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Sent by email to: Ontario Colleges & Universities
(List attached as Appendix "A")

Dear University/College Chancellor/President:

Re: "Mandatory Vaccinations" for Students in Residence

We have been approached by Children's Health Defense Canada to request that all Ontario Universities and Colleges (hereinafter "University/College") with policies mandating "Covid 19 vaccinations" for students in residence rescind their policy forthwith.

Children's Health Defense Canada (hereinafter "CHDC") is a federally registered not-for-profit organization devoted to advocating for and promoting the optimal physical and mental health of all Canadian children and youth. CHDC is directed by a group of dedicated volunteers and parents who work closely with many Canadian medical and legal experts in support of children's health. CHDC is 100% funded by public donations and does not accept government or corporate funding.

CHDC has been contacted by many concerned parents regarding the unwarranted, and, medically and scientifically unsupported, mandatory "Covid 19 vaccine" requirements being imposed upon their children at Colleges and Universities as they have not been mandated by law or the Ontario government and health agencies. "Covid 19 vaccines" are not required by law and have not been mandated because there is no evidence of effectiveness in preventing infection and transmission of the SARs CoV2 virus. The University/College, therefore, cannot require it.

CHDC requests that the University/College rescind and retract the "COVID 19 vaccine" mandate forthwith as they have not been proven to be a) safe; b) effective in preventing infection or transmission; and c) necessary for the age group of university and college students. Finally, there is no legal authority for the University/College to require a mandatory medical treatment, and/or, to breach privacy rights of university and college students. CHDC sets out its objections in detail as follows:

Not Authorized for general use

The “Covid 19 vaccine” has not been approved by Health Canada for general use and has **only** been authorized under an interim order for “Emergency Use”. Hence, we refer to them as “Emergency Use Authorization” (EUA). Since the EUA have not undergone properly conducted preclinical studies and the full suite of clinical trials to ensure they are (i) effective; and (ii) have excellent short-term and long-term safety profiles, they are **not** mandated by Health Canada, Public Health, the Minister of Colleges and University, or **any** level of government. The decision, and therefore the liability, for mandating experimental and emergency inoculations lies with the University/College.

On the contrary, the University/College is hereby placed on notice that the overwhelming and authoritative medical and scientific evidence shows that the EUA inoculations are not safe and not effective in reducing risk.

Not Effective in Risk Reduction

The claim of 95% efficacy in Pfizer-BioNTech’s first reported clinical trial are highly ***misleading***^{1, 2}, because this number pertains only to relative and not absolute risk reduction. The absolute ***risk reduction was shown to be less than 1%***. In the trial, 21,720 people received the experimental injection and 21,728 people received placebo. There were 162 PCR positive cases in the placebo group and 8 positive cases in the experimental group. Less than 1% of the placebo group developed Covid-19, therefore less than 1% of the experimental group was actually protected.

The latest data³ from Israel indicates that “vaccine” effectiveness against the Delta variant and symptomatic “mild” disease has dropped from about 95% to about 40%.

The latest data from Public Health England^{4,5} shows that “vaccine” effectiveness against infection in the over-50s has plummeted to just 17% in the month between June 21st and July 19th, 2021.

The justification used for mandates, such as the University/College policy, is that the “vaccination” reduces transmission so the “vaccinated” do not spread the infection to others. This is completely false. The “vaccines” were evaluated for their ability to reduce symptomatic disease and “vaccination” does not prevent infection and infectiousness⁶. The FDA report states, “Additional evaluations including data from clinical trials and from “vaccine” use post-authorization will be needed to assess the effect of the vaccine in preventing virus shedding and transmission”. There is no evidence that transmission is reduced and the trials were not even designed to address this.

The Centers for Disease Control and Prevention (CDC) issued new guidance⁷ on July 27th after director Rochelle Walensky stated that recent studies had shown that “vaccinated” individuals who become infected with Covid have just as much viral load as the unvaccinated, making it possible for them to spread the virus to others.

Therefore, the University/College policy requiring all residential students to “vaccinate” does not reduce risk of infection or transmission.

Not necessary for age group

The University/College policy is also not proportionate or rationally connected to the stated objective of the policy. EUA inoculations are unnecessary for your student population age range. This is confirmed by the following evidence:

Young people are at particularly low risk of harm from COVID-19 infection. According to world-leading epidemiologist John Ioannidis^{8,9}, the infection fatality rate of COVID-19 is in the order of 0.15% to 0.2% across all age groups, with a very strong bias towards old people, particularly those with co-morbidities. This rate does not exceed the range commonly observed with influenza and is actually less fatal in the young and healthy than influenza.

In Canada¹⁰, as of July 23 2021, only 14 out of 26,448 deaths with COVID-19 occurred in those aged between 0-19. That amounts to only 0.1% of the total number of deaths with COVID-19. Of the 75,000 people that were hospitalized in Canada, only 1.9% were aged 0-19 years old. Of the 14,000 people admitted to ICU, only 1.2% were aged 0-19.

In the US, essentially no severe cases of COVID-19 have been observed in those above 10 but below 18 years of age¹¹.

A large study¹² looking at 260 hospitals in the UK showed that no one under the age of 19 who was not already profoundly ill died of COVID-19 in Britain.

In addition, a Canadian study¹³ showed that a majority of uninfected adults show pre-existing antibody reactivity against SARS-CoV-2, meaning community immunity is high.

In other words, the “vaccination” of young people – including residential students – is unnecessary. Yet the University/College policy is mandating a medical treatment, without medical evidence, authorization or informed and unfettered consent.

Risks and harms of EUA inoculations

Since the University/College policy is based on the idea of “risk reduction”, CHDC submits that it ought to know that there is a greater risk presented to students by forcing them to take the EUA inoculations to their overall health and wellness, including for a respiratory virus such as SARS CoV-2.

In Israel, data¹⁴ show that Covid-19 patients who recovered from the virus were far less likely to become infected during the latest wave of the pandemic than people who were “vaccinated” against Covid. Nearly 40% of new Covid patients in Israel were “vaccinated” – compared to just 1% who had previously had the natural infection. The Israeli data indicates that the “vaccines” effectiveness against infection and mild symptoms decreases rapidly over time and reaches near-zero levels after about half a year. On the other hand, many people who have been infected with SARS-COV2 will likely make antibodies against the virus for most of their lives¹⁵.

This letter, therefore, serves to put you on notice that there are inherent risks and liabilities in mandating university and college students submit to inoculations, which are experimental, and have documented adverse effects.

Recently, on June 29 and 30, 2021, Health Canada issued “recalls and safety alerts” for Pfizer-BioNtech and Moderna, as well as AstraZeneca and COVISHIELD vaccines. As of July 16, 2021, data released by the US Centers for Disease Control and Prevention (CDC) Vaccine Adverse Event Reporting System¹⁶ (VAERS) includes 491,217 injuries of which 11,405 are deaths. Data for the college student age group specifically shows:

- 50 reported deaths
- 650 cases of myocarditis/pericarditis
- 88 heart attacks
- 281 reports of blood clotting disorders

Historically, as indicated by a Harvard study, deaths and injuries reported to VAERS only account for approximately no more than 10% of actual deaths and injuries. So, these numbers need to be multiplied by ten (10).

An EUA must show that the benefits outweigh the risks; yet as shown above the risks are alarming. The AstraZeneca vaccine has been suspended in Canada and elsewhere. Moreover, clinical trials have *not* been completed, and other, as of yet unknown, adverse effects have not been identified. Consequently, it is imprudent for the University/College to mandate a medical procedure which is experimental, incomplete in study, and not approved. Through this letter, the University/College also now has been apprised of the risks and it will be liable for requiring individuals to obtain it and any damages which ensue.

University/College Policy contrary to law

The University/College, as a defined under Ontario statutes and regulations, must comply with all Provincial laws and Canada’s constitution.

Inoculation of the EUA injection is *not* mandated by either the Province or Municipality. The reason for this is because the Supreme Court of Canada has ruled that any forced medical treatment, without informed voluntary consent violates section 7 of the *Charter*. There is no authority for the University/College to mandate EUA inoculations for its students, as a requirement to access and exercise the right to education on campus as residents. The University/College however, *is* required to follow and respect Provincial Statute and Regulations regarding health care consent and treatment, as well as protect personal and private information of its members, including its most vulnerable — the students.

The University/College mandate therefore does *not* comply with Provincial Acts and Regulations, and in fact, runs afoul of, the principals and objectives, as well as the spirit and letter, of numerous Statutes including, *inter alia*, the *Health Care Consent Act*, and the *Personal*

Health Information Protection Act. The University/College cannot be used as prophylactic for otherwise unconstitutional conduct under the guise of private activity covered by contract and tort.

Moreover, the University/College is required to respect *Charter* values, interests and rights under our *Constitution*. While your statements suggest that you are not *requiring* anyone to get a “vaccine,” this is contradicted by the policy in that “vaccinations” are a condition to live in residence. A requirement and a condition are one and the same as they place a necessary action on students in order to access education on campus. The University/College does not have the legal authority to pressure, coerce, or extort students in this manner.

Also, historically, if 50 deaths are attributed to any drug/vaccine, its use is suspended. What is happening now is an onslaught. What you are requiring, in our *legal* opinion, thus, further constitutes a crime against humanity, contrary to Canadian Criminal law under the *War Crimes and Crimes Against Humanity Act*, in that you are forcing medical experimentation without informed consent.

Requiring students to identify and declare their “vaccination” status and the threat that those who are not “vaccinated” will be treated differently also undermines *Charter* values, wherein the Supreme Court of Canada has affirmed, “[t]he promotion of equality entails the promotion of a society in which all are secure in the knowledge that they are recognized at law as human beings equally deserving of concern, respect and consideration”. The mandate makes an arbitrary and unlawful distinction between “vaccinated” and “unvaccinated” students and undermines the protections against discrimination and harassment. It draws a distinction between the two groups despite the fact that the EAU inoculation does not prevent either infection or transmission, and, in this respect, individuals in both groups face and present the same risk.

Therefore, this policy cannot be justified as a means of reducing risk on campus. Furthermore, as a matter of contract law your condition is void for being unconscionable in that it is unconstitutional to coerce or force unwanted medical treatment.

Breach of Privacy laws and health consent

The University/College policy proposes and contemplates “medical exemptions”. With respect, the University/College cannot either dictate which student should receive medical treatment, or which students should not. Medical treatment is a personal and individual choice and the University/College has no place in such decisions. The University/College does not have authority to inquire, collect, record or require protected and private medical information or treatment, under any legislation, and, in fact, is specifically prohibited from doing so under the *Freedom of Information and Protection of Privacy Act* (hereinafter “*FIPPA*”).

The University/College, as defined under section 2 of the *FIPPA*, is bound by the requirement to protect the privacy of individuals with respect to personal information, including as it relates to medical information. Disclosure of such information, including whether or not, a student has, or has not, received medical treatment is presumed to constitute an unjustified invasion of privacy under section 21 (3) of the *FIPPA*.

There is no evidence to warrant breaches of these rights and protections. In a joint statement by Federal, Provincial and Territorial Privacy Commissioners, released May 19, 2021, the Commissioners unequivocally stated:

“So far we have not been presented with evidence of vaccine effectiveness to prevent transmission...”

With respect to requiring Canadians to present “proof of vaccinations” the Commissioners stated that, even in the private sector, there must be clear legal authority and the following requirements must be met in order to qualify for consent:

- Consent must be voluntary and meaningful, based on clear and plain language describing the specific purpose to be achieved;
- The information must be necessary to achieve the purpose;
- The purpose must be one that a reasonable person would consider appropriate in the circumstances;
- Individuals must have a true choice: consent must not be required as a condition of service.

The University/College policy is contrary to the above criteria and there is no clear authority under which the policy can be justified. There are no newly enacted public health orders or laws requiring the presentation of “vaccine status or proof” to enter a premises or receive a service or take up a place of accommodation. Absent such order or law, the University/College cannot breach existing privacy legislation, absent consent, which must be applied contextually, as set out by all Canadian, provincial and territorial Privacy legislation and confirmed by Commissioners in the Covid context.

In conclusion, the University/College does not have the legal authority to mandate the EUA inoculations given the flagrant breaches cited above. As a result, CHDC submits that no student should be asked about, pressured, or required, to take the EUA inoculation in order to take up residence to access and pursue the right to post secondary education.

Given that the University/College policy is:

- (i) without medical and scientific foundation and, in fact, is contrary to that evidence and data; and,
- (ii) the policy overtly breaches Provincial legislative requirements and safeguards, and constitutionally protected rights,

CHDC demands that the College immediately cease and desist its policy forthwith and/or before August 14, 2021.

We request a decision with written reasons by the same date, failing which CHDC will commence legal action to seek damages and redress. We trust that the College will immediately remove its offensive policy and notify us accordingly.

Yours truly,



Amina Sherazee
Barrister & Solicitor
Operational Director, CRC

cc: Ministry of Training Colleges and Universities

¹: <https://blogs.bmj.com/bmj/2021/01/04/peter-doshi-pfizer-and-modernas-95-effective-vaccines-we-need-more-details-and-the-raw-data/>

²: <https://pubmed.ncbi.nlm.nih.gov/33652582/>

³: https://twitter.com/segal_eran/status/1418260295550742528

⁴:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001358/Variants_of_Concern_VOC_Technical_Briefing_18.pdf

⁵: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005517/Technical_Briefing_19.pdf

⁶: <https://childrenshealthdefense.org/wp-content/uploads/expert-evidence-pfizer-children.pdf>

⁷: <https://www.nbcnews.com/politics/white-house/biden-administration-recommend-vaccinated-wear-masks-areas-low-vaccination-rates-n1275012>

⁸: <https://www.who.int/bulletin/volumes/99/1/20-265892.pdf>

⁹: <https://pubmed.ncbi.nlm.nih.gov/33768536/>

¹⁰: <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html#a5>

¹¹: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7392074/>

¹²: <https://www.thetimes.co.uk/article/all-children-who-died-of-covid-19-were-already-seriously-ill-jl8r3mkxq>

¹³: <https://pubmed.ncbi.nlm.nih.gov/33720905/>

¹⁴: <https://www.israelnationalnews.com/News/News.aspx/309762>

¹⁵: <https://www.nature.com/articles/d41586-021-01442-9>

¹⁶: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vaers.html>