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2022 August 11

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Open Letter

Re: Mandatory COVID-19 vaccinations at the University of Toronto

Dear President Gertler:

Your communication on the 28th July, 2022 concerning the monitoring of COVID -19 conditions within the University of Toronto community raises issues that require addressing. This included the imposition of mandatory COVID-19 vaccination for students and employees living in University residences this fall.

Your concern for the well-being of the U of T community is laudable, but such a goal is meaningless unless it encompasses the social, economic, cultural and health dynamics of **all** members of that cohort irrespective of their behavior towards COVID-19 policies and procedures. To do otherwise is to stratify the welfare of that community on a discriminatory basis that fails to recognize the fundamental principles supporting the concept of well-being. One of those principles is that the welfare of those who forego COVID -19 vaccinations must be accorded the same value as those who cede to them without undue coercion, segregation or stigma.

You maintain that COVID-19 vaccinations offer the best protection against severe illness. This is a recognition that these novel gene-based biologic products marketed as vaccines are not actually satisfying their principal role, which is to prevent acquiring viral infection and stop transmission. Indeed, they are short-acting therapeutic medications that are still undergoing phase 3 clinical trials. Demanding which investigational drugs students and faculty take to stave off potential serious illnesses in a low-risk demographic is not within the remit of university authorities. If it was, smoking, drinking and recreational drug use by students and faculty would be indictable offences. Since this does not occur, you have recognized that an individual has the right to indulge in behaviours that may result in serious illness and hospital admissions. Therefore, you must acknowledge the corollary of that concept, which is that an individual's welfare demands the right to refuse COVID-19 medication deemed to be personally harmful. This is a cornerstone of biomedical research ethics, bodily autonomy and informed consent.

You demand an awareness of the current vaccination status of your community. It is accepted that any immunity provided by the COVID-19 vaccines wanes within a matter of months, and likely will require an indefinite number of repeat injections to be "up to date." The level and rapidity of the reduction varies between individuals, and for the university community it will be in a constant state of flux. Therefore, while the vaccination documents provide a receipt of when the COVID-19 genetic vaccines were

administered, they offer no assessment on the immunologic status of your students, supporting staff and faculty.

The concept of waning immunity applies to your demand that those living in the University residences have received a primary series of COVID-19 vaccines and at least one booster dose. Any immunity those individuals might have had from the vaccines could be lost prior to completion of the first semester. In addition, since they are not being denied access to the three campuses and considering the questionable efficacy of the vaccines, they are as vulnerable to acquiring and transmitting SARS-CoV-2 as the rest of the University community. In fact, this demand for COVID-19 vaccination, has no scientific foundation, is grossly discriminatory and is unreasonable as it is based solely on a domiciliary location.

Ironically, according to a Public Health Ontario report on vaccine outcomes (https://www.publichealthontario.ca/-/media/documents/ncov/epi/covid-19-epi-confirmed-cases-post-vaccination.pdf?sc_lang=en), the benefit of booster doses amongst Ontarians aged 18-29 years (compared to those who have received a primary series of COVID-19 genetic vaccines) is so minimal, that it is equivalent to a reduction of 3.65 hospitalizations when following 100,000 people over a 1-year period. Considering that the U of T has a population of approximately 62,000 students, the added benefit of a booster dose is only a possible reduction of ~2 hospitalizations.

Your requirement for COVID-19 vaccination of students living in University residences fails to acknowledge any degree of natural immunity that they will have likely acquired from over two and a half years of potential exposures to the SARS-CoV-2 virus. There is very sound and mounting evidence that natural immunity is superior to genetic vaccine induced immunity in terms of breadth, persistence and appropriateness of the antibody and T cell responses to a SARS-CoV-2 respiratory infection.

In addition, you have ignored the risks of injury, disability and potential death that COVID-19 genetic vaccines pose to the age demographic of university students. These include:

- 1 in 5,000 risk of symptomatic myocarditis or pericarditis in males under 24 years of age following both the second and subsequent injection of the mRNA-based vaccines;
- A wide spectrum of documented thromboembolic events, neurological complications, and autoimmune conditions following inoculations with COVID-19 genetic vaccines;
- 1 in 3,000 risk of Guillain-Barre syndrome with the COVID-19 adenovirus vaccines; and
- Long-term uncertainty related to repeated COVID-19 vaccinations on fertility as reflected by documented menstrual irregularities in nearly 1 in 2 women, and transient decreases in sperm count and motility in men.

Considering that the current Omicron variants as compared to earlier variants of SARS-CoV-2 induce far less severe clinical disease and are accompanied by low rates of hospitalizations, ICU admissions and deaths from COVID-19, the enforcement of mandatory COVID-19 vaccines has more harmful than protective outcomes for university students. The doctrine of informed consent demands that students be made aware of this realization.

Moreover, there are now enough real-world studies that unfortunately refute the idea that masks (of any kind) reduce the transmission of viral respiratory infections, and there is solid, mounting evidence indicating their health risks. In retrospect, this was not surprising in view of the most likely acquisition of a respiratory SARS-CoV-2 infection in an aerosol form in droplets that rapidly shrink by evaporation into

sizes that can easily penetrate through the pores of even N95 masks, and the well-recognized lack of effectiveness of masks from decades of research to stop influenza infections. The influenza virus is similar in size to the SARS-CoV-2 virus, and is likewise a respiratory virus that is transmitted in aerosol form. Your stance that masks are strongly encouraged gives an exaggerated credence to mask efficacy. Their use is a matter of choice based on the wearer performing a personal risk assessment.

You ask that everyone should respect each other's decisions, comfort levels and health needs. You are looking forward to a full range of campus activities this fall. Both objectives can be readily accomplished by dispensing with all demands in your letter, but emphasizing the importance of one instruction. It is the simple, but time-tested adage applicable to all, **stay at home if you are feeling unwell due to cold, flu, or COVID-19 like symptoms until they have abated.**

Our membership of over 600 doctors, researchers and health professions in addition to over 30,000 other supporters await a well-reasoned and referenced response from you to properly justify your actions. Mere generic statements and media sound-bites would be unbecoming of an institution that strives to be a premier pillar of higher learning in Canada and internationally. We would be pleased to provide you with all of the documentation from primary sources of the scientific data that we have based our conclusions upon if you request this. **We ask you to reconsider your decision and invite you to reflect on the potential health and human rights harms it may inflict on the campus community.**

Respectfully submitted by,

The Science & Medical Advisory Committee,

Canadian Covid Care Alliance

Including but not limited to:

Carole Beveridge, MSc, BScPharm

Dr. Philip Britz-McKibbin, PhD, Professor, Dept. of Chemistry and Chemical Biology, McMaster University

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Dr. John Hardie, BDS, MSc, PhD, FRCDC, Oral pathologist (retired), former Head of the Department of Dentistry at the Vancouver General Hospital

Dr. Niel Karrow, PhD, Professor of Immunology, Dept. of Animal Biosciences, University of Guelph

Dr. Bernard Massie, PhD, Microbiology and Immunology, former Director General of the Human Health Therapeutic Research Center of the National Research Council

Dr. Susan Natsheh, MD, Pediatrician (retired)

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