

A Wellesley Student Speaks Out

I was appalled, but not surprised, when on Saturday, September 24, the Dean of Students at Wellesley College, where I am a student, buried at the end of an email to the student body that all students at Wellesley would be required to receive a shot of the new bivalent Covid-19 booster. [Then on October 11, we were informed this mandate would take effect on December 1,](#) nearly three weeks before the end of the semester.

This announcement follows similar decisions from Tufts University, Harvard University, and the University of California, among others. It also follows a growing body of evidence that there are, for a non-trivial percentage of the vaccinated—especially the young—serious, potentially lifelong, and potentially fatal side effects—such as [myocarditis](#) and [autoimmune disease](#)—to the vaccine, which [CDC director Rochelle Walensky acknowledges does not stop transmission of the coronavirus](#).

Moreover, this newest bivalent vaccine, designed to protect against the now-defunct Omicron variant, was approved without any trials confirming safety or efficacy. And regarding the latter, at least, [the slim evidence we do have is not promising](#). So why is Wellesley—and why are all these other colleges—mandating their disproportionately young, disproportionately healthy students partake in a human trial for a vaccine that does not stop the transmission of a variant that became almost entirely obsolete months ago?

The message from Wellesley could not be more clear: the education of students here, or at least our ability to complete it, is contingent on our willingness to take a medical treatment that did not exist when I enrolled here. There is no consent, only coercion, with participation in a

human trial joining physical education and foreign language proficiency as a prerequisite for graduation.

Administrators, rather than trusting the students whom they admitted to make our own risk-return analyses, have chosen to override basic bodily autonomy in favor of pushing vaccines that seem increasingly concerning for the young, a fact which is now being recognized around the world: [in Denmark for instance, public health officials halted vaccines entirely for low-risk people under 50; Norway is not even doing first shots anymore for those under 45 years of age](#). At some point, the question must be asked whether colleges which ask students to play immunization-card Russian roulette are colleges whose credentials signal anything more than willingness to comply.

What risk to safety are colleges such as mine asking students such as myself to assume? When the administrators of Wellesley, a women's college, mandate a fourth shot of a vaccine that is [now known to cause menstrual irregularities](#), a fact confirmed by study after study and acknowledged by even the strongest proponents of vaccination, what they are saying is not only that we have to choose between immunization against a months-old variant and our educations, but that we have to choose between disruptions to our menstrual and ovulatory cycles and our educations.

To be blunt, this has the potential not just to disrupt overall health, but fertility, too, so colleges are not just telling us they get to control and disrupt our bodies, but also, potentially, our families; not just our presents, but also, potentially, our futures.

This is not even mentioning heart or autoimmune health that Covid vaccination is known to take a toll on, and the host of conditions vaccination has been proven to cause. Will colleges—and college administrators—be footing medical bills for any health-related problems their mandates cost? Will administrators experience the physical and emotional burden?

Because administrators seem to have decided that there is no overreach too personal to commit against students: this is despite the fact that the risk-return analysis that these same administrators conducted last year now appears dubious at best, outright dangerous at worst.

If their compulsion to impose more mandates is not about health or efficacy, it must be about something else. The simplest explanation is that this compulsion is about the mandate itself—about the appearance of progressivism and elite stature, given that progressive and elite institutions now define themselves by their willingness to look like they are “taking Covid-19 seriously” at the expense of essentially every other consideration.

Here is a question no administrators seem to be asking: what does it mean when a college tells its students that their bodies belong to the whims of bureaucrats rather than to themselves? It means that students are being groomed to believe that being an educated person means keeping one’s head down and submitting to every top-down order uncritically.

While a place like Wellesley prides itself on the atmosphere of intellectualism it claims to foster and while it claims to value academic freedom—which formed the basis of [President Paula Johnson’s speech at convocation in September](#)—all of Wellesley’s commitments to autonomy of speech are utterly meaningless when its community is denied autonomy of body, which is also autonomy of mind.

On some level, then, ongoing vaccine mandates like Wellesley’s represent the decay of American academia and show where its real loyalties lie. Educating and forming students is, for college administrators, secondary to being part of the “right” ideological crowd (whether or not that ideological crowd is right). Not all institutions have caved to this pressure: in July, the [University of Chicago rescinded its booster mandate](#) and is no longer requiring exemptions from

vaccination, and [Williams College \(which, like Wellesley, is an elite liberal arts college in Massachusetts\) at least appears to have walked back its booster mandate.](#)

But seeing other institutional policies almost makes the reality at a place like Wellesley worse. Despite all available evidence, and despite other institutions reversing course, many administrators across the nation who are supposed to concern themselves with the well-being of their students are making decisions not on scientific evidence nor on the safety of their students, but instead on politics. This should scare everyone.

Rumblings of anger can be heard at Wellesley, but the constant cycles of cancellation and gaslighting from the College and within the community have rendered many would-be dissenters too emotionally wounded to say a word about college vaccination policies. (There is a reason I am writing this anonymously.) But this silencing cannot possibly last forever.

If Wellesley—or if any one of the other institutions with remaining vaccine mandates—thinks it faces no consequences, it is sorely mistaken: as students, as well as faculty and staff, trace their own adverse medical events back to college mandates, the buck for the physical damage will stop with colleges, morally, legally, and financially. The mandates will fade, but the memory of the mandates will not; colleges like mine have all but ensured they are dead men walking.

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