

Dear Members of the Rhodes University Community

A few weeks ago, following the recommendation of Senate, the Rhodes University Council decided to impose a vaccine mandate on the entire university, beginning in 2022. This is a terrible decision, in my opinion. Not only is it immoral, but it also has no scientific/medical rationale and will likely do far more harm than good. It presents impossible choices for many in our community and will impose needless hardships on many more. Rather than demonstrating that this is a place where leaders learn, this decision — my own opinion again — will likely be remembered as loudly declaring the very opposite: this is a place where we mindlessly and fearfully follow the panicked herd. What's more, and far worse, this is an authoritarian and illiberal decision which blatantly and shamelessly tramples the rights of individuals without proper regard for either science or morality. Our university should not go down this path.

The vaccine mandate arrogates to the university the supposed right to coerce and threaten staff and students into having an experimental serum injected into their bodies which they may neither want nor need. On the face of it, such a draconian intervention is morally objectionable *in itself*. Individuals surely have the unmistakable right to decide for themselves what goes into their bodies. That right can arguably be mitigated *if at all* only in the most extreme and dire of circumstances, such as when doing so is directly required as the *only* way to protect public order and the common good of the institution or society. This is a basic point of morality and respect for individual freedoms. The rights of individuals to determine what goes into their bodies and which medical interventions they accept can only be abrogated in the most extreme of situations. Furthermore, this basic right is given clear expression in Article 1 of the Nuremberg Code governing permissible medical experimentation, which also enshrines the absolute need for free, *uncoerced* and informed consent.¹ The crucial question is whether we in fact are in such an extreme situation right now which would warrant a curtailing of individual rights in this regard. This is a prudential judgement about a matter of fact and in the nature of the case we should expect there to be some disagreement and uncertainty. But the moral seriousness of what is being proposed by the vaccine mandate requires that we be as sure as we possibly can about this. And it is here that I think the university itself has not done its due intellectual diligence but is operating from a sense of fear and panic. Permit me to explain the reasoning.

There are two pertinent questions we need to address to get a proper fix on this: (a) is the public order and common good of our institution so directly and massively threatened by the Covid crisis that ordinary rights can be suspended, and (b) is it true that requiring that ALL get vaccinated is the only solution to the alleged crisis? Now despite the endless scaremongering and media hype about this, the short answer to both questions is a clear negative. No, absolutely not! We are in fact very far from it. The Covid crisis does not represent an extreme existential threat to the university nor would complete compliance with a vaccine mandate address the problem. There is therefore no moral or scientific warrant for overriding individual rights and introducing a vaccine mandate.

Consider the following:

1. More or less 99% of people will readily survive getting Covid and will also develop robust and durable immunity without the vaccine?²
2. The vaccine can neither be guaranteed to prevent anyone from getting Covid nor prevent the transmission of the Sars Cov2 virus?³
3. The vaccine is nowhere near as safe as we might have hoped and expected and is also positively unsafe for many?⁴
4. There is no scientifically verified correlation between increased vaccine distribution in a population and decreased rates of infection? In fact, the evidence seems to better confirm the very opposite.⁵ Many cities, counties and countries are now showing rates of Covid hospitalization and death among the vaccinated in excess of their rate of vaccination?⁶ An example: Waterford in Ireland has a 99.5% vaccination rate of its adult population, but has the highest rate of Covid in the entire country.⁷

5. The present mRNA and adenovirus vector vaccines work by getting your body to produce vast amounts of the Sars Cov2 virus spike protein (the part of the virus whereby it opens a cell to infect it), which then triggers an immune response to that spike protein rendering the virus itself non-effective. But these vaccines were developed on the *false* and *scientifically mistaken* assumption that the spike protein itself is harmless and biologically inactive? It is in fact pathogenic, a toxin, and is probably responsible for the huge numbers of vaccine injuries we have seen.⁸

The list of indicators can go on. They all show either that we do not have the grave, existential crisis the mandate *presupposes* or they show that the vaccine is not the universal *panacea* commonly supposed. The point is that it simply beggars belief that a scientifically literate institution such as this can just blithely ignore the evidence as though the facts don't matter when it is the very facts themselves that determine the moral validity of what is being proposed. How on earth can a vaccine mandate make sense when it is readily ascertainable that Covid is neither the dreaded disease the hype supposes nor is the vaccine the *only* effective and safe solution we all might have wanted it to be? The extreme situation that could possibly warrant a mandate has just not materialized, and it is hard to resist the conclusion that the clamour in favour of the mandate derives more from fear, ignorance and wishful thinking than informed scientific thinking. This is most certainly not an adequate basis for disregarding the rights of others.

Consider that even if 100% of Rhodes students and staff are vaccinated the chances are that this by itself will likely not prevent infection and transmission at our university. The vaccine neither protects you from infection nor prevents you from transmitting the virus to others even though the evidence seems to suggest that it does protect you somewhat from serious disease and death. But insisting that the person next to you gets vaccinated does nothing to keep you safe. Even worse, the vaccine is probably unsafe for a good many in our community as well, especially our students. Why then insist on everyone getting the shot? How on earth is mandatory vaccination of the entire Rhodes community going to help us defeat the disease? It can't. And it won't. It very sadly won't even prevent hospitalization and death for those most at risk. This we now know. The proposed measure of compulsory vaccination is irrational and un-scientific and an instance of head-in-the-sand wishful thinking. It might give us a *feeling* of safety, but *feelings* cannot usurp the place of sound scientific and moral thinking. The idea that a vaccine mandate is the *only* way to secure the safety and health of the students and staff of the university from the threat of Covid 19 is fundamentally baseless and misguided. And being baseless it simply cannot provide the required moral justification for disregarding the basic rights of others to choose what medical treatments they prefer and what goes into their bodies. There just is no moral basis for such a draconian *diktat*. Sadly, it seems, this is a prime example of an institution merely following the mainstream narrative (the herd) rather than courageously following the actual science and leading the way in developing alternate and more evidence-based strategies.⁹ We try to teach our students to speak truth to power and to question the narrative, especially the *mainstream* narrative, but then we spectacularly fail to do this ourselves when it comes to challenging the highly-curated and fear-driven narrative surrounding the Covid crisis.

What is the alternative to a compulsory vaccine? This is a matter of science and is completely outside my own field of expertise. I don't quite know. But it surely is not hard to notice that *early treatment therapies* the world over have had remarkable success, if one would but look and see.¹⁰ Supporting both natural immunity (for those previously infected) and early out-patient treatments might well turn out to be part of a *better* comprehensive strategy, as many medical specialists are urging¹¹. It would take scientific courage to buck the lazy mainstream narrative that the vaccine is our only hope. It is not. These are failed or very limited vaccines. That is what the science points to. So not only is the vaccine mandate scientifically baseless but it is also morally objectionable. Coercing people into choosing between an unwanted vaccine and their jobs/livelihood/place at the university *when there is no grave and imminent* threat is draconian, insensitive and just plain wrong. It is not who we are or want to be. Regardless of your personal choice to take a vaccine or not, our institutional failure to revisit our basic assumptions about the efficacy and safety of the current crop of vaccines will impose profoundly onerous hardships on many individuals. We have no right to do this. While doing the right thing here is certainly not easy, we should all recognize that both intellectual honesty and sound morality require that

we go down that more difficult route if we must. Ignoring the evidence is not an option. We have an obligation to seriously consider various early treatment therapies and support these for our staff and students rather than threaten them with impossible choices.

One last matter: does the university know how many people will be negatively affected by the mandate? How many people will prefer to lose their jobs rather than be bullied into taking a vaccine they do not want? Might there be many members of staff and students who would rather lose their place at the university than compromise their right to choose and not have someone else dictate what medical treatments they should have? Has a survey been done? Might it be the case that rather than doing good and protecting our institution we in fact are bringing more *harm* to our community by prematurely and needlessly adopting this strategy? Is the university prepared to pay for every instance of vaccine harm that is caused at its direction, as seems to be legally required?¹² I do not myself know the answers to these questions, but I recognise them as important. Failure to adequately address them is not only an intellectual failure, but it is a moral failure as well. We should exercise a lot more caution before going down the path of mandatory vaccines. In fact, we should reject that option entirely. There is another way which is morally preferable, scientifically more respectable, and far more in keeping with our stated ethos of leading the way.

Yours sincerely

Francis Williamson, Philosophy, 9 November 2021

(These views are my own and do not in any way reflect those of the Philosophy Department).

Notes:

¹ https://www.fhi360.org/sites/all/libraries/webpages/fhi-retc2/Resources/nuremburg_code.pdf

² See for example the report developed by Prof John Ioannidis for the WHO. Look here: <https://apps.who.int/iris/bitstream/handle/10665/340124/PMC7947934.pdf?sequence=1&isAllowed=y> Also see here for evidence that natural immunity is equal or superior to vaccine immunity. <https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1.full>

³ Vaccinated and unvaccinated people have more or less the same rates of infection and transmission. The idea that the present *legacy* rather than delta-specific vaccines will protect people from Covid and also make the work environment transmission-free is a piece of scientific hokum. It probably won't do either of those things. We now know this based on many studies detailing the experience especially in Israel and the UK. See for example this recently published study from The Lancet. [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00648-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00648-4/fulltext). The Bloomberg report on this summarized it as follows: "People inoculated against Covid-19 are just as likely to spread the delta variant of the virus to contacts in their household as those who haven't had shots." See here: <https://www.bloomberg.com/news/articles/2021-10-28/getting-vaccinated-doesn-t-stop-people-from-spreading-delta>. See also this University of Wisconsin study: <https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v1>.

⁴ Many people are more at risk of the vaccination than at risk from Covid. This is especially true of teenagers and those younger, but it can readily and plausibly be applied to our main student cohort most of whom are below age 25. See for instance this report from *The Guardian* here <https://www.theguardian.com/world/2021/sep/10/boys-more-at-risk-from-pfizer-jab-side-effect-than-covid-suggests-study> (accessed 31 October 2021). The Covid vaccines have seen a dramatic increase in the number of adverse effects, orders of magnitude larger than all the vaccines combined for the last 30 years. Nobody at this stage knows what the long-term consequences of this experimental gene therapy will be, but there are good grounds for supposing that they may well be disastrous. In fact, there are more than a few epidemiologists who predict exactly this, including Nobel-winner for Medicine Luc Montagnier. See here: <https://rightsfreedom.wordpress.com/2021/05/11/57-top-scientists-and-doctors-stop-all-covid-vaccinations/>

⁵ See for instance <https://link.springer.com/article/10.1007/s10654-021-00808-7>

⁶ This means that vaccines are not working as intended in keeping people out of hospitals. This is admittedly not the most scientific reference for this claim, but the raw data can be accessed from this site.

<https://stuartbramhall.wordpress.com/2021/09/28/uk-hospital-data-shocks-the-world-80-of-covid-deaths-are-among-the-vaccinated-covid-deaths-up-3000-after-vaccine-wave/>

⁷ See <https://news.sky.com/story/covid-19-irelands-co-waterford-has-one-of-the-highest-vaccination-rates-in-the-world-so-why-are-cases-surging-12461642>

⁸ We now know that the spike protein itself is a pathogen and can produce most of the symptoms of Covid all by itself and is the likely cause of the uptick in adverse vaccine incidents of myocarditis, pericarditis, thrombosis and vascular disease, etc. Early warning signs of this were reported by the Salk Institute in March of this year. It has since been repeatedly confirmed in other studies. See here for the initial worry: <https://www.salk.edu/news-release/the-novel-coronavirus-spike-protein-plays-additional-key-role-in-illness/>

¹⁰ Many leading medical practitioners both in South Africa and abroad have developed impressively successful techniques/therapies for dealing with Covid, some with close to 100% effectiveness. The regime developed by the American Front Line Covid Critical Care Alliance has had some spectacular successes — see here: <https://covid19criticalcare.com/>. Or see here for more on evidence-based approaches to early Covid treatment: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8182819/>

¹¹ See for instance Dr Peter McCullough on early treatment versus vaccines here: <https://jeffreydachmd.com/2021/09/dr-peter-mccoullough-on-early-treatment-vs-vaccination/>

¹² <https://www.citizen.co.za/news/covid-19/2894712/new-covid-variant-on-the-loose/>