

Appendix “C”

AN OPEN LETTER TO THE PRESIDENT OF THE UNIVERSITY OF GUELPH

Friday September 17, 2021

University of Guelph
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Dear Dr. Charlotte A.B. Yates, President and Vice-Chancellor,

I will forewarn you that this is a lengthy letter. However, it only represents a fraction of the information that I would like to be able to share with you. I have found it necessary to write this so you can fully understand my perspective. With my life and that of my family, many friends and treasured colleagues being destroyed under your watch, I figure the least you can do is read and consider this very carefully. It is incredible to note that many, if not most, of my on-campus detractors have judged me without reading any of my scientific arguments or talking to me about them.

The COVID-19 Vaccine Mandate at the University of Guelph

You issued a mandate that everyone within the University of Guelph community must receive a COVID-19 vaccine. I have spent most of my lifetime learning to be a very deep and critical thinker and to follow the weight of scientific evidence. I am a well-recognized expert in vaccinology. As per my extensive funding, research, publication, and teaching records, I am a vaccine lover and an innovator in this field. I promote highly effective vaccines that have undergone extensive, rigorous, and proper safety testing as the most efficient type of medicines that exist. Vaccines that meet these criteria have prevented a vast amount of mortality and morbidities around the world. However, **I could not be in stronger disagreement with you forcing the current COVID-19 vaccines upon everyone** who is part of our campus community. I respect the challenges that a university president faces when trying to manage a large and dynamic academic institution. However, your roots are as a scholar. As a publicly funded institution of advanced learning, it is incumbent on us to demonstrate an ability to view the world around us in a constructively critical fashion such that we can improve the lives of others. We should be able to do this free of political or financial pressures and without bias or prejudice or fear of censorship and harassment. As a viral immunologist that has been working on the front lines of the scientific and medical community throughout the duration of the declared COVID-19 pandemic, I feel compelled to speak on behalf of the many who will not, due to extreme fear of retribution. We now live in a time when it is common practice for people to demand and expect to receive confidential medical information from others. I will not be coerced into disclosing my private medical information. However, for the sake of highlighting some of the absurdities of COVID-19 vaccine mandates I choose, of my own free will, to freely disclose some of my medical information here...

Those with Naturally Acquired Immunity Don't Need to be Vaccinated and are at Greater Risk of Harm if Vaccinated

I participated in a clinical trial that has been running for approximately 1.5 years. The purpose is to develop a very sensitive and comprehensive test of immunity against SARS-CoV-2; in large part to inform the development of better COVID-19 vaccines (<https://insight.jci.org/articles/view/146316>). My personal results prove that I have naturally acquired immunity against SARS-CoV-2. With this test, spots indicate a positive result for antibodies against a particular part of the virus. Darker spots correlate with more antibodies. Antibody responses correlate with the induction of memory B cells. Antibodies will wane over time, but B cells can survive for many years and rapidly produce massive quantities of antibodies upon re-exposure to a pathogen. On the following page are my results, along with a map of which part of the virus each spot represents...



Peptide Identification on CCJ SARS-CoV-2 SPOT peptide arrays

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
A	Spike S1				Spike S1 RBD							Spike S1					Spike S2											
B	Spike S2											Nucleocapsid											Memb.					
C	Nsp2				Nsp3							Nsp1	Nsp2		Nsp3					Nsp4		Nsp6	Nsp8+9					
D	Nsp10 +11	Nsp12					Nsp13			Nsp14			Nsp15					Nsp16	Orf3		Orf8	IgG						

The dark spot at position D26 is the positive control and indicates that the assay worked. My results demonstrate that I have broad immunity against multiple components of SARS-CoV-2, including the spike protein. Importantly, spot B26 shows that I have antibodies against the membrane protein. This protein is not highly conserved across coronaviruses. As such, it provides evidence that I was infected with SARS-CoV-2. Note that I was sick only once since the pandemic was declared. It was a moderately severe respiratory infection that took ~four weeks to recover from. The SARS-CoV-2 PCR test was negative, despite being run at an unreasonably high number of cycles. This suggests that I was one of the many for whom SARS-CoV-2 has proven to be of low pathogenicity or not even a pathogen (*i.e.* no associated disease). There is a plethora of scientific literature demonstrating that naturally acquired immunity against SARS-CoV-2 is likely superior to that conferred by vaccination only. Indeed, it is much broader, which means that emerging variants of SARS-CoV-2 will have more difficulty evading it as compared to the very narrow immunity conferred by the vaccines. Importantly, the duration of immunity (*i.e.* how long a person is protected) has proven to be far longer than that generated by the current vaccines. The duration of immunity for the mRNA-based COVID-19 vaccines appears to be a horrifically short ~4.5 months. I actually wrote a lay article back in February 2021 to explain why a vaccine of this nature would fail to be able to achieve global herd immunity on its own (<https://theconversation.com/5-factors-that-could-dictate-the-success-or-failure-of-the-covid-19-vaccine-rollout-152856>). This is why places like Canada, the USA, and Israel have found it necessary to roll out third doses. And now there is talk (and a commitment in Israel) to roll out fourth doses (yes, that's four doses within one year). The World Health Organization recognized the value of natural immunity quite some time ago. Unfortunately, in Canada and at the University of Guelph, we have failed to recognize that the immune system works as it was designed to. Its ability to respond is not limited solely to vaccines. Here are some references to support this: [https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Natural immunity-2021.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Natural_immunity-2021.1); <https://academic.oup.com/jid/advance-article/doi/10.1093/infdis/jiab295/6293992>; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7803150/>. As someone who develops vaccines, I can tell you that it is difficult to make a vaccine that will perform as poorly as the current COVID-19 vaccines. Indeed, most vaccines given in childhood never require a booster shot later in life. The take-home message here is that people like me, who have naturally acquired immunity, do not need to be vaccinated. Nor is it needed to protect those around the person who already has immunity. Worse, research from three independent groups has now demonstrated that those with naturally acquired immunity experience more severe side-effects from COVID-19 vaccines than those who were immunologically naïve prior to vaccination ([https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(21\)00194-2/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00194-2/fulltext); <https://www.medrxiv.org/content/10.1101/2021.04.15.21252192v1>; <https://www.medrxiv.org/content/10.1101/2021.02.26.21252096v1>). In other words, **for those with natural immunity, vaccination is not only unnecessary, but it would put them at enhanced risk of harm. Knowing this, nobody should ever mandate COVID-19 vaccination.** Instead, it would be in the best interest of helping everyone make the most informed health decisions for themselves to make voluntary testing for immunity available.

Testing for Naturally Acquired Immunity was a Viable Option but was Ignored

You and the provost met with me and two other colleagues back in March 2021 and we presented the opportunity for the University of Guelph to show leadership and offer testing for immunity to our campus community in support of a safe return to in-person teaching and learning. You embraced this idea with enthusiasm and promised to move forward with it. This did not materialize so one of my colleagues contacted you. Once again, you agreed it was an excellent idea and that you would move forward with it. Nothing happened. So, my two colleagues and I met with one of our vice-presidents in May 2021. They also thought that making an antibody test available was an excellent idea and promised to work on getting it implemented on campus. Nothing materialized. They were contacted again by one of my colleagues. There was no response. There is no excuse for forcing vaccines on people, especially after having been given the opportunity to implement testing for immunity and refusing to do so.

The University of Guelph won't pay for me to receive a booster vaccine against rabies unless I can demonstrate that my antibodies are below what has been deemed to be a protective titer. This is because it would not be appropriate to give me a vaccine that is not without risk if I don't need it. Also, the university does not want to pay the ~\$850 cost of the vaccination regimen unless I absolutely need it. In short, you will not allow me to receive that booster vaccine without first evaluating me on an annual basis for evidence of immunity (or lack thereof). So why was this principle rejected for the SARS-CoV-2 vaccines, for which there is vastly less reliable safety data available, and none for the long-term? Canada should have been acquiring data about immunity starting a long time ago. It is a particularly poor precedent for a university to reject the concept of acquiring data that could inform safer and more effective COVID-19 policies. Immunity testing would even benefit vaccinated individuals. It is well known that responses to vaccines in outbred populations follows a normal curve and includes individuals that are non-responders (*i.e.* they are left without immunity and are, therefore, unprotected following vaccination) and low-responders (insufficient protection). In fact, this concept has been the focus of an internationally recognized research program on our campus that has brought many accolades and awards to our institution.

You have banned me from campus for at least the next year. I can show proof of immunity against SARS-CoV-2 but you will not allow me to enter buildings. But someone else can show a receipt saying that someone saw two needles go into their arm and you will allow them to enter. You actually have no idea if that person has immunity. There have even been reported cases of people accidentally or even intentionally (*e.g.* a case in Germany) being administered saline instead of the vaccine. **Does it make sense to ban someone who is immune from campus but allow people who are presumed, but not confirmed, to be immune?** This is a scenario that you have created. As a fellow academic, **I am requesting that you provide me with a strong scientific rationale why you are allowing thousands with an unconfirmed immunity status onto our campus, but you are banning people like me who are known to have immunity.** Further, **please explain how you feel it is ethical to force COVID-19 vaccines on people who are uncomfortable with being coerced when you do not know their immunity status.** Despite attempts to halt the spread of SARS-CoV-2 via masking and physical distancing, the reality is that the virus has not complied with these attempts to barricade it. Indeed, it has infected many people across Canada, many of whom may not have even realized it because it is not a dangerous pathogen for them. From the perspective of a medical risk-benefit analysis, this is a no-brainer. A medical procedure that adds no value but carries known and still-to-be-defined risks should never be mandated!

The University Back-Tracked on Advice from its Own Legal Counsel

I, along with two colleagues, attended a meeting with one of our vice-presidents in May 2021. In that meeting the legal advice that was provided to the University of Guelph was disclosed. We were told this included making COVID-19 vaccines voluntary, that nobody on campus should be made to feel coerced into being vaccinated, and that nobody should feel pressured to disclose their vaccination status. On this basis, I was to serve as one of the on-campus faculty contacts for anyone who experienced any of these issues. **Did Canada's laws change during the summer in a way that rendered this legal advice no longer valid?** Now I am having to spend an inordinate amount of time trying to help the many people whose lives have imploded due to the university's vaccine mandate.

I am a Scientist Who is Knowledgeable and Values Integrity Despite What So-Called 'Fact Checkers' Have Claimed

There are many on our campus who repeatedly put my name out to the public with claims that I disseminate misinformation. Not one of these individuals has ever given me the courtesy of a conversation prior to publicly attacking me. None of them will engage me in public discussions of the science to allow people to judge the legitimacy, or lack thereof, of what I am saying. Censorship on our campus has become as prevalent as it is off-campus. My detractors, rather than showing a deep understanding of the science underlying COVID-19 vaccines, continually refer to the so-called 'fact checks' that have been posted about me. Let me tell you some things about the so-called 'fact checkers'. Firstly, they give scientists and physicians of integrity unreasonably short periods of time to respond to their requests for answers. For example, as I write this letter, I have 13,902 unread messages in my inbox and my voice mail is at maximum capacity. I have yet to see a 'fact check' request prior to its expiry, which remarkably, is often within mere hours of an e-mail being sent. This is an unreasonable expectation from a busy professional. Also, many 'fact checkers' lack sufficient expertise. In some cases, 'fact checker' sites have had to rely on postdoctoral trainees in other countries to write responses.

Most of the harassment against me began after 'fact checkers' cherry-picked one short radio interview that I gave to a lay audience. Some have accused me of only giving half the story in that interview. They were most kind; I was only able to reveal ~0.5% of the story. It is unfair to critique a tiny portion of one's arguments that were presented off-the-cuff to a lay audience with no opportunity for me to respond in real-time. For your information, **I have rebutted every single one of the 'fact checks' that I am aware of** in various public interviews. Let me give you one example that some of our colleagues on our campus have repeatedly misused while harassing me in social media...

One of the many issues that I have raised with the vaccines is that should a reasonable concentration of the free spike protein get into systemic circulation, it could potentially harm the endothelial cells lining our blood vessels. I cited this study: <https://www.ahajournals.org/doi/10.1161/CIRCRESAHA.121.318902>. The authors were contacted, and they claimed I had misinterpreted the study. They said that spike-specific antibodies would mop up any spike proteins in the blood, thereby protecting the blood vessels. They argued that this demonstrated that vaccinating people against the spike protein is a good thing. However, the authors are not immunologists and they failed to recognize the limitations of their own study in drawing these kinds of conclusions. Specifically, they did not recognize that in a naïve individual receiving a mRNA-based COVID-19 vaccine, there are no antibodies; either pre-existing in the host, or in the vaccine formulation. In fact, it will take many days for the antibody response to be induced and for titers to begin reaching substantial concentrations. This leaves a large window of time in which any free spike proteins could exert their biological functions/harm in the body before there are any antibodies to neutralize them. Worse, most of the spike proteins should be expressed by our own cells. In that case, the antibodies will target and kill them in a form of autoimmunity. The authors of the paper forgot that their model was in the context of natural infection, where vaccination would precede exposure to SARS-CoV-2. In that case, I agree that there would be pre-existing antibodies that could neutralize spike proteins of viral origin entering the circulation. This was perceived to be one of the 'strongest' arguments used by others to try to discredit me. The reality is that it is completely incorrect and represents an embarrassing misinterpretation by the authors of the original paper and the many 'fact-checkers' that believed them without question.

Criminal Harassment

You have allowed colleagues to harass me endlessly for many consecutive months. They have lied about me, called me many names, and have even accused me of being responsible for deaths. I submitted a harassment claim and your administrators ruled that it did not meet the bar of civil harassment. In stark contrast, I have been contacted by members of off-campus policing agencies who have told me that it exceeds the minimum bar of criminal harassment. I am sorry, but a faculty member can only take so much bullying and see such a lack of adherence to scientific and bioethical principles before it becomes necessary to speak up. Under your watch, you have allowed my life to be ruined by turning a blind eye to on-campus bullying, ignoring our campus principles of promoting mental

well-being and a workplace in which I can feel safe. In addition to this you have banned me from the campus because I have robust, broadly protective, and long-lasting immunity against SARS-CoV-2 but lack a piece of paper suggesting that it was obtained via two injections. Did you see this front page of one of Canada's major newspapers?...

...remarkably, the on-campus COVID-19 policies you are promoting fuel this kind of pure hatred from people, most of whom have not confirmed their own immunity status, against someone like me who is immune to SARS-CoV-2!!! **Does that make any sense?** My workplace has become a poisoned environment where the bullying, harassment, and hatred against me have been incessant. Are you ever going to put an end to the childish and irrational behaviours being demonstrated by our colleagues? I have received thousands of emails from around the world that indicate the university should be embarrassed and ashamed to allow such childish behaviour from faculty members to go unchecked in front of the public. I have invested a decade of my life into the University of Guelph. I have conducted myself professionally and worked to an exceptionally high standard. I have consistently received excellent ratings for my research, teaching, and service. I have received rave reviews from students for my teaching. I have received prestigious research and teaching awards. I have brought funding to our campus from agencies that had never partnered with the University of Guelph in our institution's history. I have brought in ~\$1 million-worth of equipment to improve our infrastructure, etc., etc. I am a man of integrity and a devoted public servant. I want to make Canada a better place for my family and for my fellow Canadians. We are a public institution. My salary is covered by taxpayers. This declared pandemic involves science that is in my 'wheelhouse'. Since the beginning, I have made myself available to answer questions coming from the public in a fashion that is unbiased and based solidly on the ever-exploding scientific literature. My approach has not changed. Has some of it contradicted the very narrow public health narrative carried by mainstream media? Yes. Does that make it wrong? No. I will stand by my track record. When Health Canada authorized the use of AstraZeneca's vaccine I, along with two colleagues, wrote an open letter requesting that this vaccine not be used, in part on the grounds that it was being investigated for a link to potentially fatal blood clots in many European countries. I was accused at that time by so-called 'fact checkers' of providing misinformation. Less than two months later, Canada suspended the AstraZeneca vaccination program because it was deemed to be too unsafe as a result of causing blood clots that cost the unnecessary loss of lives of Canadians. More recently, I was heavily criticized for raising concerns in a short radio interview about a potential link between the Pfizer BioNTech COVID-19 vaccine and heart inflammation in young people, especially males. This is now a well-recognized problem that has been officially listed as a potential side-effect of the mRNA COVID-19 vaccines. It was also the subject of a recent Public Health Ontario Enhanced Epidemiological Summary Report highlighting the increased risk of myocarditis and pericarditis to young males following COVID-19 mRNA vaccination. As such, I have a proven track record of accurately identifying concerns about the COVID-19 vaccines.



A Lack of Safety Data in Pregnant Females as Another Example of Why Vaccines Should Not be Mandated

I would like to give another disconcerting safety-related example of why a COVID-19 vaccine mandate could be dangerous. We have pregnant individuals or those who would like to become pregnant on campus. There was a highly publicized study in the prestigious *New England Journal of Medicine* that formed the foundation of declaring COVID-19 vaccines safe in pregnant females (<https://www.nejm.org/doi/full/10.1056/nejmoa2104983>). The authors of this study declared that there was no risk of increased miscarriage to vaccinated females. This study resulted in

many policies being instituted to promote vaccination of this demographic, for which the bar for safety should be set extremely high. Did you know that this apparent confirmation of safety had to be rescinded recently because the authors performed an obvious mathematical error? I witnessed several of my colleagues from Canada and other countries bravely push for a review of this paper under withering negative pressures. Once the editor finally agreed to do so, the authors had no choice but to admit that made a mathematical error. Most of the world does not realize this. This admission of using an inappropriate mathematical formula can be found here: <https://www.nejm.org/doi/full/10.1056/NEJMx210016>. This means that **the major rationale for declaring COVID-19 vaccines safe in pregnant females is gone! How can someone force a COVID-19 vaccine on a pregnant female when there are insufficient safety data available to justify it?**

Advocating for the Vulnerable and Those Fearful of Retribution

My concern is not primarily for myself. I am using my case to highlight how wrong your vaccine mandate is. I am more concerned for the more vulnerable on our campus. I hold tenure, and if ever there was a time when this was important, it is now. However, I have had to bear witness to numerous horrible situations for students and staff members. Students have been physically escorted off our campus, sometimes being removed from their residence, sometimes with their parents also being escorted off. Staff members have been escorted off campus and immediately sent home on indefinite leaves without pay, leaving them unable to adequately care for their families. In many of these situations it seemed like the interactions intentionally occurred in very public settings with it being made clear to all onlookers that the person or people were not vaccinated. Parents have been denied attending meetings with their children who are entering the first year of a program. They recognize that adult learners would normally not have their parents accompany them, but we are living in unusual times with excessive and unfair (arguably illegal?) pressures being applied and these parents are entitled to advocate and defend the best interests of their sons and daughters. Many students have deferred a year in the desperate hope that our campus community will not be so draconian next year. Others fought hard to earn their way into very competitive programs and are not being guaranteed re-entry next year. Many faculty members refused to offer on-line learning options for those who did not wish to be vaccinated. On the flip-side, there are also faculty members, like many students and staff, who are completely demoralized. This includes some who were happily vaccinated but are upset by the draconian measures of your COVID-19 policies and/or will be unwilling to receive future booster shots. I can tell you many stories of students and staff members who couldn't resist the pressure to get vaccinated because they were losing vast amounts of sleep and experiencing incredible anxiety and were on the verge of mental and/or physical breakdowns. In some of these cases, they were crying uncontrollably before, during, and after their vaccination, which they only agreed to under great duress. This does not represent informed consent! I have had several members of our campus community contact me with concerns that they may have suffered vaccine-induced injuries ranging from blood clots to chest pain to vision problems to unexpected and unusual vaginal bleeding. Can I prove these were due to the vaccine? No. But can anyone prove they were not? No. And it is notable that these are common events reported in adverse event reporting systems around the world. In all cases, the attending physicians refused to report these events, even though it is supposed to be a current legal requirement to do so. These people obediently got vaccinated and were then abandoned when they became cases that did not help sell the current public health messaging.

A World Where Everyone is Vaccinated Looks Nothing Like Normal

The two-week lockdown that was supposed to lead into learning to live with SARS-CoV-2 has turned into the most mismanaged crisis in the history of our current generations. I ask you to look around with a very critical eye. You just reported that 99% of the campus community is vaccinated. Congratulations, you have far exceeded the stated standard for what is apparently the new goal of 'herd vaccination'. I cannot use the typical term 'herd immunity' here because immunity is not being recognized as legitimate; only inferred immunity based on receiving two needles counts. We were told that achieving herd immunity by vaccination alone was the solution to this declared pandemic. This has been achieved on our campus in spades. I sat in on our town hall meetings with our local medical officer of health who confidently told us that the risk of breakthrough infections in the vaccinated was almost zero. Why, then are people so petrified of the unvaccinated. Look at vaccines for travellers going to exotic locations.

These are vaccines of some quality. Travellers take these vaccines, and not only do they not avoid the prospective pathogen, but they happily travel to the location where it is endemic (*i.e.* they enthusiastically enter the danger zone because they are protected). So, what does our campus look like with almost every person vaccinated? Everyone must remain masked and physically distanced. There is no gathering or loitering allowed in stairwells or any open spaces in buildings or outside. People are still being told which doors to enter and exit, when they can do so, where to stand in line, when to move. Incredibly, time restrictions are even being implemented in some eating areas because some students were deemed to be “snacking too long” with their masks off and, therefore, putting others at risk of death. In short, the on-campus COVID-19 policies are even more draconian than they were last year, but everyone is vaccinated. It doesn't seem like the vaccines are working very well when a fully vaccinated campus cannot ease up on restrictions. But, of course, we already know how poorly these vaccines are performing. Based on fundamental immunological principles, parenteral administration of these vaccines provides robust enough systemic antibody responses to allow these antibodies to spill over into the lower respiratory tract, which is a common point at which pathogens can enter systemic circulation due to the proximity of blood vessels to facilitate gas exchange. However, they do not provide adequate protection to the upper respiratory tract, like natural infection does, or like an intranasal or aerosolized vaccine likely would. As such, people whose immunity has been conferred by a vaccine only are often protected from the most severe forms of COVID-19 due to protection in the lower lungs, but they are also susceptible to proliferation of the virus in the upper airways, which causes them to shed equivalent quantities of SARS-CoV-2 as those who completely lack immunity. Dampened disease with equal shedding equals a phenotype that approaches that of a classic super-spreader; something that we erroneously labeled healthy children as until the overwhelming scientific evidence, which matches our historical understanding, clarified that this was not the case. I have been in meetings where faculty have demanded to know who the unvaccinated students will be in their classes so they can make them sit at the back of the classroom! I can't believe that some of my colleagues are thinking of resorting to the type of segregation policies that heroes like Viola Desmond, Rosa Parks, Martin Luther King Jr., Carrie M. Best, and Lulu Anderson fought so hard against so many years ago.

The Exemption Fiasco

With respect to exemptions for COVID-19 vaccines, the University of Guelph provided a number based on creed or religion but then, remarkably, rescinded these. These previously exempt individuals were required to resubmit applications using a more onerous form; many that had been honoured previously were rejected upon re-submission. Many have been rejected since. Based on the reports I have received from many people these rejections of exemption requests were typically not accompanied by explanations. Nor have many been told, despite asking, who it is that sits on the committee making decisions about these exemptions. I would never be allowed to assign marks to students anonymously, nor without being able to justify them. Yet there seems to be a lack of transparency with exemptions and many of these decisions are destroying people's lives; the outcomes are not trivial. Could you please disclose the names of the people serving on the University of Guelph's committee that reviews exemptions? Also, could this committee please provide to applicants, retroactively, comments to justify their decisions? I have even heard it said in recent meetings that a lot of people are happy to hear that exemptions, including some medical exemptions are being denied. Why are our faculty celebrating refusals of medical exemptions for students?

A Lack of Consultation with the Experts on Vaccines

You have stated on numerous occasions that your COVID-19 policies have only been implemented after extensive consultation with local and regional experts. Interestingly, however, you have refused, for some unknown reason, to consult with any of the senior non-administrative immunologists on your campus. I would like to remind you that vaccinology is a sub-discipline of immunology. Notably, all three of us have offered repeatedly to serve on COVID-19 advisory committees, both on-campus and for our local public health unit, which also lacks advanced training in immunology and virology. The three of us have stayed on top of the cutting-edge scientific findings relevant to COVID-19 and meeting regularly with many national and international collaborative groups of scientists and physicians to debate and discuss what we are learning. I think it is notable that the senior non-administrative

immunologists unanimously agree that COVID-19 vaccines should not be mandated for our campus based on extensive, legitimate scientific and safety reasons.

Mandating COVID-19 Vaccines is Criminal

I am no legal expert but have consulted with many lawyers who have told me that these vaccine mandates break many existing laws. Here is one example copied from the Criminal Code of Canada:

Extortion

- **346 (1)** *Every one commits extortion who, without reasonable justification or excuse and with intent to obtain anything, by **threats, accusations, menaces or violence induces or attempts to induce any person, whether or not he is the person threatened, accused or menaced or to whom violence is shown, to do anything or cause anything to be done.***

In your case, you are demanding that members of our academic community submit to receiving a COVID-19 vaccine against their will (a medical procedure that may very well be unnecessary and carry enhanced risk of harm) or face banishment from the campus. Again, I am not an expert in this area, but I am confident there will be lawyers willing to test this in court. Those responsible for issuing vaccine mandates will need to decide how confident they are that they will not lose these legal battles.

Integrity of Teaching

In this new world where followers of scientific data are vilified, I also worry about my ability to teach with integrity. Unbelievably, the Minister of Health of Canada, Patty Hajdu, told Canadians that vitamin D being a critical and necessary component of the immune system in its ability to clear intracellular pathogens like SARS-CoV-2 is fake news! Do you now that I have taught all my students about the importance of vitamin D (often in the historical context of how it was discovered as being critical for positive outcomes in patients with tuberculosis that were quarantined in sanatoriums). I also teach the concept of herd immunity, with vaccination being a valuable tool to achieve this. I do not teach the concept of 'herd vaccination' while promoting ignorance of natural immunity. There are other basic immunological principles that I teach that have either not been recognized during the pandemic as legitimate scientific principles or they have been altogether contradicted by public health and/or government officials. Will I still be allowed to teach immunology according to the decades of scientific information that I have built my course upon? Or will I be disciplined for teaching immunological facts? There are many attempts to regulate what I can and cannot say these days, so these are serious questions.

Instilling Fear of a Minority Group Breeds Hatred

We live in an era where issues of equity, diversity, and inclusion are supposed to be at the forefront of all discussions at academic institutions. However, you are openly discriminating against and excluding a subset of our community that happens to be highly enriched with people engendered with critical thinking; a quality that we are supposed to be nurturing and promoting. With COVID-19 mandates, an environment has been created on our university campus that promotes hatred, bullying, segregation, and fear of a minority group whose only wrongdoing has been to maintain critical thinking and decision-making that is based on facts and common sense. I have yet to meet an anti-vaxxer on our campus. Everyone I know of is simply against the mismanagement of exceptionally poor-quality COVID-19 vaccines. History tells us that instilling fear of a minority group never ends well. This scenario must be rectified immediately if our campus is ever to return to a safe and secure working and learning environment for all.

Committing to Abolishing the COVID-19 Vaccine Mandate

President Yates, **the favour of a reply is requested.** Not the kind that defers to public health officials, or a committee, or anyone else. Instead, a reply with the scientific rigour expected from a scholarly colleague rebutting each of my comments and addressing each question. Surely, you know the science underpinning COVID-19 vaccines inside and out by now. I strongly suspect that nobody would made a decision that disrupts an entire community and destroys the lives of some of its members without a fully developed rationale that can point to the weight of the peer-reviewed scientific literature to back it up. If it would be easier, I would be happy to have an open and respectful, but public and blunt moderated conversation about your vaccine mandate in front of our campus community; much like in the spirit of old-fashioned, healthy scientific debates. You can have your scientific and medical advisors attend and I will invite an equal number. I am not saying this to be challenging. I honestly think it would be a great way to educate our campus community and expose them to the full spectrum of the science. And, if I am as wrong as my 'fact checkers' say, I would love for them to demonstrate this for my own sake as much as anyone else's. So far, despite hundreds of invitations, not one person has done this in a scenario where I can respond in real-time. You need to understand; all I want is my life back and to be able to recognize my country again. I want to see the lives of the students, staff, and other faculty members that I have seen destroyed be restored again. I want to be able to return to my workplace and not be fearful of being hated or exposed to social, mental, and physical bullying. Instead, I want to be able to turn my talents and full attention back to being an academic public servant who can design better ways to treat diseases and help train Canada's next generation of scientific and medical leaders. I simply cannot know all that I have shared in this letter and have suffered as much as I have and be silent about it. My great uncles and family members before them served heroically in the World Wars to ensure Canada would remain a great and free democracy. I think they would be horrified by what they see in Canada today. Indeed, many of my friends who immigrated from Communist countries or countries run by dictatorships are sharing fears about the direction our country is heading; it is reminding them of what they fled from. Further, mandating COVID-19 sets a scary precedent. Did you know that multiplex tests for both SARS-CoV-2 and influenza viruses are on the horizon, along with dual-purpose vaccines that will use the same mRNA-based technology to simultaneously target SARS-CoV-2 and influenza viruses (<https://www.ctvnews.ca/health/coronavirus/moderna-developing-single-dose-covid-19-flu-combo-vaccine-1.5578445>). Rhetorically, will the University of Guelph consider masking, distancing, and/or mandating vaccines for influenza in the future? **Please rescind your COVID-19 vaccine mandate immediately. It is doing more harm than good. Unbelievably, among many other problems, it is even discriminating against those who can prove they are immune to SARS-CoV-2!**

Mandating COVID-19 Vaccines Creates Absurd Situations

In closing, and to highlight the absurdity of mandating COVID-19 vaccines... President Yates, I have proven to you that I am immune to SARS-CoV-2, but you have banned me from the campus and ruined my life because I don't have a piece of paper saying that someone saw two needles go into my shoulder. You have a piece of paper that says that someone saw two needles go into your shoulder, but you have not proven that you are immune to SARS-CoV-2. However, you are allowed on campus and your life can proceed uninterrupted. **How is that fair?**

Respectfully and in the mutual interest of the health and well-being of **all** members of our community,



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