

## Summary of faculty comments in favor of a UM COVID-19 vaccine mandate

**Goals.** Many express their desire to return to teaching activities that are as close as possible to normal. A vaccination mandate would make it possible to do so safely. With a mandate, students would enjoy the full college experience they deserve in a safe environment. It would allow for teaching without masks, and fewer other constraints, in at least some classes, which is especially important in, e.g., performing arts or language instructions. One should not underestimate the effect of a safe environment on faculty and student mental health.

**Health aspects.** The safety profiles of the vaccines and the devastation caused by COVID-19 are well-established, and the benefits of broad vaccination far outweigh the benefits of accommodating those who refuse vaccines, most frequently as the result of misinformation—although exemptions for legitimate medical reasons must of course be provided. As was the case with the Beta variant last academic year, even a single UM student could initiate a super-spreader event that would overwhelm the hospital. It is now known that the COVID virus is airborne, and distancing does not provide adequate protection in closed spaces, especially with inadequate ventilation; masks are of limited benefit during prolonged indoor exposure. Because of breakthrough infections and asymptomatic transmission, the vaccine provides imperfect protection for an individual in a contagious environment, but excellent protection if most individuals in a community are vaccinated so that herd immunity is reached. It is misguided to say "if you are vaccinated you will be fine" -- while the vaccines (so far) appear to protect well against infections that require hospitalization or are fatal, mild cases are not uncommon amongst the vaccinated. Increasingly, long-term health effects are observed even in those with mild COVID symptoms. The effectiveness of current vaccines against the Delta variant is lower, e.g., 64% reported in Israel, compared to over 90% for earlier variants. In a letter that largely applies to the US, over 4000 British scientists argue against premature full reopening. From Ed Yong's "[The 3 Simple Rules That Underscore the Danger Delta](#)" in The Atlantic: "1) The vaccines are still beating the variants... 2) The variants are pummeling unvaccinated people... 3) The longer 2 continues, the less likely 1 will hold." Without a mask mandate, UM could become an incubator for more contagious and virulent variants. "My research is on how viruses evolve, and infections spread, and the experiment I would do in my lab to select viruses able to infect resistant hosts is exactly what the university is planning to do this fall."

**Families and households.** Many faculty members' households include persons who are too young to be vaccinated, cannot be vaccinated for other reasons, or are otherwise at such elevated risk that even a mild infection could have devastating consequences. All of them would be put at risk if the faculty member were infected. Faculty and students currently overseas may not be fully vaccinated with approved vaccines until a few weeks into the semester. Herd immunity would protect them, too, before their vaccine takes full effect.

**Community.** "We drove the town's outbreak last fall/winter. Do we really want to do that again?" "How can we operate in good conscience while forcing the spread of preventable illnesses to vulnerable patients, students, faculty and community members?" A surge would lead to closure of Ann Arbor Public School system, jeopardizing the living and working conditions of many U-M members. It is known that the burdens of school closing affect women disproportionately. Infected faculty will not be able to resume in-class teaching for 2-4 weeks,

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(cont.)

and in case of school and preschool closures, faculty will not be able to leave home. In either case, they will have to resort to online teaching again. We owe this protection not only to the UM community, but also to Southeast Michigan. A mandate will also protect our surrounding community, including restaurant or retail workers, bus drivers, etc. Student travel during the breaks planned for fall would further spread COVID-19 beyond the immediate Ann Arbor area.

**UM role in society.** As a leading healthcare & research university, we should be setting an example, seen as following the science and not the politics. UM should be a leader, not cowering in front of threats from politicians. Appeasing an actively anti-scientific legislature with anticipatory obedience would be taking a Chamberlain pose in the face of a potential lethal threat. Many of us would like to see the university fight rather than submit to unreasonable policies and demands. Hundreds of universities, including public universities in MD, IN, IL & CA, and every top 25 US university other than UM has a vaccine mandate. “Being the exception is not something we want to be known for.” “It’s an embarrassment.” Without a mandate, we would be preferentially attracting the vaccine resisters, both short and long term. The emergence of the “Michigan strain” of COVID that destroyed the advances of the vaccine would be disastrous for the university. This is an opportunity for President Schlissel to use what he describes as “public health informed approach,” and not let “leaders and the best” ring ever more like a hollow marketing scheme.

**Diversity, Equity, Inclusion and Accessibility (DEIA).** A mandate DEIA issue -- it would protect vulnerable populations, including those with medical exemptions. It will be impossible for those unable to be vaccinated to be safe on campus if they can't know the status of those around them; thus, no mandate is tantamount to deciding to exclude those who cannot be vaccinated from the community. Masks, if they become necessary, limit the functioning of those who rely on lip reading, and muffle instructors’ voice in large classrooms. “Vaccination for all means that we can all live, work, and interact socially safely; it means that it is no longer acceptable that some of us should be pushed to the sidelines and perhaps have to quit or lose our jobs or right to an education.”

**Ethics.** Being a member of the University community is a privilege, not an absolute right. “Along with the privilege comes an obligation to avoid infringing on other people's fundamental rights to life, safety and health.” “We should not treat this as a ‘both sides’ issue.” We don’t debate guns on campus, indoor smoking, seat belts, prohibition of drunk driving, speeding laws or traffic lights.

**Legal aspects.** A mandate can be adopted now, conditioned on full FDA approval. Mandatory vaccinations are not new, and have proven very successful with, e.g., measles and polio. UM should use as a model the policy of the State of MI for K-12 public schools, which requires childhood immunizations. Those who claim non-medical exemptions are required to meet with a health educator. Working conditions forced by the lack of a vaccine mandate possibly violate OSHA rules and/or rules set down by Federal research funding agencies. Since the risk associated with vaccination is far lower than that of getting infected, UM is more likely to expose itself to potential lawsuits in the absence of a mandate.

## Summary of faculty comments against a UM COVID-19 vaccine mandate

*Please provide specific arguments against having mandatory vaccination for U-M students, faculty, and staff.*

When the comment period closed at of 5PM Monday July 12, there were 132 responses to the prompt. The main arguments are summarized below with example responses. (Since one response could include several different arguments, the total numbers from each category are more than the total number of responses.)

### 1. There are no arguments against vaccination (79)

- *There is no rationale or logical argument against vaccination.*
- *None. There are absolutely no good arguments against mandatory vaccination for UM students, faculty, and staff. All arguments against vaccination (barring individual exemptions/accommodations for health reasons) come down to selfishness.*

### 2. Vaccination contravenes individual freedom of choice and autonomy in medical decisions (33)

- *Personal freedom is paramount in our society. Imposing healthcare treatments against a persons will likely will be challenged as unconstitutional.*
- *[It] should be a personal choice and we should honor each one's own choice.*
- *Some individuals have reason to refuse vaccination, including counter-indicating health conditions, lack of trust in the vaccine, and risk of potential side effects. A blanket vaccination policy reduces the ability for individuals to apply discretion in an important health decision.*

### 3. There need to be medical and religious exceptions included in any mandate (29)

- *There could be exceptions for people with health concerns that are unable to take the vaccine (e.g. based on a doctor's note).*
- *There need to be specific medical exceptions. Personally, I am less accommodating towards any religious exceptions.*

### 4. There has not been long-term research on the impact of this vaccine, particularly the mRNA technology (20)

- *Long term evidence of the safety/efficacy of these new vaccines do not exist. The risk/reward ratio is debatable, especially for the relatively young. Dictating an experimental shot with little to no benefit is tyrannical and makes no sense.*
- *I think it's perfectly reasonable to be skeptical or downright afraid of receiving a vaccination that's only existed for a year and been injected into people for 6 months. Additionally, this vaccine was created using mRNA, a process that's not been utilized before.*

### 5. Mandating vaccinations could bring UM adverse financial consequences from the legislature (16)

- *I know the legislature is threatening to cut funding if there's a vaccine mandate.*
- *I can understand President Schlissel not wanting to get into a fight with the state legislators over this. It is not a great argument against a mandatory vaccination but I do understand that their threatening to cut funding to UM (which they can't do) puts Mark in a position to have to fight them.*

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### 6. The vaccine has not been fully authorizing by the FDA at this point (15)

- *At this time all of the COVID Vaccines are approved for "emergency use" by the FDA. The FDA has not given their full approval and does not have a timeline yet on when/if that will occur. All other vaccines that we do require are fully FDA approved. I support highly recommending the COVID vaccine but do not support requiring it until it is fully FDA approved.*

### 7. Mandating vaccination does not work (13)

- *Mandates are very costly in terms of goodwill and make people dig in to assert their right not to be vaccinated.*
- *Mandates require strong arguments coupled with thoughtful strategic assessments of feasibility and political will. The absence of either makes mandating health care treatments to objecting adults a terrible idea. Mandates may be appropriate now in some settings like healthcare, and may become appropriate in other settings if the situation changes as it certainly could. But there is not a sufficiently compelling argument for the University to mandate vaccination at this point.*

### 8. Instructional options could be adjusted instead (12)

- *If someone refuses to be vaccinated, he or she should be allowed to take ONLINE classes but not in-person classes.*

### 9. Mandating vaccination could have legal consequences for UM (10)

- *I have little doubt that there are members of our community who will use litigation to challenge the implementation of mandatory vaccination. They do not want to be injected with any substance that is not fully FDA tested and approved.*

Some responses included multiple arguments from the above:

*The state legislature has threatened to reduce funding. We might not like that tactic but it is a clear economic reality. Leaders must deal with the situation on the ground as it is, not as it would be in a theoretical world.*

*The vaccine is not yet authorized/licensed by the FDA for full-scale use. It remains in an emergency use status and I respect the opinions of those who wish to wait for full licensing/authorization by the FDA.*

*Pro-choice. I would be very hesitant about an employer mandating the most personal of all choices - what employees must inject into their bodies.*

*Possible legal and economic penalties against the university; particularly if the law of large numbers generates one or more severe adverse reactions in our population.*

*It's a mandate that's not enforceable. If people fake vaccination records to obtain free doughnuts at Krispy Kreme (they do!), then surely they might in order to maintain employment.*