Open Letter to President Gabel and the University of Minnesota Board of Regents

In an email to the University of Minnesota community sent June 14, 2021, President Gabel announced that the University will not require that students, faculty, and staff be vaccinated against COVID-19 prior to the start of the fall semester. As members of the University of Minnesota Community, we are disappointed by this decision.

The University of Minnesota is the flagship educational institution in Minnesota. It boasts the largest medical school in the state, with a faculty of world-class clinicians, educators, and researchers; it also serves as a scientific and economic engine to the state. As such, the University should be expected to be a leader in the fight against COVID-19 by supporting science-based policies that create the safest and least-disruptive environment possible. Importantly, the University is also a community, comprising thousands of people from across the state, country and world, of all different ages and in all states of health. It's commitment to the community should be the same: follow the science to create the safest environment possible, especially for its most vulnerable members.

We have outstanding tools to protect our community: 3 FDA-authorized vaccines (all currently under emergency use authorization, but full FDA approval likely in the coming weeks). The safety and efficacy of the vaccines is outstanding. Yes, rare side effects occur, as with all vaccines. But no serious analysis of the risks/benefits of vaccination vs. the risk of COVID-19 itself can dispute the fact that vaccination is far safer than the risks of COVID-19, regardless of age. The US Centers for Disease Control and Prevention (CDC) and multiple major medical societies are in unison in advocating for vaccinating anyone who is eligible.

The risk of ongoing COVID-19 is real. As vaccination lags in parts of the United States and worldwide, pockets of vulnerability persist, just as new strains such as the Delta variant are proving to be more transmissible and are becoming more common. While most University students are likely to be at low risk of severe illness or death from COVID-19, some have weakened immune systems and may be more vulnerable, and at this point we have the tools to prevent nearly all deaths from COVID-19. Non-fatal COVID-19 complications are not trivial: time spent in quarantine, costs of hospitalization, disruption to the community, and guilt regarding spreading the illness to vulnerable populations.

The rationale laid out in the email from President Gabel was flawed in several ways. First, it stated that "Public health experts note that a 100% vaccination rate is not possible in any situation and the most effective strategy is access and information." In response, we would note that while achieving 100% vaccination is indeed difficult, vaccine mandates for different diseases can significantly impact vaccination rates. We need look no further than measles vaccination: the University requires vaccination for entry with limited exemptions. As a result, the vaccination rate exceeds 90%. Second, only county-level vaccination data is provided while citing Minnesota Department of Health guidance, not the more granular zip code level data that is being used to improve equitable vaccination for communities hardest hit by the pandemic. The Twin Cities, Crookston and Duluth campuses all exist within or adjacent to zip codes that are at highest risk by the Social Vulnerability Index. These communities have not only borne a

disproportionate burden of the pandemic but are at increased risk for future outbreaks. Vaccination rates in these zip codes remain notably below the averages cited at the county level. A CDC report from October 2020 examined the impact of young adult's transmission of COVID-19 in the surrounding communities and the main conclusion was that: "Strict adherence to community mitigation strategies and personal preventive behaviors by younger adults is needed to help reduce infection and subsequent transmission to persons at higher risk for severe illness." The University has a responsibility to make public health decisions that account for the community it exists in, not just accounting for those actively enrolled in or employed by the institution. Therefore, the citation of a University survey that found 84% of respondents were fully vaccinated and 96% had received one dose is insufficient justification given the lack of community input. There was also no mention about what type of response this survey had, and whether the respondents might be expected to be different in their vaccination status from the non-responders. Lastly, we note an insufficient response to the concern of those in the University community who remain at high risk for complications from COVID-19, including those in our disability community. The email simply instructs such individuals to "work through their campus' disability resources or human resources teams to address those concerns."

The Chronicle of Higher Education currently lists 506 schools that will require COVID-19 vaccination, including Midwest Big-10 peers University of Michigan and Indiana University and the entire Ivy League. A school that strives to lead on science, public health, and community engagement should not be watching from the sidelines as we try to end the worst pandemic in 100 years. We urge the leadership of the University to reconsider, and mandate COVID-19 vaccination for students, faculty, and staff. As Dr. Thomas Frieden, the former Director of the US Centers for Disease Control and Prevention recently wrote: "The higher vaccination coverage a community has, the less risk they face of continued Covid clusters and outbreaks." The University has a simple method to increase vaccination coverage. It should use it.

Dimitri Drekonja, MD, MS, Associate Professor of Medicine, University of Minnesota Medical School
Nathan Chomilo, MD, Adjunct Assistant Professor of Pediatrics, University of Minnesota Medical School
Michael Aylward, Associate Professor of Medicine and Pediatrics, University of Minnesota Medical School

Please see here for members of the University of Minnesota Community who have indicated their support for this message