

How College COVID Vaccine Mandates Put Students in Danger

The excessively narrow medical exemptions for COVID vaccine mandates at many colleges put students at unnecessary risk of serious complications, including hospitalization and death.

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Global Research, July 07, 2021

[The Federalist](#) 5 July 2021

Region: [USA](#)

Theme: [Law and Justice](#), [Science and Medicine](#)

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More than [520](#) of America's 5,300 colleges and universities, approximately 10 percent, have announced students must be fully vaccinated against COVID before they return for fall classes. Among these institutions are the public universities of California and New York, pending full U.S. Food and Drug Administration approval of the vaccines. Together, these two systems enroll approximately 1.5 million students.

Other state universities that have enacted vaccine “mandates” include the universities of Michigan and Maryland, as well as Indiana University. Scores of private institutions have also mandated COVID vaccines, including Yale, Stanford, Duke, Johns Hopkins, Cornell, Notre Dame, Emory, Brown, Syracuse, Boston University, and Princeton.

We think that [these mandates are unethical](#), chiefly because they indiscriminately require administering an experimental biological agent in the setting of a clinical investigation to a population that is at [greater risk of harm](#) from the drug than from COVID. Our advice to schools that have not yet adopted vaccine mandates is: don't.

But where participation in the investigational vaccination program is nevertheless required by university policies, there must be sensible, medically sound policies for granting medical exemptions.

Many Exemptions Policies Are Medically Unsound

All the colleges and universities that have announced mandates have also indicated they will grant medical exceptions. Some have publicly made available the criteria according to which they will decide exemption petitions.

We have examined many of these rubrics. The narrow scope of these medical exemptions is alarming: the exemptions are so medically unsound and unduly restrictive that they create

a clear and present danger to the health, and potentially, the lives, of students subject to these mandates.

In our professional medical judgment, these published protocols are deficient in at least *four* crucial respects. Any sound policy for granting medical exemptions from COVID vaccine mandates must avoid all four of these mistakes. A school making any one of them endangers its students. A school making all four is headed for a catastrophe.

Four Major Mistakes These Policies Make

First, none of the schools whose published criteria we have examined include the most elementary medical ground of all: natural immunity from a previous COVID infection. At Rutgers, the state university of New Jersey, the website asks students: “already had COVID? You still need to show proof of vaccination for in-person attendance.”

The Cornell website’s reply to whether students should get vaccinated even with a prior infection is “Yes.” Notre Dame made this especially clear when summer school opened. At first, the university website said that “lab results showing your immunity” would be acceptable proof of a vaccine. Then it abruptly changed. It now states that “lab results showing your immunity...does not include Covid 19 antibody testing.”

The scientific data demonstrate that the natural immunity acquired by previous COVID infection is [at least as durable and effective](#) as that provided by the vaccines. The data also shows that those who possess this natural immunity present [no greater risk of transmitting](#) the virus to others than those who have been vaccinated.

Every school justifies its mandate by claiming this is the only effective way to maintain a safe campus environment. But jabbing students who are already immune contributes nothing whatsoever to campus safety. All that it does, medically speaking, is create danger.

Requiring the immune to get vaccinated exposes these students to a significant risk of excess [adverse reactions](#), especially of thrombosis and myocardial inflammation, neurologic injury, and possibly of death. Several [published studies](#) suggest, moreover, a significantly increased risk of adverse reactions to the vaccine among those previously infected. There is no reason to put the hundreds of thousands—if not millions—of students who possess natural immunity in such danger.

The CDC Is Not a Medical Institution

Cornell said in support of its resolve to vaccinate immune students that “the CDC has recommended that COVID-19 vaccine be offered regardless of a prior COVID-19 infection.” Cornell’s claim illustrates a *second* crucial mistake made by many schools, namely, relying upon the Centers for Disease Control’s guidelines as if they constitute medical advice applicable in every case. They do not.

The CDC is not a medical institution; it is a public health and disease prevention body. According to the [CDC’s own mission statement](#), the agency focuses on “disease prevention and control, environmental health, and health promotion and health education activities.” It is not qualified and usually does not purport to offer professional medical opinions applicable to specific patients.

From time to time, the CDC offers findings and recommendations that competent medical

practitioners often will consider in arriving at a professional medical judgment for a particular patient. In this respect, CDC guidelines are analogous to guidelines from other public health associations or medical societies: they are *guidelines*, not prescriptions.

In fact, any serious condition or circumstance that justifies exemption from college mandates can be described without reference to the CDC—and would be so described by most competent practicing physicians.

The [University of Maryland's website](#) provides an illustration of the *third* crucial mistake, an error that includes but goes beyond the second. This third mistake is not just about following this or that CDC “recommendation” as if it constitutes sound individualized medical advice. It is going all-in on the mistaken conception of the CDC as a super-doctor.

Maryland would *limit* medical exemptions to “CDC contraindications.” There is no sound medical basis, however, for doing so, especially since (again) the CDC does not practice medicine. The CDC’s list of contraindications was never meant to be comprehensive or exhaustive, but merely representative of the more common situations in which caution is warranted.

Many Reasons to Not Get a COVID Vaccine

For individual patients, physicians have always been granted wide discretionary latitude and appropriate room for clinical judgment, to apply general guidelines and other relevant sources of medical information to the unique needs and circumstances of particular patients. Any physician would find that there are many additional medically reasonable bases for the current COVID vaccines to be contraindicated.

For example, none of the current vaccines have passed fertility, teratogenicity, or mutagenicity testing, thus may be contraindicated in women of childbearing potential or those about to become pregnant. We fear universities have adopted the Maryland approach for public-relations reasons, not on a medical basis. But this is to make a popular sport of students’ safety.

The medical unsoundness of this limitation is apparent from Notre Dame’s published rubric, which expressly distinguishes the criteria for COVID vaccine exemptions from those appropriate to all other vaccines. “For COVID-19 vaccines only,” the university’s website stipulates, the criteria are “[a]pplicable CDC contraindications.”

“For all other vaccines,” the same website says, exemptions may be obtained for “[a]pplicable contraindication found in the manufacturer’s packaging insert for the vaccine(s), or a statement that the physical or medical condition of the student is such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the vaccine(s).” In fact, *this* is the correct reasoning for all vaccine exemptions, including COVID.

Put Yourself in Danger to Find If You’re In Danger?

Fourth and finally: several published rubrics include a limitation that is eminently sound in itself, but which is, in an important way, quite dangerous. It is that exemptions are available where there is “a documented anaphylactic allergic reaction or other severe adverse reaction to any COVID-19 vaccine—e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or emergency medical attention to control

symptoms.”

In other words, a severe reaction to a first vaccine shot indicates the second shot should be delayed, and possibly declined altogether. Just so. But the danger arises from this criterion when viewed in connection with the unjustifiably dangerous limitations of exemptions overall. The purpose of any exceptions policy for any vaccine is to *avoid* such extreme reactions.

Doctors and patients do this all the time by considering the patient’s whole medical history, family history, all of the active ingredients in the drug, and then, in light of the doctor’s professional judgment, making a decision about the overall benefits and perils of getting vaccinated—or not. The Notre Dame criteria cited above “for all other vaccines” capture well this appropriately personalized approach to practicing medicine.

As the same rubric also shows, however, all this is out the window for these college policies regarding COVID. For COVID and this alone, the colleges’ exceptions policies amount to a Catch-22: you must take the vaccine to obtain the data that you need to be exempt from taking it.

We urge colleges and universities to suggest but not mandate vaccination of students. Clearly, students do not generally need vaccination to protect themselves from serious or life-threatening outcomes of COVID-19 or to avoid spreading COVID to others who may be at higher risk. Staff and faculty are free to obtain vaccination to protect themselves.

Thus, there is no clear benefit from widespread vaccination of students that will outweigh the potential, and possibly catastrophic, harm to individual students under this policy.

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