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Dear

We ask that you reconsider your schools requirement that students have a COVID-19 injection in order to live on campus and/or attend in-person learning and onsite school activities. This obstructs inclusivity for all students and violates students' rights to privacy, bodily autonomy, and your stated core values and policies. The requirement fails to consider numerous populations such as younger students who are not ready to live off of campus or those who cannot afford to do so. It also overlooks historic associations of medical racism and subsequent intergenerational trauma experienced by BIPOC populations around medical experimentation. It also ignores the immune status of students who have recovered from COVID-19 despite established evidence supporting natural immunity.[1,2]

Using language such as "required" is deceptive and overshadows the *Canadian Charter of Rights and Freedoms* (the *Charter*) and the Ontario *Human Rights Code* (the *Code*) entitlements. This policy violates the following:

- Section 2 (1) of the *Code* on the grounds that every person has the right to equal treatment with respect to occupancy of accommodation, without discrimination because of disability. The term "disability" is defined in section 10 (1) to include physical disability, mental impairment, learning or mental disorders. This definition has been interpreted broadly by the Human Rights Code section 10 (3) and section 11

- Section 12 of the *Code*, which states that individual rights are infringed where the discrimination is because of association or dealings with persons identified by a prohibited ground of discrimination

- Section 13 (1) of the *Code*, which states that individual rights are infringed on by publishing a representation indicating the intention to infringe

- Section 2(a) of the *Charter*, which provides the fundamental freedom of conscience to all Canadians

- Section 7 of the *Charter*, which provides all Canadians with the right to life, liberty and security of the person

- University/College non-discrimination/harassment policy mirrors the *Code* and expands on it. These polices ensure that working and learning environments allow for full and free participation of all members of the community. Discrimination that imposes burdens, obligations or disadvantages on an individual or group not imposed on others or, that withholds or limits access to opportunities, benefits and advantages available to other members of society are not tolerated. Upholding these policy objectives ensure that the fundamental rights, personal dignity and integrity of individuals or groups of individuals are not violated.

Moreover, pressuring students to get an injection that has not yet been approved by the FDA, was not first tested on animals, and is still undergoing phase III of clinical trials conflicts with standard Canadian university policies of ethical research.[3,4] Western University, for example, confirms that coercing students to engage in an experiment is a violation of codes of research ethics that expect all members "to conform to the highest standards of ethical practice in research".[5] According to the ethical codes for research on humans, participants must be volunteers and not subject to coercion or sanctions should they decide not to participate or leave. The sanctions that you propose for failure to commit to a vaccine that is still part of a clinical trial negate the very basic precepts of ethical research. You are sending a hypocritical and dangerous message to your students who are the researchers of tomorrow.

Canadian universities and colleges have policies that uphold academic values of integrity and accountability.[6,7] Accordingly, school mandates must be based upon a meticulous appraisal of valid, reliable and accurate evidence. Any university's decision to enforce an injection based on selective evidence, absent of long-term post-marketing surveillance data veers significantly from the academic rigour, integrity and accountability that you expect from your students. Furthermore, this mandate is not only based on findings of inadequate clinical trials,[8-11] but it overlooks deceptive efficacy data that cite relative risk reduction (RRR) values of over 95% for COVID-19 injections. Meanwhile, the far more relevant measure of protection that considers absolute risk reduction (ARR) is overlooked. Findings indicate that the ARR of these injections is only around 1%. In other words, the injections do not provide significant protection.[12-14] Failure to disclose such information contradicts your stated position regarding integrity and accountability.

Arguments presented to justify deviation from established policies not only endanger human rights and academic credibility but also put students at risk. For example, London, Ontario's' chief medical officer of health, Dr. Mackie, referred to school vaccination policies as justification for enforcing COVID-19 injections. However, long-standing vaccines are very different from the unprecedented "firsts" associated with COVID-19 injections. This is the first time in history that mRNA technology will be used in a vaccine against an infectious disease, and the first time that researchers used polyethylene glycol (PEG) and genetically modified polynucleotides despite established concerns such as allergic reactions.[15,16] This is the first vaccine given to humans for a coronavirus despite previous catastrophic, deadly fails such as the dengue fever and RSV vaccines.[17-19] Further troubling is the recurring association of lethal antibody-dependent enhancement (ADE), which has halted past coronavirus vaccine trials.[20-23] In addition, this is the first time that Moderna has brought any product to market.[24]

This is also the first time that a vaccine has been implemented publicly with nothing more than preliminary efficacy data.[9,11] Questionably designed clinical trials could not demonstrate that COVID-19 injections reduce infections, length of protection, transmissibility or death.[8,10] Worse, vaccine makers have abandoned essential randomized control trial protocols of placebos and blinding, essential to determine their products' safety or efficacy, before adequate analyses were completed.[25] Equally concerning is the failure to complete important bio-distribution studies to determine the means of distribution of spike proteins produced by this injection in the body. Researchers also failed to verify the estimated duration of immune stimulation. These missing findings are essential to the understanding of vaccine risk and long-term safety. Several prestigious researchers are now calling for a pause on vaccination campaigns as a result of this and other research gaps.[26-29, 72] Many experts are demanding investigations to clarify findings suggesting that spike proteins, produced in response to vaccination, may pose serious harm by binding and interacting with various cells throughout the body and increasing the risk for tissue damage.[30,31] Furthermore, COVID-19 vaccines are showing failure to successfully combat inevitable COVID-19 variants. [70] Credible experts are also challenging the current narrative in the media that it is the unvaccinated who are fuelling the development of variants. [71] A June 2021 peer-reviewed research paper examined findings from a large Israeli field study and European Medicine Agency's Adverse Drug Reaction database, concluded that governments should rethink their COVID-19 vaccination policies due to risks and lack of clear benefit .[32] Therefore, sweeping claims of this injection's benefit and safety are utterly premature.

Your decision to enforce an experimental vaccine is challenged further by findings showing that COVID-19 has caused only 1/3 of life-years lost to the yearly influenza variants.[33] These variants pose harm to the young, old and vulnerable, killing between 4,000-8,000 yearly with up to 20,000 hospitalizations.[34] Canadian health officials admit that this data may be inaccurate due to gaps in standardized measurements and that those findings are likely just "the tip of the iceberg".[35] Yet, there is no documentation available to indicate that universities have ever mandated a flu vaccine despite obvious risks. In contrast, you are mandating an injection for COVID-19, which is harmless to the vast majority of the public[36] and especially to your student population. The

CDC confirms that for people 69 years old or younger, the survival rate is between 99.5% and 99.997%. Specifically, people in the age group of 20-49 years have a 99.98% survival rate and a minuscule death rate from COVID-19.[37]

School administrators should carefully consider unknown risks that may result from a coerced COVID-19 injection before mandating a policy for a virus that holds such low threat to this age bracket. The adverse reactions associated with COVID-19 injections include established and evolving harms. Adverse events associated with COVID-19 injections have dwarfed those of other mass vaccination programs such as the influenza vaccine.[38-45] Between the years 2019 and 2020,the flu vaccine was administered to approximately 170 million Americans. During this time period, there were 45 deaths associated with this vaccine. That is a death rate of 0.0000265%. Meanwhile, the death rate for the COVID-19 vaccines is stated by supporters as being 0.0024%, over 90 times higher than with the flu vaccine. Reported adverse events of COVID-19 injections include cardiovascular, vaccine-induced autoimmunity, and neurological harms.[46-49]

Descriptions of heightened vaccine risks specific to younger populations warrant serious consideration. These risks include cardiac conditions, including myocarditis, that are usually rare in this age group.[50-55] Recently, both the FDA and the CDC's advisory committee determined there is likely a link between heart inflammation and Pfizer and Moderna injections.[56] The committee heard evidence that showed this risk was particularly relevant to adolescents and young males. A recent troubling report from the CDC found that there was over a 200x risk of myocarditis and pericarditis post the second shot in people under the age of 25.[73] In addition, young women are at risk for menses irregularities as well as reproductive deficiencies (for both females and males in the future).[57,58] Vaccine developers and other physicians have also added their voice of concern about such risks.[59,60] Further concerning is that a study conducted for Harvard Health found only 11%-13% of vaccine injuries are ever reported.[61] As well, vaccine manufacturers are not liable for injury caused by their vaccines.[62] Serious concerns have also been raised by Canadian physicians around worrisome gaps in Canada's vaccine adverse events reporting system.[63] Recurring findings of reports of vaccine adverse events from diverse citizen groups from all over the world highlight these reported gaps and warrant further investigation.[64-68]

Mandating an injection that meets the definition of an experiment is of great ethical importance and sets a dangerous precedent. The ramifications of mandating a COVID-19 injection as a condition to participate in a vital university experience are monumental and may be felt for years and generations to come. Arguments that suggest it is justified to set one student on fire to keep 100 members of the community warm are dangerous. Yet, the *Charter* and *Code* violations alone should be enough to make you pause. Decisions to exclude students from residence because they will not or cannot vaccinate is a harmful, discriminatory practice. Legal actions are currently underway in various regions around the world requesting universities reconsider and revoke their mandatory COVID-19 inoculation requirements.[69] If you are a Director of the organization, you can be held personally liable for these contraventions and injuries caused to students as a result of your actions.

Yours Truly,
Take Action Canada

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