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Urgent: unacknowledged ethical concerns regarding your policy to mandate COVID-19 vaccines

To: University Senate leadership of the Universities of Laurier, Waterloo, and Guelph

Please note: I am entrusting individuals I know to convey this communication to you. These opinions are my own and are not meant to suggest anything about the opinions of the conveyers.

I am asking your serious consideration of the ethical concerns noted below that made it *impossible for me to comply with a policy that would legitimize stigmatization and segregation*. At the end of August, I received instruction to submit proof of vaccination or accommodation by September 7, 2021. Matters of deepest conscience informed my intention to non-comply even knowing that doing so would prevent my teaching at one of your universities this fall. While I have been disappointed, I have not suffered the major disruptions and impossible choices that some of your staff and students have faced.

To offer context, I note that I am an American-Canadian and a US physician who retired in 2019 just prior to the pandemic in order to complete work on a Masters in Spiritual Care and Psychotherapy. During the pandemic, I completed training in the Spiritual Care department of an Ontario hospital and a Withdrawal Management Center. In that work I saw how job loss, lockdowns, and isolation made lives and health outcomes worse – especially for those already socioeconomically disadvantaged and for those struggling with mental health issues and/or substance use disorders. I have seen the underside of this beast!

Policy decisions with such far-reaching ethical and human rights implications require impeccable consideration especially when implemented by institutions that represent higher learning, critical thinking, diversity, and/ or faith-based values. The rare responses I have received from leaders of academic institutions in ON, NY, and VA regarding the vaccine mandates have been along the lines of “just following (public health) orders.”

Vaccine mandates can and have been used to legitimize other forms of human rights abuses. In the US, the 1905 Supreme Court decision to uphold compulsory vaccine (a vaccine mandate) was used to justify eugenics public policy programs in at least 30 states that instituted compulsory sterilization. Those policies persisted into the 1960s and 1970s.¹

We can keep each other safe without mandates or vax passports. Based on the available science, if we were really concerned about asymptomatic spread of the virus, we would be doing rapid antigen testing on everyone regardless of vax status.²

Vaccine exemptions (medical, religious, or human rights) are legal maneuverings to get everyone to take a non-negotiable, non-individualized medical intervention regardless of medical risk or matters of conscience.³ In medical ethics that used to be known as “assault.” Offering and denying these exemptions are designed to abrogate anyone mandating the vaccination from any responsibility or liability for harms. Please be aware that as a precondition to providing vaccines, pharmaceutical companies demand to be shielded from any liability. To be clear: the unabashed push for these COVID-19 biologic injectables (now referred to as “vaccines”) *bypasses free and fully informed consent, violates the AMA code of ethics⁴, and abrogates those who mandate the vaccine from any fiduciary duty to those who receive it*.

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*A frenzied vaccination push and single narrative that disallows any room for dissenting voices **should alarm** any thoughtful, conscientious citizen.* The political and regulatory responses have relied on media and public messaging to effectively silence any voices that have concerns or have offered expanded understandings and responses to the only allowable narrative. You must be aware that those censored voices include now vilified academics within your own ranks. *The prolonged and restrictive pandemic control measures increase harms.* They undermine every social determinate of health.⁵ Ongoing harms include increasing disparities, worse health outcomes for those already vulnerable, excessive numbers of deaths from overdoses and substance use disorders, burgeoning mental health issues, and more. Isolating, separating, segregating, and disempowering us has to be the most devastating aspect of pandemic management. The way we have been torn apart and pitted against each other is sinister. *The censorship, vilification, and persecution of physicians (by political and regulatory agencies) who challenge the only allowable pandemic narrative is unconscionable.*⁶ *Vaccine mandates and vaccine passports are a forced coercive medical intervention that is an assault on human dignity and bodily autonomy.* Intended or not, the mandates and vax passes segregate and stigmatize.⁷ This necessarily disadvantages specific groups and worsens health outcomes. The mandates, vax passes, and the rhetoric around them continue to fuel divisiveness, discrimination, and an “us vs. them” hostility that threatens the safety and health of all.

I don't know what you know, nor am I privy to your deliberations on this policy matter. I do know that you have a challenging task. I would like to know that you appreciate the gravity of these fundamental human rights concerns. All who are affected by your policy decision to make the COVID-19 vaccine compulsory with no realistic recourse deserve to know how these ethical concerns are addressed in your considerations.

I respectfully request acknowledgement that you have received this communication.

Thank you,

Dalinda Reese, Fellow Human Being
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MA Spiritual Care and Psychotherapy (Luther, Laurier University, 2021)

Although this background (and more) profoundly influences my thinking and ways of being, the views expressed here are my own and are not meant to represent the views of the medical profession or any of the institutions with which I have been associated.

"Those who have the privilege to know, have the duty to act." ⁸ (Tyrone Hayes, PhD)

¹ Erina Kim-Eubanks, “When Medicine is Violent: The Harmful Legacy of Eugenics and Medical Racism,” (September 17, 2020) <https://medium.com/firstpres/when-medicine-is-violent-the-harmful-legacy-of-eugenics-and-medical-racism-f8dd02ab94a7>

² *Even the CDC has acknowledged that vaccinated people can become infected, carry equal nasal viral loads, and transmit the virus at least as much as the unvaccinated.* (<https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7031e2-H.pdf>)

Although routinely downplayed, evidence of serious harms following COVID-19 vaccinations continues to grow – especially for younger healthy people. The sudden unexplained deaths of young people in Ontario following COVID-19 injections are alarming and deserve investigation (<https://ocla.ca/list-of-sudden-deaths-in-ontario/>). Apart from the personal risks of harm, there is also accumulating evidence that **these COVID-19 vaccinations fail to stop the pandemic** (Subramanian, S.V., Kumar, A. Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States. *Eur J Epidemiol* (2021). <https://doi.org/10.1007/s10654-021-00808-7>), and that **while they may offer personal health protection they don’t protect public health** (<https://fee.org/articles/stanford-epidemiologist-says-covid-vaccination-is-primarily-a-matter-of-personal-health-not-public-health/>) and (<https://www.usnews.com/news/national-news/why-covid-19-vaccines-should-not-be-required-for-all-americans>).

³ I say this as a (now retired US) physician of 40 years who has attempted communication with my regulatory bodies, who has in the past written medical exemptions for certain vaccines in certain individuals, and who has intensely explored medical and religious exemptions in the US and Canada this past year. Much more can be said.

⁴ <https://www.ama-assn.org/delivering-care/ethics/patient-rights>

⁵ Social determinants of health include food and shelter security, human connection and community, meaningful employment, and access to quality education and healthcare.

⁶ These are committed and competent physicians who are asking questions, who are actively providing early treatment of COVID-19, who are keeping patients out of the hospital, who are requesting more robust evidence of stratified safety/ efficacy/ necessity/ and long-term health impacts of this gene immunotherapy vaccine (that has been approved despite astronomic increases in VAERS and before the studies are even due for completion), who are seeing and treating harms following the COVID-19 inoculations, and who are examining the convoluted and unnecessarily chaotic evidence for themselves.

⁷ Open letter to RCMP Commissioner Brenda Lucki, October 21, 2021.

<https://web.archive.org/web/20211023130926/https://mounties4freedom.ca/>

⁸ Tyrone Hayes, PhD, “From Silent Spring to Silent Night,” lecture at online Environmental Health Symposium, April 4, 2020. A salient perspective about Tyrone Hayes’ courage and life’s work can be found at <https://www.newyorker.com/culture/culture-desk/the-biologist-who-challenged-agribusiness>