

## **USM Chancellor Jay A. Perman Issues COVID Vaccination Mandate for USM Students, Faculty, and Staff**

**Baltimore, Md. (April 23, 2021)** – Thank you, Chair Gooden. I appreciate the opportunity to talk with the Board about this issue.

I'd like to frame my remarks not only as System chancellor, but as a physician—a pediatrician. My entire career has been focused on children, through early adulthood. As a physician, everything I do in my practice requires a risk/benefit analysis. There is no “free ride.”

And so in my role as chancellor—with the vital counsel of epidemiologists and public health experts—I find myself looking at risk/benefit again, not at the patient level, but at the population level.

If we examine the data—and there is an extraordinary accumulation of data—we see that the risk of vaccines is very low, whereas the risk of COVID is very high. And that risk is increasingly falling on young people. This is no longer a disease for the old. The data on the new COVID cases in Maryland show that 40 percent are patients under 40 years old.

And these young people are not only getting infected; they're getting sick. The University of Maryland School of Medicine is examining 10 percent of positive COVID samples, and 30–40 percent are the B.1.1.7 variant, also known as the “UK variant.” The variant is more contagious—some studies suggest more dangerous. And so are other variants now documented around the world. And that's what we're preparing for: more infectious, more harmful variants that we think could be circulating on our campuses come fall.

We've been living with COVID for so long now that we forget we're still in the middle of a public health emergency. But these variants—and the increasing disease burden in young people—are reminding us again that we're not out of the woods.

And I'm convinced that the risk of doing too little to contain COVID on campus this fall is far greater than the risk of doing too much.

**For this reason, I'm requiring that all eligible students, faculty, and staff who will be on our Maryland campuses this fall be vaccinated against COVID. Of course, we'll comply with all federal and state laws in granting appropriate exemptions for medical or religious reasons.**

This mandate was not undertaken lightly. It was based on the recommendation of a USM workgroup I convened this semester—one that includes university-based experts in public health, infectious disease, and emergency management. It was based on advice from the USM presidents—all 12 System presidents—and their cabinets. It was based on consultation with the University System's shared governance councils representing students, faculty, and staff.

I'm aware of decisions that have been announced by other universities—and other university systems—even in the last 24 hours. Since then, I've consulted again with our experts, and we agree that we should continue to move forward.

There's no question that from the beginning of this pandemic, the University System's paramount concern has been the safety of our people, our campuses, our communities. That safety is hard to achieve on a college campus, where risk of transmission is high. Our students learn together, yes. But they also study together, socialize together, eat together, play sports together, and often they live side-by-side.

Let me be clear: This is what we want. We want students to have these bonding opportunities. We want them to have a

college experience that breeds a sense of belonging. And if that's our goal—to have students (a lot of students) safely back on campus this fall, then we have to do everything we can to protect that safety ... the safety of our students; the safety of our faculty and staff; the safety of the communities we share with our neighbors, with whom we've built a relationship of mutual respect and mutual trust. And this health we seek to safeguard includes *mental* health, which has been significantly challenged this year.

Last week, I said that mandating a COVID vaccine is a reasonable and necessary means of preventing spread of the disease. I'll go one better: Mandating a COVID vaccine is the *most* effective strategy we have, especially as we try to reach herd immunity. It's not just one tool in this fight; it's our *best* tool. And one I believe is critical to our safe return to campus.

That said, we're not abandoning the other strategies that got us through the worst of the pandemic. We'll require pre-arrival COVID testing for those coming to campus this fall. We'll continue surveillance testing, with more frequent testing for those at higher risk of transmission. We'll continue symptom monitoring. And we'll sustain public health interventions, like masking, as recommended by the CDC and others.

Throughout the pandemic, our USM campuses have been some of the safest places to be in the entire state. For most of this spring, our universities have had a campus positivity rate averaging below 1 percent. That's due to a lot of things, like the strict set of protocols I just mentioned. But also because our students took COVID seriously, because they complied with our requirements, because they wanted an on-campus experience more than they wanted to flout the rules. I have faith in the students of this System—and that faith isn't shaken.

But, at the same time, we have about 15,000 students living on campus right now. Come fall, we expect more than double that number. Plus, thousands more living in the neighborhoods around campus; thousands more commuting to and from campus; thousands more using university services, spaces, and buildings. And all these students will be interacting with a full complement of on-campus faculty and staff, whose health and safety we care about deeply, and who deserve—as much as our students—our very best efforts at protection.

This changes our calculus. Containing COVID spread with that kind of campus density requires much more serious intervention, and that means vaccination.

And I do understand that some people have concerns about the vaccines. I want to say to those people that I hear you, I've read the letters you sent. I appreciate that you have fears, misgivings.

But we know a lot already about these vaccines. The safety and efficacy of the mRNA vaccines—Pfizer and Moderna—have been demonstrated by the delivery of 200 million doses nationwide, without significant adverse reactions. And these vaccines have proved effective against the variants we're dealing with right now. The adenovirus vaccine, Johnson + Johnson, has been put on pause, as the FDA and the CDC investigate exceedingly rare reactions in certain populations. We may hear more from the CDC even later today.

Of course, our scientific and public health knowledge is evolving—and quickly. That's how it works with new viruses. We'll continue paying careful attention to where the science takes us, and we'll continue listening to the advice of the experts who know this virus best.

So I'm not contending that we now have all the information we'll ever have. What I'm saying is that we have good, reliable, and more-than-ample data on the safety and efficacy of these vaccines. I'm saying we need to *rely* on that data, and act in the best interest of our students, employees, and neighbors.

To those who might ask, "Why now? Why not wait several weeks, a few more months, until we know even more?" ... I say

this, “Our students, their parents, our faculty and staff: They’re asking me *now* whether the campuses they’re coming back to this fall—the campuses their children are coming back to this fall—will be safe. They’re making their decisions *now* based on whether they can have confidence in the fact that we’ll do everything we can to protect them. I need to give them an answer and, to me, it’s hard to imagine that answer being anything other than, “Yes, we’ll use everything we have in this fight against COVID.”

And, frankly, we need to give students as much time as possible to get vaccinated. Across the U.S., eligibility is now open to everyone 18 years or older. Those frustrating vaccine bottlenecks we saw over the winter and early spring have opened up, and distribution has accelerated quickly. Vaccine uptake is the fastest we’ve seen, and now a quarter of the entire U.S. population is fully vaccinated. Plus, our universities are doing an incredible job of helping students who are currently on campus get vaccinated. This is the momentum we need to sustain.

The Maryland/DC region can be a leader here. We already are. With the USM requiring COVID vaccination, we’ll measurably strengthen the public health bulwark established by our colleagues at Hopkins, Georgetown, American, George Washington—leading institutions that have already mandated vaccination. This cluster of institutions committed to public health doesn’t just make our campuses safer; it makes our state safer, our region safer.

I know this decision raises a lot of questions. Of course it does. Many will concern implementation and vaccine exceptions. There are hundreds of details to work out, and our universities are already considering every one of them. We don’t have all the answers yet. But, believe me, we’re working on them. The universities will be communicating frequently with their students, families, faculty and staff, so that everyone knows what’s required—and why.

I’m grateful for the support of our universities, for their expertise and leadership. Not just today, but every day throughout this entire “COVID Year.” We stand together on this decision, because we stand together on what it represents: The safety of our people and our communities.

Thank you.

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