THE POLITICS AND ETHICS OF ACADEMIA IN THE COVID-19 ERA
A PERSPECTIVE FROM CANADA

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doi.org/10.55634/2.4.6

ABSTRACT

The Covid-19 policy response in postsecondary education in Canada has been unprecedented, overhauling usual norms and practices in the sector. Drawing from the broader literature, our research, and our experience as members of academic communities, we identify six themes that capture salient aspects of this response, and elaborate on their implications for policy, ethics, and the normative academic commitments to protecting free intellectual inquiry, promoting critical thinking among the young, and supporting it democratic governance. We hope that our work and experience can contribute to more ethical and democratic academic practices moving forward.

KEY WORDS

Covid-19; academia; expert narratives; health policy; bioethics

> In Canada, masks will be ubiquitous, health care will go virtual and old, unhealthy habits will die – but around the world, we could be in for a coronavirus-created Cold War. Here are some of the ways experts and observers predict our lives will change
> *The Globe and Mail, march 2020*

> Who will guard the guards themselves?
> *Juvenal, Satires, 2nd century AD*

1. INTRODUCTION

Upon the World Health Organization (WHO) declaration of Covid-19 as a "global pandemic" in March of 2020, universities across Canada, and postsecondary institutions more generally, swiftly overhauled usual norms and practices.

All in-person instruction was interrupted for close to one year. By the Spring of 2021, once the national vaccination campaign was in full swing and in person learning was resumed – in stages, and with enforced social distancing and masking - universities "encouraged", and most of them later mandated, Covid vaccination, some of them well into 2022, and a few academic programs - for instance, clinical rotations – still mandating it to this day.

These policies were implemented despite crucial evidence against them: for instance, since early on, it became clear that the risk of outbreaks in educational institutions, where the population is mostly young, was very low, even in countries that, like Sweden, continued in person learning throughout 2020 (1). Notably as well, when Canadian public health agencies listed the settings that accounted for all recorded "outbreaks", universities did not make it into the list, which included only acute care, congregate living, correctional, and long-term care facilities – incidentally, all settings with strict social distancing rules, mask mandates, and high vaccination rates (2). Evidence available early on also indicated that risk varied dramatically

according to age. The estimated survival rate, the reciprocal of death rate, in the pre-vaccination era was of over 99.92 percent (3) and even higher for younger age groups – with death rates 0.011 percent at 30–39 years, 0.002 percent at 20–29 years, and 0.0003 percent at 0–19 years (4) - incidentally, lower than the 0.1 percent Infection Fatality Rate (IFR) of the seasonal flu reported by the WHO in March of 2020 (5).

As to the downsides of Covid policies, early in the crisis the many harms of lockdowns became apparent (6,7), mass masking of healthy individuals was deemed not only ineffective (8,9), even prior to Covid (10), but was also shown to produce more harm than good (11,12), and vaccines proved incapable of stopping viral spread, protecting from infection, or preventing poor health outcomes (13). Problematically, serious adverse events post vaccination including myocarditis, myopericarditis, blood clotting, fertility issues, immunological and neurological problems, and death – would become apparent also early on (14–19).

Over time, lockdowns, social distancing, and mandated masking came to an end. However, masking is still "encouraged" by explicit statements about "mask friendly" environments (see (20)), although to our knowledge nobody explicitly welcomes "mask-freedom". As well, influential observers and institutions occasionally call for reinstating mask mandates on grounds that, as of January 2023, "being required to wear a mask indoors is a low cost, highly effective measure that helps to mitigate transmission of a dangerous disease" (21). Others have added that not only achieving, but also maintaining, "up to date" vaccination - through mandates if necessary – remains critical to contain a "crisis" that presumably never ended (22–25).

Notably, among university students, extremely high vaccination rates – of over 80%, higher than in the general population - have been pursued and achieved (26). These high rates notwithstanding, our research has shown that the academic literature has identified "vaccine uptake" and "hesitancy" among postsecondary students as requiring continuing monitoring, research, and intervention (27–31), framing even reluctance towards "boosters" from fully vaccinated students as a "problem" (see (26)). Against this background, the role of academia in reinforcing official Covid-19 messaging and policy, concerning vaccination and other "mitigating" measures, is worth reflecting on, thus the goal of our perspective.

In the following sections, we briefly describe the research that informs our perspecctive on the Covid crisis and our own position within the academy. Next, we offer selected highlights of our research organized around themes that illustrate the largely negative impact of the Covid-19 policy response in academia on its own members and beyond. We conclude by elaborating on the implications of this response for the ostensible academic values of free inquiry, critical thinking, and democratic governance.

2. WEAVING TOGETHER RESEARCH ON ACADEMIA AND COVID-19

We have been observing, and experiencing, the Covid-19 policy response, within and beyond academia, for the past five years. As critical social, policy, and health researchers, we are particularly interested in how power differences shape public policy, institutional practices, and interpersonal relations, as well as in how these policies and practices impact the life choices and chances of members of the academic community, ourselves included. The first author is also a non-practising medical doctor affiliated with groups that study, discuss, and produce biomedical and social sciences research on Covid-19. Selected projects include research from both authors, as well as research conducted with other members of the first author's research team. They include an umbrella review on "vaccine hesitancy" in the expert literature (28), an exploration of the experience of vaccination policies among Canadian university students (31), an appraisal of expert framings of "vaccine update" in university education (32), a critical discourse analysis of medicalizing narratives in academic discourse(27),and a scoping reviews on expert meanings of "misinformation" (29,33), Covid-19 policies in selected Canadian universities (30), and Covid vaccines and autoimmune disorders (34).

This perspective draws from this body of research, the broader literature, and Covid-19 policies in selected Canadian universities representing contrasting Canadian regions (York University in Eastern Canada and the University of British Columbia – UBC - in Western Canada), ruling political parties (Progressive Conservative Party in Ontario and New Democratic Party in British Columbia), or unusually restrictive policies (Western University, which mandated boosters). We narratively synthesize the material around salient themes, illustrated

with brief quotations. All documentary sources were publicly available, so their use did not require Institutional Review Board (IRB) approval. IRB approval was obtained for research including human subjects.

3. THE "SCIENTIFIC CONSENSUS" AND ACADEMIA'S COVID-19 POLICY RESPONSE

Overall, our research on expert academic narratives revealed a virtually unchallenged alignment with what, back in October 2020, an international group of authors with multiple academic affiliations presented to the world, from the pages of *The Lancet*, as the "scientific consensus" on Covid-19. This "consensus" made assertions about a lethality "several-fold higher than the seasonal flu", a high risk of poor outcomes in healthy and young demographic groups, the likelihood that natural immunity cannot be relied upon, and the pressing need for mass masking, lockdowns, rapid testing, contact tracing, and isolation to control viral spread and transmission in the community, until "safe and effective vaccines and therapeutics arrive", with anything less being a "dangerous fallacy unsupported by scientific evidence" (35) (e71).

However, the work of many scholars, as well as ours, then, and over time, showed that this "consensus" was instead an *illusion* of consensus, built on false assumptions, for instance, that reluctance to embrace Covid-19 vaccines - so-called "vaccine hesitancy" - cannot be informed by legitimate evidence for vaccine harms, or that most Canadians supported mandates, as indicated by high "vaccine uptake" among them, rather than interpreting high uptake as not merely enthusiasm for the policy but at least in addition to it a reasonable indicator of the coercive nature of the penalties imposed for non-compliance – loss of the rights to work, to receive an education, to access life saving medical care, or to travel, to mention a few. Importantly concerning the ethics of Covid-19 policies in postsecondary education in Canada, the alleged consensus relied on suppressing any evidence endangering the official narrative, while relentlessly marginalizing, medicalizing, stigmatizing, and demonizing even minor opposition to official policy (27,31,32).

A closer examination of our research so far has identified six salient themes that capture key aspects of the Covid-19 policy response in academia: 1) the scientific and moral imperative of following, and if perceived as necessary *exceeding*, public health restrictions; 2) the conviction that faced with an existential threat, coercion is justified, and that it is not quite coercion if individuals can "choose", for example, to remain unvaccinated and *not attend* university; 3) the belief that the *inequitable* and *exclusionary* treatment of individuals with *diverse* beliefs, preferences or needs concerning Covid-19 countermeasures promotes *equity, diversity, and inclusivity*, and is deserved by those who fail to demonstrate "social responsibility", by complying with official policy; 4) the position that *defending democracy* requires *suppressing "dangerous" speech perceived as threatening democracy;* 5) the conviction that dissent with the dominant framing of Covid-19 can only indicate a mental health problem (i.e., vaccine hesitancy), because it lacks any rational ground; and finally 6) the belief that a new field of academic inquiry is needed to address information that counters official narratives *in any field of inquiry*. The following sections expand on these six themes.

3.1 Holier than thou? Following and exceeding Covid-19 public health measures to "keep everyone safe"

Throughout the Covid event, the policy response of Canadian academic institutions has aligned with, and often exceeded, the advice of public health and medical experts, even when administrators typically referenced this advice as guiding the science, legality, and ethics of institutional policy. For example, when the Ontario government implemented vaccine mandates on several public spaces, most Ontarian universities followed suit, alleging that their policies relied on public health guidelines and, conversely, that public health authorities supported university policies. As per one Western University communication, "[we] made the decision to implement a Covid-19 vaccination policy after consulting with public health partners and faculty experts in medicine, law, and ethics [and our] plan was endorsed by the medical officer of health for the Middlesex-London Health Unit" (Western University, 2021). In contrast, when in March of 2022 these same public health authorities removed the mandates, most Ontarian universities continued to enforce them through the summer of that year or beyond (37), on the grounds of protecting "students, staff and faculty" (38). However, this "protection" is likely to have led to significant social, emotional, and physical harm among an unknown number of academic community members who were

coerced into compliance, as well as among those who could not or would not comply – deregistered students, and staff or faculty placed on unpaid leave or terminated (37).

By way of examples, York University announced that beginning September 7, 2021, it would require proof of vaccination - barring exceedingly rare "approved exemptions" – to attend campus, allowing testing as an alternative to vaccination. Yet as early as October, it announced that the following winter "partially vaccinated or unvaccinated community members" would no longer be "permitted to attend York campuses" or register in classes – not even in online or remote courses. When the university dropped vaccination mandates on May 1, 2022 – close to two months after these had been dropped by provincial authorities – it continued to "encourage all community members to keep their vaccination up to date on YU Screen [...], including third or fourth doses [...], in the event that it becomes necessary to reinstate proof of vaccination on very short notice" (39). Western University's vaccine mandate, implemented on August 11, 2021, *preceded* that of the Ontario government by 6 days. In fact, Western University had among the most restrictive vaccine mandates in Canada, including one "booster" for all students, faculty and staff, a requirement that exceeded provincial public health measures and was only rescinded at the end of November 2022 (40).

We should note that many faculty, and students with strong official representation in federations, actively supported these measures, pressuring university administration to implement even stronger social distancing, surveillance through vaccine "passports", and mask mandates, than those recommended by public health authorities. For example, in September 2021, 350 York faculty and staff wrote a letter, endorsed by the Faculty Association and the Federation of Students, calling for the University to "ensure mandatory vaccinations for all those on campus, transparent ventilation audits for each room/building on campus, social distancing restrictions, and proper contact tracing protocols, as well as establish firm case thresholds for the suspension of all in-person activities [...] before York University becomes the center of an entirely avoidable Covid-19 outbreak." (41)

Compared to Western and York Universities, UBC was slower to implement a vaccination mandate. When on August 24th 2021, provincial health officer Dr. Bonnie Henry announced that unvaccinated students would be permitted to attend BC universities in the fall provided they wore masks, Vancouver local media reported that allowing unvaccinated students to attend, even if masked, "triggered a great deal of outrage [. . .] with some professors threatening to teach from home", and one law professor at the University of Ottawa, a UBC alumnus, threatening to renounce his UBC degree (42). UBC appeared very comfortable with this position, with both the faculty association and student union calling on the administration to implement vaccine and mask mandates, and administrators like President Santa Ono having already shown support for mandates in earlier communications (43).

However, unlike with York and Western University, UBC unvaccinated faculty, staff, and students were allowed to complete regular rapid testing for Covid-19 up until this requirement was lifted on March 1, 2022 (44), albeit only upon pressure from medical health officers from the Vancouver Coastal Health Region, who, on February 16, 2022, wrote a letter to President Ono, urging him to drop "disciplinary" actions against unvaccinated persons, citing evidence that vaccines do not prevent transmission or infection, and referencing evidence that UBC had high vaccination rates and "among the lowest community rates [of Covid-19 cases] in the province" (45). They also highlighted growing evidence of unintended consequences from vaccination mandates in the scientific literature (46):

Still, some students across all campuses were deemed at "high risk" for spreading SARS CoV2, for instance, those in music programs, varsity athletes, living in campus residences, or active in health or community care settings. These students often experienced even more inequitable - earlier, or longer-lasting - vaccination mandates. For example, at UBC proof of vaccination was required for student housing, and the University of Toronto and Trent University required that students in residence be vaccinated long after mandates for those living off campus had been dropped. At the time of this writing, some academic institutions continue to require that students be vaccinated to register in activities often critical to their careers, such as practicums, clinical, and co-op placements in health and community care settings (47,48). In BC, this mandate is now enshrined in the provincial Public Health Order on: Hospital and Community Covid-19 Vaccination Status Information and Preventive Measures, as of April 6, 2021 (49).

3.2 My body, your choice? Rebranding coercion as "choice with consequences"

Since the outset, academic institutions typically defended mandates arguing that "all choices have consequences" (50). Western University's ongoing Covid-19 measures, especially the mask and booster requirements, long after these had either ceased, or had never been implemented such as boosters, in most public spaces, sparked student protests as well as legal action. Hawke v. Western University challenged the booster requirement on the grounds that it violated the Freedom of Information and Protection of Privacy Act (FIPPA). However, Justice Kelly Tranquilli, representing the Ontario Superior Court of Justice, sided in favour of Western University, alleging that mandating Covid-19 injections was not coercion because accepting them was "the individual's choice to make. Each choice comes with its own consequences. That is the nature of choices."(50). The Justice Kelly Tranquilli presumably believed – at least then - that asking people to choose between a medical measure that they do not want or face consequences that they clearly would not have chosen otherwise – such as the loss of their jobs or student status – is not coercion. She seemed to be unaware that there is no inconsistency between the concepts of "choice" and "coercion". To illustrate with a simple example, if someone approaches the reader with a gun and says, "your purse or your life", most readers will choose their lives, and let go of their purses, not because they want to but because the consequences of not letting them go are most undesirable. And if the person who threatened readers were brought to the Ontario Superior Court, it would be very odd if they were let go unpunished because, after all, they gave the reader a choice. This is why the Stanford Encyclopedia of Philosophy grants, conceptual complexities aside, that the popular use of "coercion" takes it to involve social pressures, emotional manipulation, and unjustifiable infringements of an agent's rights and freedoms – even when these agents are afforded "choices" (51).

Notably, academic institutions admitted, then and now, although indirectly, that their policies have been coercive all along, yet at the same time have justified coercion when "no options are available" – sparing themselves the task of demonstrating that there were indeed no available options. One example is the indirect admission of having applied coercion by the President of the University of Waterloo, Vivek Goel. In his reply to a group of academics petitioning for the reinstatement of a rescinded mask mandate, President Goel was quoted as having replied that "coercive [public health] actions, such as mandates of any kind, should only be taken when no other options are available [...]. In early 2020 [...] the most coercive measures were imposed [but now we know who is most at risk from COVID-19 and how best to support them [so] we no longer face the dire consequences which justified the use of coercive measures (emphasis added) (21).

However, and despite admitting to the coercive nature of mandates, the University of Waterloo's messaging, much like that of York University, Western University and UBC, continued to strongly "encourage" vaccination and masking, warning that mandates might be reimposed on short notice if deemed necessary to keep its premises safe. The experience of coercion however was vividly apparent among participants in one of our studies, who did not want to be vaccinated due to ethical, safety, religious, or medical background reasons, or because they had experienced an adverse event after a first dose yet felt that the costs of non-compliance were too high. As one of them put it "Ultimately, did I really have a choice? No. I was literally forced to get these vaccines [...]. It's like, do this or else. I felt threatened. I didn't feel safe. I didn't feel validated in my experience. And it's hitting me now" (31). In sum, however much academic institutions have minimized the coercive nature of their policies, an unknown number of students, and likely other community members such as staff and faculty, unsure or unpersuaded about vaccination, felt threatened, and violated by mandates that forced them to go against their values, preferences, or needs.

3.3 Equity, diversity, and inclusion? Reframing exclusionary practices, inequitable treatment, and enforced homogeneity as "compassion" and "social responsibility".

Throughout the Covid crisis, universities reframed the blanket imposition of policies that undermine equitable treatment, respect for diverse views, and inclusion of persons with varying social, emotional, and physical needs, as indicating "social responsibility", "compassion", and concern for the "greater good", justifying these policies on the grounds of dubious science and debatable ethical principles. For instance, York University labelled the website that hosted its Covid policies "Better Together", and framed compliance with Covid measures

as support for a "community of care", communicating repeatedly that "all members of the YU community share responsibility for safety and well-being while on York's campuses" (52), thus implying that opponents of York policies are uncaring, irresponsible, and incapable of solidarity. Similarly, Western University emphasized the "shared effort" of responding to Covid-19 as a community, by embracing vaccination, wearing masks, and following physical distancing protocols (53). Likewise, UBC framed vaccination as responsible citizenship, as illustrated by the president's message that "If you are already fully vaccinated, thank you for doing your part to protect yourself and those around you" (44).

The strong moralizing of consent/dissent with official policy was reflected in one of our projects, revealing that even when participants did not believe that remaining unvaccinated would harm them, some still believed – contrary to scientific evidence - that not doing so would harm others - vulnerable relatives or coworkers. Our research also revealed the degree to which the student experience was shaped by a discursive environment that, counter to any principle of critical thinking, made questioning authorities inconceivable. As per one participant, vaccine mandates were a way to "mandate caring", while another reflected on the morals of people who refused to act to protect the vulnerable, concluding that if those people were "medically able" to get vaccinated, they should do so, for their own and others' benefit. This and similarly situated participants also reflected that they understood the benefits of vaccination due to their own background in health and science, implying that the views of those who objected were not only unethical but unscientific (31).

To close this section, let us emphasize that the homogeneous messaging from public health authorities, government officials, mass media, the medical establishment, and the most vocal and powerful actors and bodies in academia, created among our study participants an extraordinary pressure to impose a single "choice" on themselves and others, with only a handful of our study participants reporting that they believed that vaccines were either unsafe or ineffective, and a symbol not of a "community of care", but of a system of power that included virtually all major social institutions, yet corrupted by corporate interests and underserving of their trust (31). Problematically for an institution that presents itself as committed to equity, diversity, and inclusion – even decolonization – we note that all of our study participants who rejected vaccinations were racialized, i.e., members of groups more likely to question or reject vaccination (54), yet simultaneously also likely to experience greater social and material costs of non-compliance. We can only speculate about the extent of the marginalization of the students we were unable to reach because, when coerced into "choosing" between the options of remaining students or standing by their values or best judgment, they chose the latter.

3.4 Promoting democratic governance or undermining normative academic principles?

Overall, academia in the Covid era has stifled open inquiry, the free pursuit of knowledge, and critical thinking, by actively discouraging students of diverse vaccination statuses from interacting with one another and silencing or stigmatizing dissent. For example, York communications claimed that the decision to introduce vaccine mandates was made "after consultations with stakeholders across the University, including student and employee groups" (55). However, as members of the York community we found no evidence of interest in, or consultations with, dissenting stakeholders like us.

This lack of consultation was reflected in the same study mentioned earlier, revealing that when students who expressed even minor doubts about the soundness and wisdom of mandates approached faculty or administrators, they were dismissed or ignored. Our unvaccinated participants were also stigmatized, directly or indirectly, in official discourse, and excluded from campus. In turn, vaccinated students had limited or no interaction with unvaccinated people, and therefore often found it hard to put themselves "in the shoes" of those who failed to comply. As a participant in one study put it: "I don't know how my experience would be if I had even one friend that wasn't vaccinated . . . I can't even think about what it would be like". Among those who complied, most reported that they did not have any "anti-vaxx" friends or family, regarding this as a social benefit because it allowed them to freely engage in activities with other "in-group" members and avoid conflict when mandates were introduced. Significantly, some vaccinated participants had also come to view unvaccinated people as morally flawed, and as societal and personal threats, to the point that for some, it had become acceptable, in the words of one participant, to be "authoritarian" because "when people say oh, I'm being ostracized from society because I won't get the

vaccine, I'm like, that's fine".

To put it succinctly, by limiting opportunities for students of diverse views and experiences to mingle, mandates exacerbated and even legitimized discriminatory attitudes and behaviours, leading participants in our study to resort to binary terms, such as "pro / anti science", seemingly unable to consider their problematic nature. In addition, the structured division along medical/ideological lines undermined the critical thinking that should characterize university education, and instead normalized a state of exception where segregation along medical status became acceptable materially and even morally imperative. Troublingly, most of our study participants, regardless of vaccination status, also reported that they avoided sharing views or experiences out of intimidation or fear of rejection, on campus and in their personal lives (31).

3.5 Whose "problem" is "vaccine hesitancy"? Pathologizing dissent with official policy

The silencing, dismissing, and other forms of stifling dissent in academia was not unique to our student participants but rather appears to be ubiquitous in academia. For example, the expert literature on "vaccine hesitancy" and "uptake", and university policy responses and communications, have assumed that "vaccine hesitancy" - rather than the policy response to Covid-19 – was and remains the major barrier to ending returning to "normality" - if one is even allowed to imagine such a thing - and has dismissed incompatible evidence, including safety concerns, as "misinformation". As our research has revealed, "vaccine hesitancy" among postsecondary students has been framed as a major "policy problem" despite evidence of a very high degree of compliance with vaccination throughout the mandate in this demographic group, with most expert recommendations involving "managing" reluctance to vaccination and presenting full compliance as the only scientifically justified and morally right course of action. Alternatives in the expert literature have been portrayed as not only unscientific or wrong, but simply unimaginable, with anything less than 100 percent compliance framed as a barrier to "ending the pandemic" (28,32).

Likewise with university policy. For example, a UBC survey estimated that 92 percent of students had received at least one dose of vaccine prior to the implementation of the vaccination policy (42), whereas an August 2021 survey of all Western University students, faculty and staff showed that almost 90 percent were "fully vaccinated", with over half of the remaining students intending to get vaccinated prior to that fall semester (56). However, these high rates appeared insufficient, such that in a Covid-19 update, Western University acting provost and vice-president Sarah Prichard stated that: "We are optimistic that in providing our campus community with the education and supports they need, we will increase vaccination rates even further" (56).

York University communications also discussed "vaccine hesitancy" as a problem. For example, in June 2021, a campus newsletteroffered a three-part series investigating Covid vaccines as "an injection of hope for recovery" (57), discussing "hesitancy" as a barrier to herd immunity – a claim that at best ignores the complex nature of population immunity (58). Similarly, our research on framings of concepts like "vaccine hesitancy" and "uptake" revealed how the alleged consensus left no room for competing views and evidence, and ignored, dismissed, or demonized legitimate reasons for reluctance to get vaccinated. Instead, academics have consistently represented the "vaccine hesitant" as ignorant and as lacking trust for no good reason or have interpreted distrust in official policy as distrust in the scientific enterprise itself. The most sympathetic interpretations have portrayed those who "hesitate" as emotionally immature and unable to grasp what is good for them (27). A compelling example was offered by an article in The Conversation, self-described as "an independent source of news and views from the academic and research community" (59), whose author, reporting on a panel of "public opinion experts", emphasized the importance of building trust with vaccine hesitant loved ones to counter their "anti-intellectualism" (60).

Importantly, "vaccine hesitant" individuals have also been presented as "changeable" - "waiting" to make the right – always pro-vaccination – decision. A vivid case of the academic goal of "educating" the young to make the "correct" decisions has been the UBC student-run, university endorsed, Vaccine Literacy Club. The club founder describes how she was inspired "by the number of young people in her life who have displayed vaccine hesitancy."Solving "hesitancy" through "education", proffered this young woman, was intended to prevent Covid-19 and other "vaccine preventable" diseases by

"[helping] people learn more about the science behind vaccines to make better decisions for their own health" (61).

The position, however, overlooks centuries-long evidence for major declines in mortality by "vaccine-preventable" diseases – not vaccination, which did not exist, but instead improvements in nutrition, sanitation, and other social determinants of health (62–65), the same social determinants otherwise held in high esteem within university circles (66–68). It also overlooks historical and current evidence of grossly inadequate safety testing of vaccines (69), of the conflicts of interest corrupting the vaccine "approval" process (70), and of mounting vaccine injuries (71,72). In sum, despite very high vaccination rates in their midst, academic institutions have consistently framed "vaccine hesitancy" and "uptake" as "problems", a position that, as we have argued, is untenable on scientific, legal, and ethical grounds.

3.6 In the name of "science"? Enter . . . "mis- / disinformation studies".

Since early in the crisis academics have joined governments, public health officials, and mass media, in accusing critics of Covid-19 official policy of subverting efforts to contain the crisis by spreading "misinformation" – information that is false or misleading. "Vaccine hesitancy", goes the narrative, is perhaps the major problem, indeed "threat", resulting from "misinformation" – "infodemic" as per the WHO (73). We set aside the debate around the intentionality or truth value distinguishing terms such as "misinformation", disinformation", and even "malinformation", terms coined by National Security Establishments (74,75), popularized by public health agencies (76), and embraced by experts in a new "field", "mis- / dis- information studies" (77,78). For our purpose, we note that if readers wonder how one would recognize any garden variety of misinformation when one sees it, the task appears surprisingly simple: it is any claim counter to the official Covid narrative or, for that matter, any anti-establishment position.

For example, misinformation experts tend to label misinformation any information that may have led US citizens to vote for Donald Trump or UK citizens for Brexit. The implication is that these outcomes could only result from being "misinformed" (and "right winger"), because nobody else would fail to see the superiority of choosing Hillary Clinton over Donald Trump, or of remaining in over exiting the European Union (EU) (78). Or so goes the narrative, in a paradigmatic case of circular reasoning, where a conclusion simply reiterates the premises that the argument leading to it is supposed to demonstrate. The narrative also ignores important scholarship from prestigious, left-wing academics, Costas Lapavitsas and Yanis Varoufakis, who have argued against the EU, labeling it a "transnational behemoth" (79) and calling the behaviour of Remainers "disgraceful" (80).

Be that as it may, in the Covid era, "misinformation experts", with few credentials in any substantive field, are leading workshops to train professionals and the public how to identify, and fight back, "misinformation", while being handsomely remunerated by governments for their services (81,82). Thus a leading Canadian scholar, Timothy Caulfield, who holds a law degree and is Canada Research Chair in Health Law and Policy, was recently invested into the prestigious Order of Canada for his work on "fighting misinformation" (83). When responding to critiques regarding his attack on UK cardiologist Aseem Malhotra's assertion that the public should ask questions about Covid vaccination given its documented adverse effects, Caulfield tweeted to his thousands of followers that "Asking questions [is] key to good science! But "just asking questions" (aka JAQing off) is a #misinformation strategy [whose real goal is] "to create doubt & noise" (84). Apparently, according to this "misinformation expert", no expertise in the cardiovascular system is needed to dictate which questions around the subject are legitimate, as the sole criterion is that the "right thinking" people and institutions approve it. Science is on shaky grounds when those challenging official narratives are attacked, censored, are cancelled, and, if they happen to be practising medical doctors, threatened with loss of, or deprived of, their practice license if they defy the party line (85).

The Orwellian character of the notion of "misinformation" was compellingly captured by the experience of Chief Medical Health Officer of the Vancouver Coastal Health region, the largest BC health region, Dr. Patricia Daly. On May 15, 2023, a new BC organization, Protect our Province, wrote a letter, and along with other signatories from UBC and other universities, called for Daly's resignation, accusing her of peddling "disinformation" (86). Allegedly Dr. Daly had claimed that healthy young people were at a very low

risk of poor Covid outcomes, that at this stage mass vaccination offered limited benefits, and that most current Covid cases were no worse than a cold – all easily verifiable assertions. Further, to support some of her views, Dr. Daly had committed the cardinal sin of citing a Cochrane Collaborations review - regarded as the "gold standard" in the expert medical literature - on masking that her accusers presumably considered "misinformation" (87). For these crusaders, claims contradicting their beliefs about the need for continuing precautions – even if backed by Cochrane, were tantamount to heresy.

4. DISCUSSION

Our research and analysis indicate that in the Covid era, academia has joined other major social institutions in actively dismissing, suppressing, stigmatizing, and demonizing any opposition to official Covid policy, aligning with – even exceeding – unnecessary, ineffective, coercive, and potentially illegal, public health measures. It has framed official policy as the only scientifically informed and morally acceptable choices – their lack of scientific basis and dubious morality notwithstanding – limiting opportunities for open exchange and civil debate, manufacturing the pseudo-problem of "vaccine hesitancy", and relying on one-sided, allegedly scientific, evidence, most of the time false or misleading, and on the pseudo-field of "mis-/disinformation studies", whose sole purpose appears to be to suppress dissent from the establishment. We find this pathologizing of dissent, ongoing to this day, very troubling. Indeed, it is the mark of totalitarian regimes rather than of an institution that purports to represent the best of democratic societies.

But if this is the case, then perhaps unsurprisingly, in the course of imposing public health policies on its members academia has also downplayed or ignored critical bioethical principles, such as the fundamental rights of bodily autonomy and informed consent enshrined in historical documents (88–90). These courses of action can only undermine the transparency and trustworthiness of academia's own policy-making process, and even beyond. As our research has revealed, students who did not comply, or who were coerced into compliance, were now questioning the legitimacy of major social institutions that they used to hold in high esteem in the pre-Covid era. Moreover, by participating in the global attempt to suppress dissent, academia has also contributed to a "state of exception" in which suspending individual rights and freedoms is normalized (91), in so doing contributing to erode the very democratic process that it is ostensibly committed to protecting.

Legitimizing the practice of excluding human beings based on medical preferences and statuses has had disturbing implications not only for the well-being of the excluded, but for the very humanity of those doing the ideological and material work of exclusion, in our case, for all members of the academy - regardless of where they stand on the matter of Covid policy - and for Canadian society more broadly. As an example, on August 26, 2021, around the time vaccine mandates were being introduced across universities, the cover page of the Toronto Star, the most liberal/left newspaper in the country, quoted an Angus Reid poll reporting that most respondents (83 percent) had "no sympathy" for unvaccinated people who become ill or die, alongside quotes from tweets of people expressing desire for their punishment, including one that said "Let them die." After receiving criticisms for inciting violence, the editors apologized (92).

Years later, and perhaps understandably, most Canadians have forgotten these episodes, that in other times, or if applied to other categories, would have outraged the population – imagine for a second that rather than "unvaccinated" these claims had been made in reference to any group identified according to their ethnicity, religion, or lifestyle. Moreover, to our knowledge, no official institution has engaged in soul-searching, not only questioning whether policies throughout the Covid era were "safe and effective" - a huge body of literature shows they were not (15,93–95) – but whether they were ethical. However, and even if many of the harms remain largely unknown, or rather have been actively concealed, we believe that they are alive and well, no matter how much governments, public health officials, and the academic establishment try to "move on" as if nothing had ever happened.

5. CONCLUSIONS

The attitude that academic "experts" have adopted – of "nudging" the "vaccine hesitant" to change their "misperceptions", of stifling open debate by demonizing dissent, and of "encouraging" – in truth, coercing into – acceptance of certain policies for the "greater good",

ignores long-standing ethical principles, violates the dignity of human beings by treating them as contingent means towards ostensibly higher societal goals, and neglects the long history of policy interventions implemented towards goals that all too often turned out to be morally repugnant. These approaches are unlikely to help rebuild any public trust in major social institutions, academia included. The recent development of fashionable academic centres that research the "problem" of eroding public trust appear to be primarily concerned with identifying the traits - cultural, psychological, ideological – of those who trust/distrust (see (96), yet remain oblivious to the obvious question of whether the persons or institutions that the public is expected to trust are truly trustworthy, thus the overrepresentation, identified in our research, of behavioral psychologists, communication, and even marketing, "experts" populating the ranks of "misinformation experts" (97).

However, if in matters of such grave importance as a crisis that has pervaded all areas of life and has structured life choices and chances across the globe for the past five years, university culture demands that members demonstrate "trust" by following the "consensus du jour", scientific or otherwise, without questioning, discourages challenges to conventional wisdom, and suppresses any resistance to authorities implementing policies "in the name of health" and "for our own good" (98), then the prospects of a constructive role for academia in society, or any revival of public trust in it, are grim. Challenging this oppressive environment, individually and collectively, is well overdue.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare

FUNDING

This work draws from research funded by a 2021 Social Sciences and Humanities Research Foundation (SSHRF) Grant # 435-2022-0959 and a New Frontiers in Research Fund (NFRF) 2022 Special Call, NFRFR-2022-00305. The funders played no role in the study design, data collection and analysis, manuscript preparation, or decision to publish.

ACKNOWLEDGEMENTS

The first author thanks the many professional and lay organizations, students, trainees, friends, and loved ones that have afforded spaces of reflection and debate over the past years, and especially Julian Field, for his invaluable editorial feedback and support. The second author thanks her family and friends for their ongoing encouragement and support, and Dr. Chaufan for her mentorship. Both authors thank other members of Dr. Chaufan's research team for their participation in the projects that inform this work.

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