



# ZERO ANTHROPOLOGY

Statement of Non-Compliance with  
Mandatory Vaccination in  
Canadian Universities

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First it was not even a university, but Seneca College. Then it was the University of Ottawa. Then Carleton University, the University of Western Ontario, and the University of Toronto. Now it is almost every university in New Brunswick and Nova Scotia. The law faculty

at McGill is also demanding it, presumably to save the university from expensive litigation (an implied threat, and one that strangely assumes that only one side of a debate can litigate in court). If it happens first in the United States, then almost immediately it is copied and pasted into policy in Canada. It is coming everywhere: *mandatory vaccination for all faculty, staff, and students*.

As a tenured, full Professor in Canada, it is my duty to encourage all faculty to be united in non-compliance with such measures.

Mandatory vaccination pressures are issued allegedly in accordance with “public health”. However, they are mandated through neither parliaments nor legislation, but are instead issued unilaterally by governments under the umbrella of “emergency measures”.

Typically, such vaccination mandates stipulate the following: faculty, staff, and students must show proof of full vaccination in order to access campus and perform their duties. If they do not do so (and some allow refusal only on grounds of medical or religious exemptions), then they must submit to still undefined special measures, such as frequent testing (perhaps twice each week, using rapid antigen tests), and masking at all times and in all spaces on campus.

This will be, for most Canadian faculty, the first if not the only real test of their integrity and dignity, and their purpose as scholars and intellectuals. It is absolutely essential that they not fail this test from the start.

It must be emphasized that this is *not* a position that can be taken only by non-vaccinated faculty. Action to prohibit and prevent discrimination, and actual abuses of human rights, is a stance to be taken by *all* faculty, whether fully vaccinated or not.

Rather than following the alternative science narrative tied to the private interests of pharmaceutical corporations and those of

politicians, we should expect Canadian universities to encourage critical thinking that—as is now commonly endorsed and celebrated—“speaks truth to power”. This would be in line with Canadian universities’ many recent statements in support of social justice. To see these same universities immediately fail the first real test of their avowed commitments, is both shocking and disappointing.

In particular, mandatory vaccination pressures plainly and indisputably discriminate against employees who are members of particular religious and ethnic communities, in such a way and to such a degree that any claims to upholding “equity, diversity, and inclusivity” become completely unravelled. Not sustaining this commitment in one area, and expecting it to be sustained in other areas, is obviously neither credible nor tenable. Furthermore, the policy which imposes such discrimination is in direct violation of a number of laws and human rights codes, both here in Quebec and in the rest of Canada.

**First**, faculty should notify senior administrators that at no point, and under no circumstances, can they be compelled to involuntarily release any **private information about their personal health status**, *whether they have been fully vaccinated or not*. Such a mandate violates the rights of all, not just some. Such compulsion, that lies outside of the terms and conditions of employment as established by contracts or collective agreements, would be plainly illegal on a number of fronts, including violating existing laws as exist in Quebec and the rest of Canada. At no point when we were interviewed and then hired, were any of us informed of any health requirements to perform our jobs. Established policies for universities to maintain safe working environments place that burden on university administrations—they do not imply any demand for health screening and injection of faculty.

We should be particularly concerned about the apparent effort to pressure people into vaccination. As universities that staunchly uphold ethics in research, following federal requirements, this

policy instead negates *voluntary informed consent*. Consent cannot be mandated, by definition. The policy also violates the principle of *do no harm*, by not advising members of the community that compliance with this policy could result in experiencing adverse effects, ranging from the mild and trivial, to serious injury requiring hospitalization, and in some cases even death. We have not seen any language warning about adverse reactions and possible death anywhere in the policy announcements.

The compulsion to vaccinate also runs afoul of legal provisions that prohibit discrimination on the grounds of ethnicity, religion, and political beliefs.

What universities are also backing is an emergency measure, but they have not furnished any proof of an emergency. Rapidly spreading viruses are common to our university communities, as with each cold and flu that sweeps through a university population every year, even multiple times in a year. The condition of “rapid spread” and “contagiousness” is not, in and of itself, any basis for an “emergency”.

University administrations should rest assured that, as was usual, when employees develop any symptoms of any sickness, they will automatically refrain from coming to campus, as they have done when they had colds or the flu. Non-vaccinated faculty therefore represent no actual nor potential “threat” to the health of the community.

We must also point out that in the early fall of 2009, some Canadian faculty contracted H1N1, and in some cases they had to be absent from class for weeks. At no point did any university administration in Canada manifest any concern about this fact. It is important to recall that in 2009, the World Health Organization declared H1N1 to be a “global pandemic,” under the very same definition it then used for Covid-19. By enacting radically different measures today, Canadian universities are thus directly at odds with their own practice, from the recent past.

**Second**, if the consequence of non-compliance with such mandates are that faculty must undergo frequent testing—despite having no symptoms—then this would be unfair and discriminatory treatment based on assumed health status, and that too is illegal and lies outside of our terms and conditions of employment. Being a professor at a Canadian university has never been advertised as a position that comes with a health requirement, or a requirement for medical screening in order to perform one’s duties. Moreover, given that it is now solidly established that the fully vaccinated do carry as much viral load as the non-vaccinated, and do transmit the virus, to then subject one group of persons (assumed to be non-vaccinated) to testing, while exempting others, is obviously unfair discrimination.

One can only conclude that such a discriminatory bias is meant to punish a particular group, to hinder them in carrying out their daily work requirements, and to continue singling out healthy people as a problem. It is also obvious psychological harassment, and thus directly violates most Canadian universities’ own published workplace policies.

Before attempting to unilaterally transform the terms and conditions of employment, university administrations must at least sit down and negotiate with faculty unions. Over the past 18 months, we have seen professors suddenly required to work from home, which is work not required under existing terms and conditions of our employment—it is simply not in our job description, and most are not trained for online teaching. Conversely, we have now seen them barred from continuing remote delivery when this is their first choice. Now we see those who are assumed to be non-vaccinated being forced to undergo testing, regardless of symptoms, and regardless of possible natural immunity (which is irrationally and unjustifiably dismissed from this entire discussion).

The discriminatory testing requirement is thus another apparent legal violation, and it has no place at any Canadian university.

The announced policy is a violation of human dignity: it imposes psychological pressure through a regimen of punishment designed to make the performance of one's ordinary work duties increasingly onerous and unsustainable. It reaches the point where we could argue that it constitutes a breach of contract.

The announced policy also demands that those who are assumed to be non-vaccinated (i.e., they do not furnish proof of full vaccination), must be visibly and publicly set apart from the rest of the community (i.e., masked where others are not masked). Given the prevailing mass psychosis that incites blame, disrespect, and even overt hatred against non-vaccinated persons, to make such non-vaccinated persons openly stand apart is to jeopardize their dignity and integrity.

**Third**, Canadian universities must not be pressured, and should not comply with any pressures that force their participation in a regime that violates human rights. As we are only now becoming aware of the real extent of atrocities committed at Canadian Residential Schools, which closed only in the late 1990s, Canadian educational institutions ought to be extremely wary of yet another wave of government demands for harsh, segregationist, and punitive measures in the name of "saving" people.

The administration of Canadian universities may reasonably respond that they are merely following government mandates. Any government mandate that is itself an extra-legal measure, imposed without legislative support, is not one that can be used to force a university into also violating either the law or human rights conventions established under international law, to which Canada is a signatory.

Any compliance by an individual with extra-legal extreme measures could also be read as tacit consent, which would then legitimize such measures which are backed neither by established laws, the Charter of Rights and Freedoms nor—it must be noted—are they backed by *any* scientific support.

The administrations of Canadian universities are best advised to be prudent, and on the right side of both the law and justice. They must immediately rescind any such policy issued under the heading of a vaccine mandate. They should also be aware that failure to do so exposes them to litigation from those at the receiving end of discriminatory treatment, not just from faculty and staff, but from an even larger number of students.

*For any Canadian university to try to justify human rights abuses, because they are what the government ordered, is truly Nuremberg-worthy.*

**Fourth**, any mandate must acknowledge that the burden of proof rests with those issuing, following, and enforcing the mandate. In particular, governments and university administrations in Canada must provide fully documented proof of the following—keeping in mind that *widely spread fear* is not proof of any emergency other than a psychological one:

**(1) That there is indeed a current public health emergency, as an objective and verifiable medical fact, and not as an artifact of government decrees.** The greatest number of hospitalizations and deaths in Canada occurred during the so-called “first wave” of March-May, 2020. There has been no repetition of those numbers since then. Even then, we are basing this on assumptions: we assume that people were infected with Covid-19, using flawed testing at a time when the virus had not been isolated, and when the amplification cycles were too high—and we did not follow WHO guidelines that advised against relying exclusively on PCR tests in making any clinical diagnosis. We also did not routinely conduct postmortems to establish the cause of death of most elderly victims in the spring of last year. On top of that, it has since come to light that even among those who were already close to the natural end of their lives, they were often subjected to starvation and dehydration—*fear* kept away many workers from nursing homes, which then resulted in the neglect of residents. We have also learned that, at least in Quebec, such elderly and frail patients were given

morphine that suppressed respiration and which, in almost all cases, quickly resulted in death. Thus we do not yet know the exact size and nature of even the “first wave,” the worst and arguably the only real wave we had.

**(2) That infection is spread only by the non-vaccinated.** We now know definitively that the advertised “vaccines”—those in use in Canada—do not protect the injected from infection, nor do they stop them from spreading the virus, or even falling sick and dying from the virus. If the fully vaccinated can—and do—spread the virus, then any requirement for frequent and rapid testing *must equally apply to them*. Failure to do so is proof of discrimination on the basis of health characteristics.

**(3) That by advertising the need for vaccination, that the university population is not being misled about the real protection such injectable products afford.** Countries such as Israel, which vaccinated more fully and more quickly than Canada, are now witnessing a situation where the overwhelming majority of the infected are the fully vaccinated. In both Israel and the UK in recent weeks, the fully vaccinated account for the majority of Covid deaths. Without even speaking of death, which is extremely rare for *anyone* exposed to Covid—vaccinated or not—in both Europe and the US there are now several hundred thousand cases of serious adverse reactions. Universally it is acknowledged—even by the manufacturers themselves—that the effectiveness of these injectable products is declining to the point where any protection they might have offered increasingly drops to insignificant levels.

**(4) That “cases” are a measure of anything significant.** The term “cases” has been abused and distorted: anyone deemed to test positive for Covid-19, has been categorized as a “case”. This is despite the fact that they may have had no symptoms, or if they had symptoms they were mild and required no treatment. Typically a real case involves someone needing treatment as a patient, usually in a clinic or hospital. Therefore it needs to be proven that a rising number of so-called “cases” is any reason for extraordinary



measures, especially when hospitalizations and deaths are but a tiny fraction of what they were during the first wave.

**(5) That natural immunity is not real and does not matter.** Nowhere in these mandates is there any language concerning natural immunity—natural immunity is assumed to not exist, or is assumed to be irrelevant. If those issuing, complying with, or enforcing such mandatory vaccination cannot address this scientific point, then the credibility of their entire argument collapses. On that basis alone, non-compliance would be fully justified and warranted.

**(6) That healthy people can be assumed to be bearers of sickness.** These workplace vaccine mandates all assume that healthy, even young and healthy people, who are not vaccinated are a “problem”. The healthy are assumed immediately and in advance to not only being actual or potential bearers of infection, but also being the sole bearers of infection, and of being solely infectious. Show the scientific support for this argument, and show it overcoming contrary scientific research.

**(7) That the so-called “Delta variant” is in fact “more dangerous”.** Being more contagious does not equal more danger of sickness and death, as attested to by published government data. Show the scientific proof for the fact that the Delta variant is a significant variation, not just one that varies by 0.3% of characteristics compared to the original Covid-19. Show the data that proves beyond a doubt that it causes more hospitalizations and deaths than the original Covid-19 ever did. Without this proof, the rationale for such mandates is null and void.

**(8) That “herd immunity” can only be achieved with vaccination of 100% of a population.** In particular, show the scientific support for achieving such immunity by using injectable products that confer no immunity at all. In addition, show the scientific support for the idea that herd immunity discounts natural immunity—see point #5 above.

If there is little or no scientific support for these positions, then there is no rational justification that warrants a mandate issued on medical grounds, in the name of safeguarding public health. In that case, the policy demands non-compliance and it must be rescinded.

If what remains is merely *fear of danger*, then in certain instances such fear of danger may in itself be a call for urgent psychological therapy or even psychiatric treatment. This is especially the case where fear is sustained in the absence of evidence or in denial of reality, and where it clearly does harm to the persons holding this fear, who then harm others (by issuing discriminatory mandates, for example).

It must also be recalled that during the height of the lockdowns, well before “vaccines” became available, and even before masking became mandatory, millions of Canadian workers operated in close quarters for long hours every day, and yet deadly outbreaks were few and far between. It remains to be shown *why now*, with vaccination and masking and numbers only a microscopic fraction of what they were, it is now necessary to go to extreme lengths to ensure *100% vaccination*, using products that clearly cannot confer immunity. Such products are not only obviously and indisputably ineffective as tools of immunization, they can also be dangerous.

The announced measures, we already know, will do absolutely nothing to curb the spread of the virus. Knowing that means the policy is being followed for reasons not having to do with public health. We should thus reaffirm our commitment to non-compliance with this policy.

**Lastly**, if what universities really fear is exposure to litigation, then there is a very simple answer to this concern: ask all those who wish to access campus to *sign a waiver* that the university bears no responsibility for anyone who may become ill on campus (assuming it can even be proved they became ill on campus). If there is widespread fear of infection, a university could also allow for continued working and learning from home for those who prefer

that option. Whatever the option may be, every possible option should be investigated without resorting to extreme and discriminatory measures that violate human rights and the rights of citizenship.

[Canadian faculty are encouraged to adopt and or adapt this statement, in whole or in part, for use in their individual institutional settings, and they can do so *without* formally crediting this statement, even though it is published under a Creative Commons license. French translation follows.]