

Health Choice 4 Action Massachusetts Statement Regarding School Mandates for COVID-19 Vaccines

Health Choice 4 Action Massachusetts supports broad and equitable availability of COVID-19 vaccines for adults and adolescents. At the same time, we believe that students and adults should be able to attend school, work and activities and attendance must not be conditional on taking a preventative medical treatment. A declaration signed by Governor Baker on May 28, 2021, in response to the COVID-19 crisis, left open the possibility for mandates of “special measures”, which conceivably might include school-based vaccination mandates.¹ Legitimate drawbacks to possible mandates for COVID-19 vaccines must be appreciated.

First, we at Health Choice 4 Action MA, are committed to policies which uphold free and informed consent, a bedrock principal of medical ethics.² Free consent is subverted when medical interventions are required for school attendance or participation in society. This is especially true for new interventions with limited data in children and evidence of rare, but serious side effects in adolescents and younger adults. Individuals and families have a right to weigh risks and benefits of medical interventions without coercion and decisions may include factors such as complex medical conditions, family history, previous response to vaccination, as well as complex socio-cultural experiences that impact their relationship to medical and public health systems.

Second, with respect to possible school mandates, there are legitimate questions and debate about the appropriateness of Emergency Use Authorization for children, given the low risk of Covid-19 in this population.^{3 4 5} Immunization should have clear and measurable benefit for the individual, especially at this early juncture where we have little data about what makes people susceptible to rare, but serious side effects and almost no data about possible mid or long-term off-target or non-specific effects.^{6 7} Known risks, as well as unknown risks, must be weighed against the small to minimal benefit for children, who are not at high risk from Covid-19.⁸

Current COVID-19 vaccines have been associated with rare but life-threatening side effects including myocarditis (mRNA vaccines), particularly in young men.⁹ COVID-19 adenovirus vector vaccines have been associated with serious blood clotting disorders, more common in younger-aged women, and these vaccines are still available and likely to be used by college-

¹ https://archives.lib.state.ma.us/bitstream/handle/2452/844477/on1244817245-2021-05-28_declaration_persuant_to_General_Laws_Chapter_17_Section_2A.pdf?sequence=1

² http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html. Article 6: Consent.

³ <https://blogs.bmj.com/bmj/2021/05/07/covid-vaccines-for-children-should-not-get-emergency-use-authorization/>

⁴ <https://www.bmj.com/content/373/bmj.n1159/rr-7>

⁵ <https://torontosun.com/news/national/not-enough-data-on-kids-and-covid-vaccines-canadian-expert-cautions>

⁶ <https://pubmed.ncbi.nlm.nih.gov/32645296/>

⁷ <https://www.news-medical.net/news/20210510/Research-suggests-Pfizer-BioNTech-COVID-19-vaccine-reprograms-innate-immune-responses.aspx>

⁸ <https://www.wbur.org/onpoint/2021/05/11/should-kids-be-vaccinated> Dr. Cody Meisner, Chief, Division of Pediatric Infectious Disease; Professor of Pediatrics, Tufts University School of Medicine, has recently stated, “Second, he known and potential benefits of the intervention are to be balanced against the known and potential harms of the vaccine. We don't have a clue.”

⁹ https://www.sciencemag.org/news/2021/06/israel-reports-link-between-rare-cases-heart-inflammation-and-covid-19-vaccination?utm_campaign=NewsfromScience&utm_source=JHubbard&utm_medium=Twitter

aged students.¹⁰ Menstrual irregularities and post-menopausal bleeding in connection to vaccination have been reported by tens of thousands of women and are an ongoing area of research.^{11 12} There is little publicly available data regarding the biodistribution of vaccine components and/or spike protein generated by current vaccines as vaccine manufacturers have not submitted this type of data, which would be typical for a new drug. However, 'substitute' data submitted to regulators regarding previous mRNA drug products, indicates that vaccine components were found to accumulate in multiple body tissues, including the liver, brain, heart, lung, adrenals, ovaries.^{13 14} If distant tissues are producing or accumulating spike protein, it raises the risk of autoimmune injury to those tissues. Preliminary data indicates that both the spike protein and the lipid nanoparticle contained in mRNA vaccines are pro-inflammatory.^{15 16 17} In addition to the open questions and concerns noted above, we must also address the fact that people previously infected with COVID-19 experience increased risk of adverse events in connection to vaccination.^{18 19} Despite the emerging consensus that those with previous infection have robust, long-lasting immunity, current mandates, at colleges and universities, do not accommodate those previously infected, who are known to be a significant minority in many populations.^{20 21} Given the low risk of COVID-19 to children and young adults and the known and unknown risks of these novel vaccine technologies, mandates are simply not appropriate.

Third, it is clear from data around the world, that schools are not a driver of community transmission and teachers are not at increased risk compared to other members of the community.^{22 23} We applaud those teachers who have freely accessed vaccination to protect themselves. But many months of data, from multiple countries, shows that safe, in-person school attendance does not require vaccination of children.

Finally, loss of access to education is a public health threat in its own right that has life-long consequences for children and their families. Loss of in-person schooling this past year has been associated with lower academic achievement and an increase mental health issues.^{24 25} Losing access to education is an even greater risk to those from marginalized communities, including communities of color and the special-needs community, who depend on education to

¹⁰ <https://pubmed.ncbi.nlm.nih.gov/33835769/>

¹¹ <https://www.bmj.com/content/373/bmj.n958/rr-2>

¹² <https://redcap.healthinstitute.illinois.edu/surveys/index.php?s=LL8TKKC8DP>

¹³ https://www.ema.europa.eu/en/documents/assessment-report/comirnaty-epar-public-assessment-report_en.pdf#page=45

¹⁴ https://www.ema.europa.eu/en/documents/assessment-report/covid-19-vaccine-moderna-epar-public-assessment-report_en.pdf#page=47

¹⁵ <https://www.ahajournals.org/doi/10.1161/CIRCRESAHA.121.318902>

¹⁶ <https://www.salk.edu/news-release/the-novel-coronavirus-spike-protein-plays-additional-key-role-in-illness/?s=09>

¹⁷ <https://www.biorxiv.org/content/10.1101/2021.03.04.430128v1>

¹⁸ <https://www.medrxiv.org/content/10.1101/2021.02.01.21250923v2>

¹⁹ <https://www.medrxiv.org/content/10.1101/2021.01.29.21250653v1>

²⁰ <https://science.sciencemag.org/content/371/6529/eabf4063>

²¹ <https://www.nature.com/articles/s41586-021-03647-4>

²² <https://www.bbc.com/news/health-56072460>

²³ <https://thehill.com/opinion/healthcare/544142-our-next-national-priority-should-be-to-reopen-all-americas-schools-for>

²⁴ <https://thehill.com/opinion/healthcare/544142-our-next-national-priority-should-be-to-reopen-all-americas-schools-for>

²⁵ [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30109-7/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30109-7/fulltext)

ameliorate systemic socioeconomic injustice or individual learning differences.^{26 27} Educational attainment itself is associated with economic stability and lower long-term mortality.^{28 29} How could we justify removing children from school because they won't take an entirely new intervention that is of minimal benefit to them?

In summary, we at Health Choice 4 Action MA, support individualized, non-coerced medical decision-making for individuals, children, and families. With respect to school-based mandates, all children should have access to school and activities without discrimination based on medical choices or religious beliefs. Parents have a legitimate, ethical right to weigh risks and benefits of COVID-19 vaccination. Many parents will rationally conclude that, given the low risk of COVID-19 to children's health, and the relatively early stages of safety review of the vaccines, it is premature to vaccinate their children against COVID-19. Barring the schoolhouse door to these children will severely harm their development with negligible benefits to school or community health.

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²⁶ <https://pubmed.ncbi.nlm.nih.gov/25995305/>

²⁷ <https://www.annualreviews.org/doi/10.1146/annurev-publhealth-031816-044628>

²⁸ <https://journals.sagepub.com/doi/pdf/10.1177/2372732214549754>

²⁹ <https://www.oecd-ilibrary.org/docserver/6303de6b-en.pdf?expires=1619366200&id=id&accname=guest&checksum=EF0B91A99776467B608C65891ED3AB25>