requirement for work. As a consequence, unvaccinated employees were placed on unpaid leaves, outright dismissed, or found their contracts not renewed in contravention of collective agreement rules.

Meanwhile, the mRNA vaccines were never designed to *prevent* infection or transmission. Study results showing that these therapeutics may *reduce* COVID-19 transmission are not supported by real-world data from campuses and various jurisdictions with different policies, which demonstrate that there is no longer a beneficial effect of high vaccination rates at the community level. Whether someone chooses to get "their shot" must remain a personal medical decision, based on fully informed consent and an individual risk-benefit assessment. **There is no medical or other rationale whatsoever to** *mandate* **prophylactic, non-sterilizing vaccines such as those currently available for COVID-19.** 

Among the many recent scientific results and updated public health recommendations, we wish to draw your attention to Vancouver Coastal Health's letter to the University of British Columbia, which confirms that with the Omicron variant there is **no epidemiological difference between vaccinated and unvaccinated community members** and that "**Universities are low-risk settings for COVID-19**", supporting an immediate end of all campus mandates.

Similarly, Ontario's Chief Medical Officer of Health has issued numerous statements acknowledging new research that e.g. confirms similar viral loads between unvaccinated and vaccinated breakthrough cases (31 Aug 2021) and the strength of natural immunity (28 Oct 2021). Dr. Moore also stressed that he never mandated vaccinations in any workplace other than long-term care homes (17 Feb 2022), and he revoked his instructions for campus vaccination policies (1 March 2022). Most recently, Dr. Moore emphasized the need for individual risk-benefit assessments with reference to the risk of vaccine-induced myocarditis (13 July 2022).

We therefore urge our colleagues and post-secondary administrators to understand and accept current public health advice. We need to learn to live with the now endemic coronavirus and immediately *rescind*, rather than *pause*, the harmful, discriminatory, and scientifically baseless vaccine mandates.

## Yours truly,

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