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Framing problems, governing practices: A critical scoping review of COVID-19 policy in Canadian post-secondary education

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Abstract

When the World Health Organization declared COVID-19 a pandemic, unprecedented policy responses ensued in higher education, with Canadian post-secondary institutions (PSIs) rapidly adopting radical measures, including campus closures, masking requirements, and vaccine mandates. These policies were widely justified as evidence-based, ethical, and legal. This critical scoping review examined the COVID-19 policy responses at five Ontario PSIs. Using Carol Bacchi's *What is the Problem Represented to Be?* approach, we explored how problems were framed, decisions made, and ethical principles invoked. Data included publicly available policy documents, union statements, and legal decisions. PSIs represented the problem as one of a deadly, "equal opportunity" virus, demanding maximum compliance with public health directives, particularly vaccination. This framing dominated governance practices, often sidelining collegial decision-making in favor of executive authority and *ad hoc* committees. Claims of a scientific consensus were central to policy justification, despite initial and growing evidence—such as low infection fatality rates among young adults, the strength of natural immunity, the failure of vaccines to stop transmission, and reports of vaccine-related adverse events—challenging that framing. Equity, diversity, and inclusivity were frequently invoked to support these policies, yet the same measures often excluded individuals with diverse needs and applied exemptions inconsistently. The COVID-19 response in Canadian PSIs reflected not a true consensus but an illusion of consensus, produced through the foreclosure of debate and suppression of dissent—patterns at odds with the normative values of higher education.

Keywords: COVID-19; Scoping review; Critical policy analysis; Governance; Post-secondary education; Medical mandates

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1. Introduction

The World Health Organization's (WHO) declaration of COVID-19 as a global health emergency overhauled usual norms, policies, and practices across numerous sectors, globally and nationally. The post-secondary education sector in Canada was no exception. Post-secondary institutions (PSIs) across the country framed their policies as responses to a public health crisis, calling for bold policy responses and invoking

the language of safety, urgency, equity, and collective responsibility (Do, 2020; Lenton, 2020; McMaster University, 2020b). However, decisions were often far-reaching and imposed without the kind of deliberative engagement traditionally associated with academic institutions. Gag orders prohibiting dissent, disciplinary actions against faculty—including the overriding of tenure protections designed to safeguard academic freedom—and deregistration of students unwilling to comply illustrate the scope and intensity of these measures (Edwardson, 2021; Goudreault, 2024; Macintosh, 2021). Furthermore, although COVID-19 policy responses were said to be guided by public health advice, the actual implementation across institutions varied markedly—and, in many cases, exceeded the content or duration of official guidance (Cadloff, 2022). This variation, coupled with the dramatic personal, professional, and institutional impacts of such policies, warrants a critical examination of how decisions were made and justified.

Importantly, these decisions did not arise in a vacuum. They occurred against the backdrop of broader transformations in university governance, marked by increasing centralization of authority, the growing power of executive leadership, and the decline of collegial decision-making structures (Canadian Union of Public Employees [CUPE], 2019a; Giroux *et al.*, 2015; Jones *et al.*, 2001). While academic institutions continue to champion values such as academic freedom, inclusion, and democratic deliberation (Gertler, 2016), governance processes have become increasingly opaque, corporatized, and resistant to bottom-up input. The COVID-19 era amplified these dynamics, providing administrators with sweeping discretionary powers under the rationale of an emergency response, often without institutional checks and balances. The resulting policies not only disrupted academic norms but also revealed—and arguably deepened—existing tensions over authority, legitimacy, and accountability within the university setting.

At the same time, the rationale for many COVID-19 policies in PSIs was neither self-evident nor transparently communicated. While the prevailing narrative emphasized public health protection, closer scrutiny revealed that key assumptions underpinning mass mandates were not always supported by clear or consistent evidence already available at the time decisions were made—assumptions about susceptibility, risk, alternatives, and increasingly, about the balance of the benefits versus the risks of mass mandates (Bardosh *et al.*, 2022; Centers for Disease Control and Prevention [CDC], 2023; Fraiman *et al.*, 2022; Pezzullo *et al.*, 2023) and about the appropriate assessment of their harms (Ophir *et al.*, 2025; Polykretis & McCullough, 2022). Furthermore, many of these measures disproportionately impacted those unwilling or unable to comply—including individuals from groups framed as the object of institutional equity campaigns—for example, disabled or racialized. When members of these groups resisted mandates—particularly vaccine mandates—their perspectives were largely excluded from public and institutional debate, or explained away as rooted in psychology rather than substantive concerns (Childs & Taylor, 2024; Procknow, 2022; Taylor & Charran, 2023). This disconnect between equity language and exclusionary practices raises serious questions about how values such as inclusion, justice, and informed consent were operationalized in practice.

Existing literature has primarily focused on evaluating whether these institutional policies were effective, compliant, or aligned with public health standards, or on the response to these policies (Almalki *et al.*, 2021; Alzubaidi *et al.*, 2021; Bolatov *et al.*, 2021; Chilongola *et al.*, 2022). Far fewer studies have examined the processes by which these policies were conceived, contested, or imposed. However, policy is never neutral. Its formulation and implementation reflect specific problem representations that privilege particular interests, narratives, and solutions while marginalizing others (Bacchi, 2016; Walt, 1994). Particularly in institutions that portray themselves as spaces of democratic deliberation and academic inquiry, the lack of scrutiny surrounding the assumptions and power dynamics that informed COVID-19 decision-making is striking—and troubling. This review seeks to fill that gap by analyzing how Canadian PSIs framed the "problem" of COVID-19 and legitimized their responses, with attention to governance structure, evidence use, and ethical justification.

Moreover, this analysis took place within a sector increasingly shaped by external interests. As numerous scholars have noted, the corporatization of post-secondary education—through partnerships with industry, reliance on external funding, and adoption of managerial norms—has reshaped the priorities and operations of universities, in Canada and beyond (Giroux *et al.*, 2015; West, 2016). Although still publicly funded to a significant degree (Statistics Canada, 2022), these institutions increasingly function as hybrid entities whose policies may serve private interests as much as public ones. Against this backdrop, the legitimacy of sweeping medical mandates—and the opacity surrounding how they were formulated—deserves special scrutiny. Institutions that claim to uphold principles of good governance, including accountability, transparency, and integrity, must be able to demonstrate how those principles were applied during a period of unprecedented disruption and institutional overreach. In

light of these concerns, a critical appraisal of the decision-making process is both timely and necessary.

Drawing on a growing body of literature that interrogates the normative and epistemic dimensions of policymaking, this study employed a critical policy analysis approach to examine how university leaders defined the problems they were addressing, whose voices were included or excluded, and what forms of evidence and authority were invoked to justify controversial decisions. By approaching institutional documents as socially embedded "texts" that reflect dominant power relations (Bowen, 2009), this review not only maps the official record but interrogates the silences, assumptions, and exclusions that shaped it. Our critical scoping review of COVID-19 policies in selected Canadian PSIs is built on our published protocol (Chaufan *et al.*, 2023) and is informed by Carol Bacchi's critical policy analysis approach, *What is the problem represented to be?* (WPR). Our phenomenon of interest (Munn *et al.*, 2018) was the decision-making process leading to medical mandates, a key question of governance, specifically addressing the question "Who makes what decisions?" (Goedegebuure & Hayden, 2007). Following this introduction, Section 2 describes the methods, Section 3 presents the findings, Section 4 discusses these findings, and Section 5 concludes our analysis and suggests implications for democratic and ethical academic governance, especially in times of crises. This study is part of a larger project reappraising the COVID-19 policy response (https://osf.io/pjxzt/). We relied solely on publicly available documents, so the study was exempt from Institutional Review Board approval.

2. Materials and methods

2.1. Conceptual framework

A decades-long tradition of scholarship has underscored the importance of appraising the power dynamics in public policymaking (Bacchi, 2016; Walt, 1994), and has proposed to bring to reviews of the literature a "critical" lens that focuses on these dynamics—a lens that goes beyond listing or cataloguing previous research and instead probes the assumptions underlying knowledge claims (Mingers, 2000; Saunders & Rojon, 2011). An exemplar of this tradition in the field of policy studies is Carol Bacchi's approach, WPR (Bacchi, 2012; Bacchi, 2016). The approach is "critical" because, rather than taking at face value problems as framed by policy authorities, WPR encourages researchers to problematize, i.e., scrutinize and question dominant problem representations.

In this study, the WPR approach informed our use of Arksey and O'Malley (2005) framework for scoping reviews that, as the authors note, can include diverse documentary evidence, calls for exploring phenomena of interest rather than merely documenting outcomes (Munn *et al.*, 2018), and seeks to answer broad questions, all of these suitable to the goal of our review. Our analysis was enhanced by Levac *et al.* (2010)'s team-based approach that proposes that throughout the review, from articulating a research question; identifying and selecting relevant studies; charting the data; and collating, summarizing, and reporting results; the process should be iterative and cooperative, i.e., team-based—an approach that helps research teams address unforeseen practical challenges, such as the need to refine inclusion/exclusion criteria during the screening and selection process, and which informed our refining of the study focus.

Document analysis, which views documents as social facts that convey meaning (Bowen, 2009), supported our choice of documents as data; finally, thematic analysis, which invites researchers to identify salient themes within the data, guided our interpretation (Braun & Clarke, 2006). We followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist (Tricco *et al.*, 2018), registered the protocol (https://osf.io/r8fgk), and published it (Chaufan *et al.*, 2023). Finally, as three authors have relevant biomedical expertise, we relied heavily on the epidemiology, immunology, and pathophysiology of COVID-19 to interpret our observations.

2.2. Goal of the review and review questions

Our phenomenon of interest (Munn *et al.*, 2018) was the decision-making process leading to COVID-19 responses in Canadian PSIs, with an emphasis on medical mandates. Our goal was to examine how these responses were influenced by competing views on what counts as reliable scientific evidence, by the power/class structure within universities (e.g., management vs. faculty), and by potential conflicts of interest (e.g., research funding). We organized our review findings around the initial protocol questions, as follows:

(i) Problem representation and related issues: What was/is the problem represented to be in the COVID-19 policy response in Canadian PSIs? What evidence supported this problem representation? What was the alignment of institutional policies with policies implemented by public health authorities? What was left unproblematic in this problem representation?

(ii) Decision-making process and related issues: What institutional or individual social actors were responsible for making decisions concerning the perceived problem, and what processes of consultation, if any, were carried out to arrive at a given decision? What were the external influences, if any, in the decision-making process?

(iii) Equity, diversity, inclusivity, and bioethical principles: What equity, diversity, inclusivity, and bioethical criteria were (or not) considered?

2.3. Data type, selection, and charting

All data for this study were publicly available documents retrieved from the websites of five Canadian universities: the University of British Columbia (UBC), the University of Alberta, the University of Toronto, McMaster University, and Redeemer University. For Redeemer University, given that no decision-making documents were publicly available, pertinent information about COVID-19 policy was obtained by email request from the university's Communications Director (Redeemer University, 2024). We chose these universities because of their recognized leadership in research, policy influence, or contrasting geographical and policy orientations. For example, the University of Toronto is a leading institution whose policy decisions often set precedents nationally; the University of Alberta and UBC reflect distinct provincial contexts and political cultures; and Redeemer University, a small Christian institution, provides a critical contrast by having adopted a markedly different approach to vaccination and exemptions, grounded in informed consent principles. We believe the inclusion of these institutions offers both policy and governance diversity, while also ensuring a meaningful comparative foundation for the analysis.

Data included three types of documents: (i) Meeting agendas, minutes, reports, and motion records of meetings of decision-making academic bodies and their subsequent dissemination through public news and announcements, retrieved directly from the university's websites (hereafter *Governance Documents*); (ii) communications from faculty, staff, and student associations, retrieved from associations' websites (hereafter *Association Documents*); and (iii) documents containing information on legal decisions affecting Canadian PSIs, retrieved from the *Canadian Legal Information Institute* (CanLII), a non-profit database of legal documents with information on legal decisions affecting Canadian PSIs (hereafter *Legal Documents*). Table 1 lists the data types and indicates links to their access.

Document selection methodology and inclusion criteria for all three datasets were as follow: For the *Governance Documents*, a multistep process that involved automatically scoping the source databases with tailor-made Python-based web crawlers was performed to capture all documents and/or web pages containing key substrings ("covid," "sars-cov," "coronavirus," and "pandemic"), thereby identifying any references to COVID-19 and policy responses. The captured documents were manually filtered to select those that discussed (i) the areas in which most Canadian PSIs developed/enforced COVID-19 policies (e.g., social distancing and, by extension, capacity limits, campus closures, and remote learning; masking; and proof-of-vaccination policies), (ii) the decision-making process of COVID-19-related policies, and/or (iii) collaboration with government bodies, non-governmental organizations, or

Table 1. Data description and access

Category	Data description	Data source	Document count	URLs
Legal Documents	Documents containing information on legal decisions affecting Canadian post-secondary institutions.	*Canadian Legal Information Institute*: Non-profit database of *Legal Documents* with information on legal decisions affecting Canadian post-secondary institutions.	Total: 17	https://www.canlii.org/en
Association Documents	Publicly available communications from faculty, staff, and student associations.	Main websites of faculty, staff, and student associations (e.g., UofT Faculty Association)	Total: 127 37 UBC 30 UofT 28 McMaster University 27 UofA 4 CUPE 1 Ontario Undergraduate Student Alliance	https://www.utfa.org/
Governance Documents	Publicly available agendas, minutes, reports, and motion records of meetings of decision-making academic bodies.	Websites of five universities from across Canada, selected for strategic reasons (scientific leadership, policy influence, contrasting geographical location, diverse ideological orientation, and policy choices): (i) UofT, (ii) McMaster University, (iii) Redeemer University, (iv) UofA, and (v) UBC	Total: 395 168 UofT 103 UofA 87 McMaster University 32 UBC 5 Redeemer University	https://www.utoronto.ca/ https://www.mcmaster.ca/ https://www.redeemer.ca/ https://www.ualberta.ca/index.html https://www.ubc.ca/

Abbreviations: CUPE: Canadian Union of Public Employees; UBC: University of British Columbia; UofA: University of Alberta; UofT: University of Toronto.

other institutions in the context of forming said policies. Documents identified during this selection were added as needed if considered relevant to our research goal. For example, many relevant public *Governance Documents* from McMaster University were obtained through email requests from the Office of the McMaster Secretariat, as they were absent from the list of published secretariat documents on the university's website.

For the association and legal datasets, we selected documents using keywords (i.e., "COVID-19," "policy," and "decision-making") that (i) answered the question "What can be gleaned from existing documents about the decision-making process in Canadian PSIs concerning COVID-19 policy?," (ii) were related to either non-pharmaceutical interventions (i.e., institutional closures, remote work, physical distancing, hygiene, and masking) or pharmaceutical interventions (i.e., vaccination), and (iii) were in English. For all datasets, documents that did not discuss decisions relevant to COVID-19 policy formulation, development, or implementation were excluded. To facilitate transparency, a compiled index of these documents—web links and PDF files of harder-to-access materials—can be accessed at https://drive.google.com/drive/folders/1UED6pPf4xVJQjBy1p30Qq3QQgm90meAo?usp=sharing.

The dates of all documents selected for analysis spanned close to 4 years—from January 2020 through August 2023—to ensure comprehensive coverage of relevant institutional policies. Although most PSIs relaxed COVID-19 measures by mid-2022, a subset continued to revise and reintroduce mandates into late 2022 and early 2023 (University Affairs, 2022). For example, Western University announced in August 2022 that it would require booster doses and masking for the fall term, but later rescinded the booster requirement while maintaining a mask mandate in instructional settings through the end of the winter 2023 term (Persaud & Wallace, 2022). The extension of data collection through August 2023—the end of the summer 2023 academic term—reflects the protracted and heterogeneous nature of institutional policy responses, ensuring that the whole arc of mandate implementation was adequately represented.

For all datasets, one reviewer conducted a preliminary search to narrow the data to a manageable number of documents, considering our team's available human resources and project timeline. Upon this initial screening, two reviewers independently screened the remaining documents in relation to review questions and eliminated those that did not meet the inclusion criteria. Disagreements were resolved through whole team discussions (Levac *et al.*, 2010). Data charting included features of documents (e.g., type/author/date), social actors participating in a decision (e.g., management vs. faculty vs. staff vs. students), policy area under discussion (e.g., campus closure and vaccination mandate), evidence informing the decision (e.g., public health agencies and original medical research), and factors potentially influencing a given decision (e.g., funding streams). Before beginning complete charting, two researchers independently charted data from a sample of documents, and the team met to calibrate the approach, using the Dedoose Training Centre test or the Campbell *et al.* (2013) method for calculating inter-rater reliability, as appropriate. Charting was assisted by Dedoose (version 9.2.4), a cloud-based application that helps to organize and analyze a wide range of data. Figure 1 describes the screening process used for the initial collection of *Governance Documents*.

Qualitative thematic synthesis was used to transform the data into themes (Braun & Clarke, 2006; Thomas & Harden, 2008) through a hybrid, deductive/inductive approach that involves reading and rereading the evidence to identify salient themes. We included page numbers for quotations whenever possible—that is, when the original record itself was paginated (e.g., a PDF or formal report). Many of the analyzed materials, however, consisted of webpages, press releases, or blog posts without pagination, for which page numbers could not be provided. Our review questions

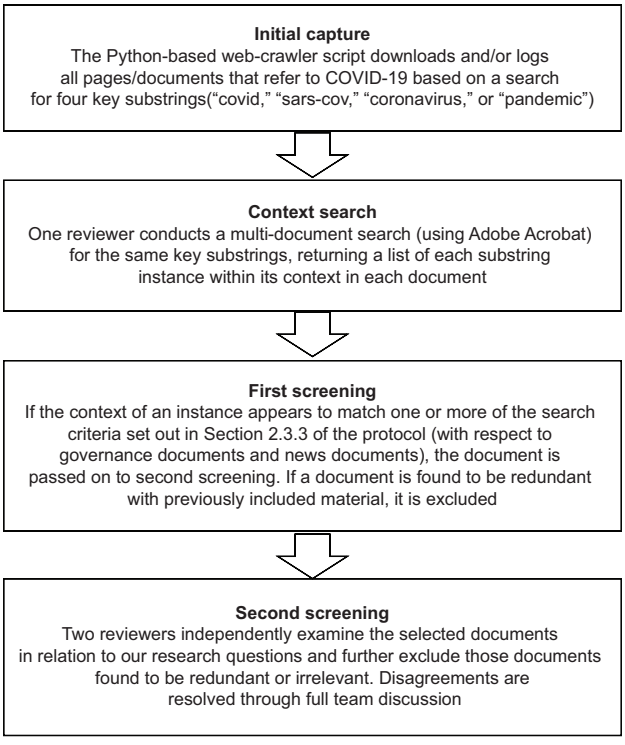

Figure 1. Screening process for *Governance Documents* dataset

helped to identify preliminary themes. As we assigned data to them, we assessed whether they were supported by the data or required revising or adding new themes (Pluye & Hong, 2014). We also compared findings across types of documents, universities, social actors participating in a decision, and other factors identified during the analysis. We did not assess risk of bias because, unlike systematic reviews, the scoping review approach does not require it (Arksey & O'Malley, 2005). More importantly, our data were "biased" by their nature because one primary goal of our review was to appraise whether and to what extent the decision-making process concerning COVID-19 policy was informed by scientific evidence and aligned with principles of bioethics and academic equity. Therefore, an assessment of quality and bias that excluded documents for failing to meet empirical or ethical standards would have defeated our goal. Finally, we followed the PRISMA-ScR checklist (Page *et al.*, 2021), registering the study protocol (https://osf.io/pbthn), publishing it (Chaufan *et al.*, 2023), and making the completed scoping review available on a preprint server (Chaufan *et al.*, 2025).

2.4. Statement on reflexivity

The research team consisted of four investigators with over six decades of combined research experience in medical sociology, medical sciences, and health and education policy, along with lived experience of the COVID-19 policy response in the Canadian PSI sector. Following Malterud (2001), these disclosures are not offered for personal or ideological positioning, but rather as a means of enhancing transparency and to ground our commitment to epistemic integrity. In addition to our academic and professional expertise, our engagement with the topic stems from longstanding concerns about the impact of COVID-19 policies in public institutions in Canada—specifically in higher education and health care—as reflected in a substantial body of individual and collaborative research (Chaufan *et al.*, 2023; Chaufan *et al.*, 2025). Based on a prior critical policy analysis by the lead author of the expert literature on attitudes about COVID-19 vaccination among post-secondary students (Chaufan, 2023), in-depth interviews of university students (Chaufan & Hemsing, 2023), and research conducted to design this study, published as a protocol (Chaufan *et al.*, 2023), we argue that this impact has not been adequately addressed in dominant policy and academic circles.

3. Results

For the *Governance Documents* dataset, we selected and analyzed a total of 395 documents—168 from the University of Toronto, 103 from the University of Alberta, 87 from McMaster University, 32 from UBC, and five from Redeemer University. For the *Association Documents* dataset, we selected and analyzed a total of 127 documents—37 from UBC, 30 from the University of Toronto, 28 from McMaster University, 27 from the University of Alberta, four from CUPE, and one from the Ontario Undergraduate Student Alliance. For the *Legal Documents* dataset, we selected and analyzed a total of 17 documents—all from CanLII. The selection process is illustrated in Figure 2.

The following subsections present our findings organized around WPR-informed charting categories.

3.1. Problem representation and related issues

The imperative to protect physical safety was the dominant problem representation, suggesting that protection would require stopping viral spread at all costs. This representation justified the multiple and radical measures that, almost overnight, PSIs across Ontario implemented around mid-March 2020. These measures included limiting person-to-person contact and the number of people sharing indoor airspace, reducing proximity between individuals, and ensuring frequent cleaning of shared surfaces, while striving to continue business as normally as possible. The need to stop viral spread was based on two core assumptions: (i) SARS-CoV-2 posed an existential, "equal opportunity" public health threat requiring unprecedented measures, and (ii) the measures would effectively reduce viral transmission.

Anxiety over how and when to reopen campus spaces was especially pronounced in the lead-up to Fall 2020 (University of Toronto Faculty Association, 2020) and Fall 2021 (Association of Administrative and Professional Staff at UBC, 2021b; McMaster University Faculty Association, 2021; Richardson, 2021a), with the latter marking a return to more extensive in-person learning. Across institutions, faculty, staff, and student associations voiced the most intense concerns, often supported by surveys indicating that members felt unsafe returning to campus after periods of lockdown or remote work (Evans & Bhangu, 2021; University of Alberta Students' Union, 2022). In articulating these concerns, the UBC Faculty Association president stated in August 2021 that the association "considered the preeminent moral concern of the University to be the health and well-being of its employees and students and of their families" (Richardson, 2021c). New SARS-CoV-2 variants, such as Delta and Omicron, became focal points for these parties in justifying calls for stricter measures (Confederation of Alberta Faculty Associations, 2021; CUPE 3902, 2021a; Association of Academic Staff University of Alberta, 2022a; CUPE 3902, 2023; University of Alberta Students Union, 2021; Richardson, 2021f; Graduate Student Society of UBC Vancouver, 2022).

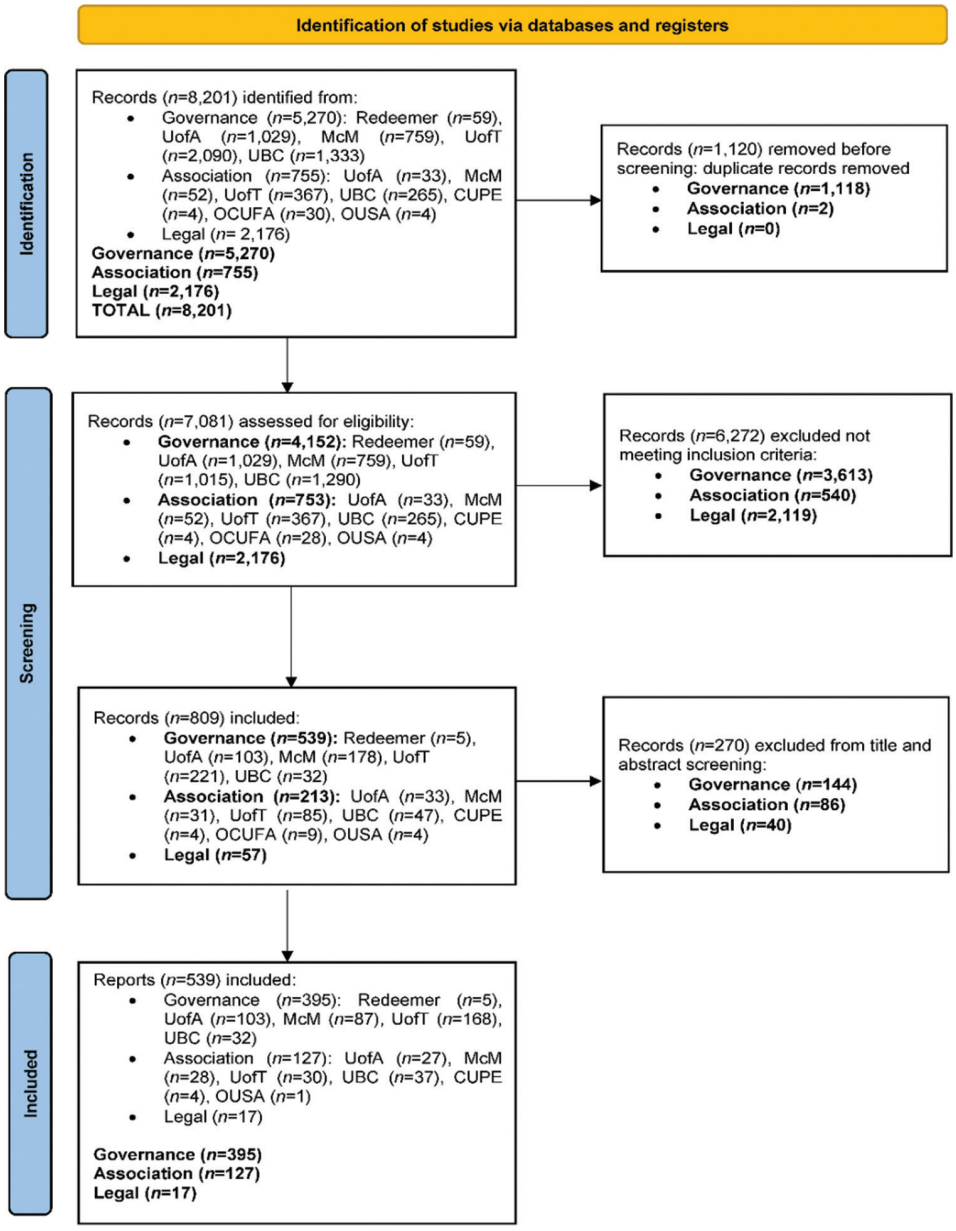

Figure 2. Preferred reporting items for systematic reviews and meta-analyses extension for scoping reviews flow chart
Abbreviations: CUPE: Canadian Union of Public Employees; McM: McMaster University; OCUFA: Ontario Confederation of University Faculty Associations; OUSA: Ontario Undergraduate Student Alliance; UBC: University of British Columbia; UofA: University of Alberta; UofT: University of Toronto.

Physical safety concerns were frequently voiced alongside other issues, including increased workload and professional implications of remote work, such as disruptions to tenure-track timelines (McMaster University Faculty Association, 2020b; Sprout, 2020) and questions about intellectual property rights over online learning materials (Cynthia Messenger, 2020a; Sprout, 2020). For example, in July 2021, the University of Toronto Faculty Association president, representing a coalition of faculty associations from Ontario College of Art and Design University, Toronto Metropolitan University, York University, and the University of Toronto, asserted: "We strongly prefer in-person teaching and learning and want to return to campus as soon as it is safe enough to do so, but it is still not safe enough" (Shewell, 2021). Meanwhile, student associations voiced concerns about the negative impacts of prolonged remote learning on both educational quality and student mental health (Da-Ré, 2021; University of Toronto, 2021f), while reporting significant health-related anxieties about returning to campus (University of Alberta Students' Union, 2022; Evans & Bhangu, 2021; Graduate Student Society of UBC Vancouver, 2022).

The arrival of vaccines in late 2020 and early 2021 introduced a new dimension to the problem representation. While early discussions had included concerns about inadequate vaccine access for students—since older populations were prioritized—and although discussion of mandated vaccination had emerged as early as November 2020 at a University of Toronto Academic Board meeting (University of Toronto, 2020g), the legal implications of mandates did not surface until spring 2021. At that time, McMaster University acknowledged that they were "investigating what can be imposed as there are some legal implications" (McMaster University, 2021d, p. 2), whereas the University of Toronto indicated that "the Council of Ontario Universities was seeking legal guidance" (University of Toronto, 2021b) on the matter. McMaster University's framing was interesting in that the inadequate availability of vaccines for the age group of students was proposed as an obstacle to the feasibility of mandates (McMaster University, 2021d).

In March 2021, a working group at the University of Alberta issued a report identifying numerous legal and ethical challenges to vaccine mandates, including issues of privacy, autonomy, and equity (University of Alberta COVID-19 Vaccination Working Group, 2021). Later that year, in August 2021, these concerns were echoed by University of Alberta President Bill Flanagan, who noted that "mandatory vaccination raises a complex range of legal and ethical issues, including privacy, autonomy, and social equity" (Flanagan, 2021). While we found no evidence that UBC's executive leadership questioned the legality of mandates, it also did not openly endorse them; in contrast, the university's Faculty Association firmly asserted that the university held "the legal authority and institutional autonomy necessary to introduce a blanket vaccine mandate for students, faculty, and staff" (Richardson, 2021e, p. 1). Notably, the Faculty Association argued that it was not the enforcement but rather the absence of a mandate that represented an ethical failure, or even a violation of ethical principles—the choice, as they put it, was:

> ...not between depriving some [people] of an education and depriving no one of an education [but] between depriving an education to someone who freely chooses not to do something versus depriving an education to someone whose life situation (e.g., a disability) does not allow them to make the choice to come to campus. The more ethical course of action, in our view, is the opposite of what the [Public Health Officer] suggests. (Richardson, 2021e, p. 2).

This assertion, like others across the data, framed non-compliant individuals as an unacceptable threat and morally defective.

As vaccines became widely available and mandates were implemented, the focus of the problem representation shifted from viral transmission to vaccination uptake. Vaccine hesitancy and low vaccination rates were framed as obstacles to resolving the crisis, with communications by PSIs regularly equating vaccination rates with the permissibility of reducing campus restrictions. The assumption was clear: Higher vaccination rates would translate to greater protection, perhaps through lower transmission rates, stronger immunity, and better clinical outcomes overall—more on this point in the discussion. For example, a Fall 2021 bulletin from the University of Alberta stated: "By maximizing our community immunity, we will maximize in-person learning experiences for students and on-campus opportunities for everyone" (University of Alberta, 2021d). Similarly, McMaster University Faculty Association declared that "high rates of vaccination (including a vaccine mandate for anyone present on campus) make [an in-person Winter term] more likely" (McMaster University Faculty Association, 2021). Redeemer University echoed this logic in a Fall 2021 memo: "As more Ontarians are vaccinated and COVID-19 hospitalizations continue to decrease, September is beginning to look like a return to normal" (McBride, 2021), implicitly tying vaccination and hospitalization rates directly to the question of campus operation.

The most explicit articulation of this logic appeared in a letter by the Council of Ontario Medical Officers of Health, an influential public body representing current and past medical officers from 34 public health units in Ontario. The letter, dated August 24, 2021 (updated August 26 [Council of Ontario Medical Officers of Health, 2021b]), framed stagnating vaccination rates among students as the key justification for more aggressive pandemic measures, lamenting that: "Unfortunately, vaccination uptake among [the post-secondary student demographic] has plateaued" (Council of Ontario Medical Officers of Health, 2021a). Though the connection between vaccination rates and viral transmission was often left unstated, it underpinned policy decisions across institutions.

Legal disputes also reflected this framing. In an arbitration between Wilfrid Laurier University and the United Food and Commercial Workers Union, a July 22, 2021, letter from the Region of Waterloo's Medical Officer of Health was cited, stating that "ensuring high rates of vaccination among the student population will be critical to Ontario's pandemic control," asserting that "transmission among this age group has contributed to sustaining community transmission," and describing vaccination as "our strongest tool to prevent local outbreaks" (Wilfred

Laurier University v. United Food and Commercial Workers Union, 2022, p. 7).

Perhaps the most forceful alignment of vaccine uptake with collective safety and the moral legitimacy of punishing dissenters appeared in the court decision of Costa, Love, Badowich, and Mandekic v. Seneca College of Applied Arts and Technology (2022), in which the presiding judge equated public health safety with high vaccination rates, writing that there exists "a legitimate point of view among the vast majority of Ontarians … that [prizes] the safety associated with vaccinations above the rights of a small minority of people to move among them in an unprotected and potentially infectious state" (p. 10). Here, the judge effectively collapsed the problem of viral spread into the problem of unvaccinated individuals, reinforcing the assumptions underpinning dominant COVID-19 policy—namely, that the unvaccinated presented an inordinate risk as compared to the vaccinated. These assumptions, which we further examine in the discussion section, became central to justifying PSI vaccine mandates.

3.2. Decision-making process and related issues

Although transparency and democratic participation are often emphasized in academic governance, the COVID-19 response among Ontario's PSIs unfolded opaquely and centrally. Virtually all PSIs suspended in-person classes and shifted online by March 16, 2020 (Jabakhanji, 2020). While institution-level records attribute these decisions to the presidents' offices, the uniform timing suggests coordination by an authority operating at a higher level—perhaps the provincial or federal level. While the data we identified did not support a definitive answer, a remark by the president of the McMaster University Faculty Association supports this hypothesis:

> [I]n the morning of Thursday, March 12 […] the word at McMaster was the university was working in a 'business as usual' mode […] By lunch time, I was providing comments on a plan to cancel classes and exams […] and before dinner, the Ontario government closed all elementary and secondary schools until April 5th. (McMaster University Faculty Association, 2020a).

However, the only public record of such an announcement is a March 12, 2020, release from the Premier's Office, which referred to the closure of "publicly funded schools," not PSIs (Office of the Premier, 2020). Nonetheless, all four public universities in our sample suspended in-person operations the following day, along with the single private institution we examined, Redeemer University (Redeemer University, 2021).

Mask mandates were another near-universal policy adopted by all five PSIs studied, with slight variations in timing. The University of Toronto was the earliest adopter, announcing on July 7, 2020, a limited requirement for the wearing of face-coverings in public-access areas (Kalvapalle, 2020b), which expanded to classrooms by July 23 (Kalvapalle, 2020c). McMaster University followed with a July 10 announcement (effective July 14) (McMaster University, 2020e), and the University of Alberta and UBC announced policies on July 30 and September 11, respectively (McCreary, 2020; UBC, 2020b). Most institutions rescinded these requirements between March and June 2022, though timing varied (University of Toronto, 2022b; McMaster University, 2022b; University of Alberta, 2022b; Government of British Columbia, 2022). The mask policies were nearly identical: face coverings were required in all indoor shared spaces, with exceptions for eating, private offices, and medical exemptions. Non-medical masks were often encouraged, likely to reserve personal protective equipment for healthcare settings.

Vaccination requirements showed greater variations. The University of Toronto led the way on June 8, 2021, mandating vaccines for students living in residence (Kalvapalle, 2021a). McMaster University followed on July 21 (McMaster University, 2021f), and UBC implemented a similar mandate under a provincial order (Fletcher, 2021a). No record was found of residence-specific mandates for the University of Alberta and Redeemer University. By Fall 2021, all five institutions had introduced broader campus-wide vaccination policies—either mandating proof of vaccination or, at a minimum, requiring disclosure or testing for students, staff, faculty, visitors, and contractors present on campus—and all PSIs in Ontario were compelled to implement such a policy (albeit not necessarily mandates) by an August 30, 2021, provincial directive (Government of Ontario, 2021).

While three PSIs—the University of Toronto, McMaster University, and the University of Alberta—imposed mandates with no alternatives (e.g., no rapid testing) (McMaster University, 2021c; University of Alberta, 2021f; University of Toronto, 2021c), their implementation varied. For instance, initial announcements at the University of Toronto (Kalvapalle, 2021b) and the University of Alberta (University of Alberta, 2021c) allowed rapid testing, but both shifted quickly (University of Alberta, 2021d; U of T News Team, 2021), with updated policies restricting campus access to those with proof of vaccination or approved exemptions. UBC's approach remained less stringent, requiring only completion of a vaccination status declaration form and testing for unvaccinated or undisclosed individuals (Fletcher, 2021b). Redeemer University's policy followed a similar model (Redeemer University, 2024).

All five institutions paused or lifted vaccination policies in 2022, often soon after changes in public health directives. The University of Alberta was the first to suspend their requirement on February 28, 2022 (Flanagan, 2022b), followed shortly by Redeemer University on March 4 (Redeemer University, 2024)—in the wake of the Ontario Chief Medical Officer of Health's March 1 revocation of the order requiring PSIs to develop vaccination policies (Moore, 2022). The University of Toronto (University of Toronto, 2022d) and McMaster University (Farrar & Tighe, 2022a), along with most other PSIs in Ontario, synchronously "paused" their vaccination requirements on May 1, 2022, making clear that the requirement could be reinstated at short notice if, in their judgment, public health circumstances changed (Farrar & Tighe, 2022a; University of Toronto, 2022c).

A theme across PSIs was abrupt policy shifts. For example, on August 6, 2021, University of Alberta President Bill Flanagan, citing a working group report advising against vaccine mandates, stated that the university would not be requiring vaccinations and that a prior masking policy would be lifted (Flanagan, 2021). Eleven days later, the university reversed course and implemented both mandates (University of Alberta, 2021d). The University of Toronto followed an incrementalist pattern, issuing partial measures before implementing more robust policies. For example, on July 7, 2020, masking was limited to public areas (Kalvapalle, 2020b); by July 23, classrooms were included (Kalvapalle, 2020c). Similarly, a vaccination policy announced July 29 initially applying only to "high-risk" activities—such as "music instruction" and "varsity sports"—(Kalvapalle, 2021b) was amended on August 11 to extend to anyone coming to campus (U of T News Team, 2021).

"Return-to-campus" plans were published by most PSIs during 2020. These included University of Toronto's *UTogether* (University of Toronto, 2020b), UBC's *COVID-19 Safety Planning Framework* (UBC, 2020a), and University of Alberta *Campus 2020–2021* (University of Alberta, 2020a). These plans offered guiding principles—health and safety, academic continuity—but were frequently updated as public health policies evolved. Redeemer University had its own, unbranded plan (Redeemer University, 2020b) as well as a "Safe Return" opening plan (Redeemer University, 2020a). Policy development was often delegated to working groups or *ad hoc* committees. For example, the University of Toronto's Incident Leadership Team (University of Toronto, 2020b), later replaced by the Response and Adaptation Committee (University of Toronto, 2020a), McMaster's Crisis Management Group (McMaster University, 2020c, p. 8), and the UBC's "pan-(UBC) governance structure" (UBC, 2022a, p. 24) were established to purportedly facilitate their COVID-19 response.

In some cases, these working groups and committees had pre-existing mandates to handle situations declared emergencies; others were established upon COVID-19's declaration as a pandemic. Their powers varied—some were advisory; others had executive authority. For instance, the University of Toronto temporarily delegated power to its COVID-19 Special Committee, a subcommittee of the Governing Council (University of Toronto, 2020c). The University of Alberta's Public Health Response Team (University of Alberta, 2021a) exercised similar powers, with the latter having been delegated executive authority from the university president (University of Alberta, 2022a).

While the power of these groups varied, they consistently appeared to have had an outsized influence and often operated without publishing minutes or seeking broader consent from traditional governance bodies. For example, at the University of Alberta, almost all COVID-19-related decisions were made with executive authority by the President and Vice Chancellor, the Public Health Response Team, or the General Faculties Council Executive Committee, according to the university's "COVID-19 Governance Emergency Protocols Decision Tracker" (University of Alberta, 2022a, pp. 120-124). At McMaster University, executive subcommittees of larger governing bodies (e.g., Senate and Undergraduate Council) approved vaccination policies for undergraduate and graduate students "on behalf" of the full Senate (McMaster University, 2021c). Nonetheless, the undergraduate policy still received the required majority approval from the Senate before being implemented (McMaster University, 2021h), and the graduate students policy, first approved by the Graduate Council through normal governance pathways, received final consent by the Senate Executive Committee "on behalf of Senate" (McMaster University, 2021b). In contrast, a more sweeping policy, applying to the entire university community, was approved on September 6, 2021, by the President and Vice-President alone (McMaster University, 2021i).

The University of Toronto's COVID-19 Special Committee produced and approved the university's August 10, 2020, masking requirement (University of Toronto, 2020d). The committee comprised the Chair and Vice-Chair of the Governing Council, as well as the University President, Vice-President, and Provost, and was given "the power to make decisions and take actions on matters the urgency of which does not permit their deferral until the next regular meeting of Governing Council or its appropriate standing committee, campus

council, or board" (University of Toronto, 2020c). The university's vaccination policy, introduced on September 3, 2021, appears to have originated from the joint authority of the Provost's Office and the Office of People Strategy, Equity & Culture (University of Toronto, 2021c), but does not appear to have received—or sought—formal approval from governing bodies.

Despite frequent references to collaboration with public health, few records show that PSIs aligned their policy with public health guidelines. In fact, most PSI policies exceeded the minimum requirements of these guidelines. For example, mask mandates were often implemented before being required by provincial health authorities and continued after such requirements had been lifted. This was also true for vaccine and/or testing mandates, which were implemented by the University of Alberta and UBC, even though they were not required for PSIs by public health authorities in their respective provinces.

In fact, UBC's staff association raised concerns that British Columbia's public health was preventing the university from implementing certain public health requirements that exceeded the public health mandate (Association of Administrative and Professional Staff at UBC, 2021c). Likewise, vaccination mandates at nearly all PSIs in Ontario were introduced in excess of the directive from Chief Medical Officer Dr Kieran Moore (August 30, 2021), which required PSIs to adopt vaccination policies but did not mandate vaccination for campus access, only listing it within a range of policy options (Government of Ontario, 2021). To our knowledge, Redeemer University was the only university in Ontario to have expressly met only the minimum requirement of the provincial public health order for a vaccination policy (Redeemer University, 2024). This was achieved by adhering to clause 1(c) of the August 30 directive, which allowed individuals to choose to undergo regular rapid testing and complete a COVID-19 vaccination-related educational session as an alternative to submitting proof of COVID-19 vaccination (Government of Ontario, 2021).

Similarly, while public health distancing requirements—and by extension, building closures, and capacity limits—were varied and changed often, no institution appears to have challenged them; some PSIs exceeded them, such as the University of Alberta in Summer 2020 (Sharman, 2020) and the University of Toronto at the end of 2021/start of 2022 (Kalvapalle, 2021c). Other examples of autonomous decisions include those made in the Summer of 2021 by the University of Toronto (Kalvapalle, 2021a) and McMaster University (McMaster University, 2021f) to mandate vaccination for students in campus residences, as well as to retain vaccination and masking policies for several months past the point at which the province's requirements were revoked, in March 2022. This decision appears to have either been heavily influenced by, or jointly made with, the Council of Ontario Universities, which announced it on March 11, 2021 (Council of Ontario Universities, 2022), and the University of Toronto's decision, in July 2022, to "reinstate" the vaccination requirement (it is unclear from our obtained records when or if the vaccination requirement for residences was ever paused) for students and employees living in University residences (Regehr & Hannah-Moffat, 2022). This requirement included a primary series of a COVID-19 vaccine and at least one booster dose (Regehr & Hannah-Moffat, 2022), making it one of the few PSI booster requirements ever issued in Ontario.

On this matter, it should be noted that the record cited earlier—a memo published on the University's Division of People Strategy, Equity & Culture at the University of Toronto—had to be individually retrieved, as there was no mention of this reinstated residence requirement within the data collected for this university. The record was specially sought out because one of the authors was passively aware of the booster requirement, which gained attention in the news media during the summer of 2022. There is also no record in our data to indicate if or when the booster requirement for residents was officially paused or revoked. However, a cursory search of the University of Toronto's residence information available online revealed no mention of such a requirement being in effect as of May 2024. It should also be noted that for its July 2021 residence vaccination requirement, the university appears to have made an effort to obtain letters of support from Toronto and Peel local public health units to justify its policy, although both letters merely endorsed "policy options" that "achieve the highest vaccination rates" (Dubey, July 2021) or "facilitate the highest vaccination coverage possible among the student population" (Loh, 2021) without explicitly mentioning mandates. This point is worth noting because it illustrates the generally obscure nature of the grounds and drivers of PSIs' policy decisions.

Faculty, staff, and student input into decision-making was inconsistent. In one instance, the University of Alberta's staff union stated it had "not been formally consulted or involved in any part of the university's planning process" (Non-Academic Staff Association University of Alberta, 2021). Faculty and student associations often claimed credit for policy changes—University of Alberta's Faculty Association viewed the August 2021 vaccine mandate as "a response to the strong mobilization and advocacy of our members" (Association of Academic Staff University of Alberta, 2021) and, at the University of Toronto, the student

union took partial credit for the university's decision to "bar those who are not vaccinated from coming to any of [our] three campuses" (University of Toronto Students' Union, 2021).

In most cases, these associations advocated for more, rather than less, stringent measures. For example, student associations at the University of Toronto (University of Toronto Students' Union, 2020; University of Toronto Students' Union Executive Committee, 2021a), UBC (Graduate Student Society of UBC Vancouver, 2022), and the University of Alberta (University of Alberta Students Union, 2021) called for increased stringency in university policy at various moments, including limiting in-person learning and stronger masking and vaccination requirements; faculty associations shared similar concerns and also engaged in vocal advocacy to the same effect (Association of Academic Staff University of Alberta, 2022b; Richardson, 2021b; University of Toronto Faculty Association, 2020; Zorić, 2021). In one case, McMaster University Faculty Association sought intervenor status in a legal case defending the school's mandate, citing their prior advocacy (McMaster University Faculty Association, 2022). In our records, the only case of advocacy against any COVID-19 measures by a student, staff, or faculty association was the University of Toronto Graduate Students' Union's criticism of the cancellation of Spring 2020 convocation (University of Toronto Graduate Students' Union Executive Committee, 2020).

Provincial faculty associations also played a significant role in favor of mandatory vaccination and masking. The Confederation of University Faculty Associations of British Columbia petitioned the British Columbia government for university autonomy in setting safety rules (Confederation of University Faculty Associations of British Columbia, 2021). The Confederation of Alberta Faculty Associations and the Council of Alberta University Students pressed for vaccine passports and masking, with the first publishing a letter in August 2021 petitioning the provincial government for "a mandatory masking mandate and vaccine passports across all of Alberta's universities" if "the provincial government and our institutional leadership cannot provide scientific data of COVID-19 cases and vaccination rates on campuses to our associations" (Confederation of Alberta Faculty Associations, 2021).

In Ontario, the Council of Ontario Universities—self-described as "a non-partisan organization committed to working in partnership with government, industry, and community stakeholders in fostering student success and economic growth" (Council of Ontario Universities, n.d.)—played a significant role in influencing COVID-19 policy at Ontario PSIs, advocating for capacity limit exemptions (Zorić, 2021) and a provincial vaccine mandate—dubbed "safe pass" (McMaster University, 2021b). The University of Toronto's leadership in "a special COVID-19 working group formed by the Council of Ontario Universities to coordinate the sector's response to the pandemic" (University of Toronto, 2020f) suggests a principal role by this university in pandemic-related advocacy. Related evidence from the University of Waterloo—a PSI not included in this study—suggests that the Council of Ontario Universities played a key role in influencing (University of Waterloo, 2021) the Council of Ontario Medical Officers of Health to issue its influential August 24, 2021, letter recommending vaccine mandates and rejecting rapid testing alternatives (Council of Ontario Medical Officers of Health, 2021a) (rev. August 26 [Council of Ontario Medical Officers of Health, 2021b]). The letter was cited by the University of Toronto as a rationale for limiting rapid-testing alternatives in its vaccination policy (Vendeville, 2021a), and by the Information and Privacy Commissioner of Ontario in a related privacy ruling that found the University of Guelph's vaccination status disclosure policies in compliance with health law (University of Guelph [Re], 2022). McMaster University also cited the letter in its policy preamble (McMaster University, 2021i).

Finally, while policy documents frequently invoked "science," "public health advice," and "expert consultations" (University of Alberta, 2021b; Farrar & Tighe, 2022b; Kalvapalle, 2020d; UBC Board of Governors, 2022; University of Toronto, 2021d; University of Toronto, 2021g), very few contained actual data (UBC, 2021a; University of Toronto, 2022a; Vendeville, 2020). Rhetorical references to evidence were common, yet without specific citation of data or scientific sources—"The public health evidence is clear" (U of T News Team, 2021), "We know that being fully vaccinated lowers the risk of serious illness and hospitalization significantly" (Mema, 2021), "While vaccinated people can become infected, infection is much less likely as compared with unvaccinated people" (CUPE 3902, 2021b, p. 2), and so on.

At times, PSIs' news bulletins hyperlinked provincial public health websites, and trends in hospitalization and campus cases were occasionally cited, but specifics were rare (Kalvapalle, 2021a; Kalvapalle, 2022; University of Toronto, 2023). Both the University of Toronto and McMaster University appeared to have been heavily involved in knowledge production, with McMaster University's COVID-19 Evidence Network (McMaster University, 2021e) and the University of Toronto's affiliation with provincial advisory groups (University of Toronto, 2021a) suggesting access to data, but such evidence was largely absent from public policy statements.

Legal decisions shed further light on the treatment of scientific evidence, or rather, claims made about this evidence. For instance, in Costa, Love, Badowich, and Mandekic v. Seneca College of Applied Arts and Technology (2022), the court sided with evidence presented by the expert witness of the defendants—rather than that provided by the applicant's expert witness—on the basis that the latter witness "[attracted] considerably more controversy" (p. 3), even though both witnesses were similarly qualified. The arbitrator took note of the importance of academic freedom, but concluded that "particularly in areas in which the court has no pre-existing expertise of its own, caselaw compels us to hew closely to […] well-accepted views" (Costa, Love, Badowich, and Mandekic v. Seneca College of Applied Arts and Technology, 2022, p. 5).

In another case, Wilfred Laurier University v. United Food and Commercial Workers Union (2022), arbitrator Wright considered the relevance of the results of another union arbitration, *FCA Canada Inc. and Unifor Locals 195, 444, and 1285*, In this case, the arbitrator had ruled that the "mandatory vaccination policy before her had been reasonable when it was introduced [but] was no longer reasonable the date she released her award…," citing "increased transmissibility of the Omicron variant of COVID-19—which had become the dominant strain of the virus in the winter and spring of 2022," and concluding that the difference between the risk of transmission between a two-dose vaccine regimen and remaining unvaccinated was "negligible" (Wilfred Laurier University *v. United Food and Commercial Workers Union*, 2022, p. 21).

Without disputing the reasoning in the *FCA* award, arbitrator Wright accepted the University's argument that the current case was "distinguishable," because in the earlier one, the arbitrator had declared the policy unreasonable only in June 2022, after reviewing evidence available at that time. Because Wilfrid Laurier's vaccination mandate ended on May 1, 2022, Wright argued there was no evidence the *FCA* arbitrator had deemed comparable policies unreasonable "from March 1st, 2022, to May 1st, 2022, which is the relevant period in the present case" (Wilfred Laurier University, 2022, p. 27). In doing so, Wright evaluated the policy's "reasonableness" based on the *date* of the other arbitration decision, rather than on the scientific evidence—already widely available by late 2021 and early 2022, showing vaccines' sharply reduced effectiveness at preventing Omicron transmission (Andrews *et al.*, 2022). As a result, the decision arguably prioritized the formal timing of an external ruling over the actual epidemiological facts known at the time.

Regarding factors external to the PSIs' internal dynamics or public health authorities that may have influenced the decision-making process, our data provided little information on any such influence. While we identified an overarching theme of significant provincial and federal government investment in PSIs for (i) COVID-19 pandemic relief and (ii) COVID-19-related research, evaluating requests for proposals from government granting agencies was beyond the scope of our research. We note, however, that the Ontario government did provide more than $106 million to PSIs in the province "to help address the financial impact of COVID-19 on the post-secondary sector" (Ontario Newsroom, 2021), and that neither the University of Toronto, nor McMaster University, nor Redeemer University appeared on the list of PSIs that received relief funding. Instead, the lion's share of public funds invested in the University of Toronto and McMaster University during the pandemic was directed toward health research (Canadian Institutes of Health Research, 2020; Kalvapalle, 2020a), including the Canadian Hub for Health Intelligence and Innovation in Infectious Diseases (led and anchored by the University of Toronto) (Zou, 2023) that emerged from the university's pandemic response, and McMaster's Global Nexus and Canadian Pandemic Preparedness Hub (McMaster University, 2023; Donovan, 2023). These two are potential sources of influence, yet outside the scope of our study to evaluate.

Finally, the most noteworthy private sector instance was the apparent collaboration of the Toronto Board of Trade with the Council of Ontario Universities in the advocacy of a PSI vaccination requirement (McMaster University, 2021b). We also identified a similar influence at the University of Alberta, with the Confederation of Alberta Faculty Associations referring to "vaccine passport" advocacy by the Calgary Chamber of Commerce in their August 17, 2021, open letter calling for increased pandemic measures on Alberta campuses (Confederation of Alberta Faculty Associations, 2021). An empirical examination of these and similar influences—beyond the scope of our data—may also shed light on factors shaping COVID-19 policy in Canadian PSIs.

3.3. Equity, diversity, inclusivity, and bioethical principles

From the onset of the pandemic, Ontario PSIs consistently claimed to prioritize accessibility for students, staff, and faculty in adapting course delivery formats between virtual and in-person learning. Statements across the institutions referenced "accommodations" for students (Amara, 2021; Flanagan, 2022a; Return to McMaster Oversight Committee, 2021), for instance, those "not able to attend in-person course components for various reasons" (University of Alberta, 2020b, p. 3) and "accommodations for staff with young children" (University of Alberta,

2020c, pp. 7-8), though details on the nature of these accommodations were often vague. Faculty and staff associations played a significant role in supporting members' requests for accommodations, especially when health-related concerns were involved, such as immunocompromised status, pregnancy, age, or other medical vulnerabilities (Association of Administrative and Professional Staff at UBC, 2021a; CUPE 3902, 2021a; McMaster University Faculty Association, 2020c; Cynthia Messenger, 2020b; Richardson, 2021b). Similarly, the Ontario Undergraduate Student Association argued that "immunocompromised students should have access to academic accommodations to continue receiving access to high-quality education without sacrificing their health or getting exposure to COVID-19" (Abou-Rabia *et al.*, 2021).

Concerning accommodating requests for exemptions to medical mandates, all PSIs included provisions for exemptions to masking requirements, though specifics were not always clear. Policies at the University of Toronto, McMaster University, University of Alberta, and UBC acknowledged general exemptions on grounds of physical or mental health (University of Toronto, 2020e; McMaster University, 2020d; University of Alberta, 2020d; UBC, 2020c), while the University of Toronto and UBC further specified exemptions where visual access to the mouth was required for communication, for instance, with deaf or hard-of-hearing individuals. University of Toronto's policy also stipulated that "members of the community should not ask colleagues, students, or others at the University for supporting documentation or other proof regarding exemptions" (University of Toronto, 2020e, p. 7), except where health and safety were at risk. In contrast, the University of Alberta's policy required a formal process with medical documentation from a physician or faith leader for exemptions (University of Alberta, 2021e). For its part, records from Redeemer University offered few details beyond dates of mask mandate implementation and withdrawal, noting that accommodations were available upon request, but did not specify the process (Redeemer University, 2020a).

Vaccination requirements generated significantly more discussion on ethics and equity than masking mandates, particularly regarding their exemption processes. Faculty advocacy in support of vaccination mandates frequently appealed to the need to protect vulnerable populations. For example, in its August 9, 2021, letter, the UBC Faculty Association explicitly invoked the university's diversity, equity, and inclusion commitments, stating that the institution was "[obliged] to its most vulnerable members [and their families] – those with chronic illnesses, those with disabilities, those who are immunocompromised" (Richardson, 2021d, p. 2) to implement a vaccine mandate. The ethical focus largely converged on the process of obtaining exemptions under vaccination policies. Both the University of Toronto's (Kalvapalle, 2021a) and McMaster University's (McMaster University, 2021g) residence mandates and their subsequent campus-wide requirements (McMaster University, 2021i; University of Toronto, 2021c) allowed for exemption requests based on grounds protected by provincial human rights codes. The University of Alberta's mandate also offered exemptions, but included language discouraging remote work as a means of avoiding compliance, unless the case qualified under human rights accommodations (University of Alberta, 2021f). In contrast, UBC and Redeemer University, whose policies relied on rapid testing rather than vaccination mandates, did not appear to maintain formal exemption processes (Redeemer University, 2024; UBC, 2022b).

In practice, the review process to consider exemptions involved discretionary approval by university-appointed teams. McMaster University, for instance, reported that non-medical requests were reviewed by its Human Rights and Dispute Resolution Team, with guidelines prepared "with input from McMaster's Chaplaincy Centre, Equity and Inclusion Office and Legal Services Office" (Michalski *v. McMaster University*, 2022, p. 8). Similarly, the University of Toronto indicated that all their vaccination exemptions had been "closely reviewed to ensure they align with guidance from the province's Ministry of Health and the Ontario Human Rights Commission" (Vendeville, 2021b). Nevertheless, both institutions initially indicated they anticipated approved exemptions to be "rare" (University of Toronto, 2021d) or only a "very small number" (McMaster University, 2021j). This position was reflected in the low number of approvals at the University of Toronto, which reported 22 exemptions granted across its three campuses by October 1, 2021, representing 0.03% of the 76,000 registrants on its vaccine app (Vendeville, 2021b). McMaster University reported receiving 117 medical exemption requests and 470 non-medical ones, mostly from students, but approval rates were unspecified (Michalski *v. McMaster University*, 2022). Additional records, external to our investigation and obtained via a freedom of information request from the University of Toronto, revealed that, of 217 medical exemption requests received, the school granted 25, and of approximately 700 creed-based exemption requests received, the school granted 13 (University of Toronto, Freedom of Information and Protection of Privacy Office, 2023).

This high barrier to exemptions reflected broader legal contestations around the definition of "legitimate" accommodation under human rights law. Several rulings

from Ontario and other provinces rejected challenges based on "personal beliefs and convictions" as insufficient to meet the standard for creed-based exemptions. For example, in Costa, Love, Badowich, and Mandekic v. Seneca College of Applied Arts and Technology (2022, p. 15), the court determined that the applicants' refusal to vaccinate was opinion-based rather than credibly linked to protected grounds. In Wilfrid Laurier University v. United Food and Commercial Workers Union (2022, pp. 25-26), while arbitrators acknowledged sincere religious beliefs, they concluded these did not outweigh public health rationales for the mandate. A similar position was upheld in Ortiz v. University of Toronto (2022, p. 6), where the adjudicator ruled that the applicant's creed claim did not meet the legal criteria, despite being sincerely held. McMaster University echoed this stance in court, quoting their internal "guideline for assessing Covid-19 vaccination exemption requests based on the human rights ground of creed," which asserts that "personal beliefs and convictions, political positions, concerns about medical science, etc., are not creed" (Michalski *v. McMaster University*, 2022, p. 8).

Debates over the unenrollment and termination of unvaccinated or not fully vaccinated members of the academic community revealed tensions between competing interpretations of equity. On the one hand, equity was framed as the obligation to protect vulnerable groups, such as immunocompromised individuals, from the perceived threat posed by non-compliant members. On the other hand, equity was also invoked in calls for flexibility and accommodation, positioning those seeking exemptions as themselves deserving of protection and inclusion, although less frequently. Thus, the ability of unvaccinated or undisclosed-status students to remain enrolled during mandate periods was unclear.

While policies generally targeted on-campus attendance, there was contradictory language across institutions about whether non-compliant students would be unenrolled from courses. For example, McMaster University's Board of Governors discussed unenrollment processes for students without exemptions (McMaster University, 2021a), though later meeting records suggest that students might be allowed to remain enrolled, but barred from physical campus access (McMaster University, 2022a). UBC debated similar issues within its Senate, where discussions arose about deregistering students non-compliant with the testing and disclosure regime, with some senators arguing this was unjustifiable given the "inaccuracy of rapid testing and the hyper-sensitivity of [polymerase chain reaction] tests" (UBC, 2021b, pp. 8-9) and others pressing for strict enforcement. Ultimately, the university passed a motion allowing deregistration only "from courses where an online option or accommodation is not available" (UBC, 2021b, p. 11), though whether this was enforced remains unclear (Richardson, 2021f). Redeemer University, which never mandated vaccines, consistently provided dual delivery options as an alternative to vaccination or vaccination status disclosure (Foster, 2021; Redeemer University, 2024).

The employment consequences for non-compliant faculty and staff were also ambiguous. Policies at the University of Toronto (University of Toronto, 2021c), McMaster University (McMaster University, 2021i), the University of Alberta (University of Alberta, 2021f), and UBC (UBC, 2022b) mentioned potential disciplinary action, including termination, for failure to comply with vaccination or masking requirements. However, records provide little detail on how frequently or under what conditions these measures were enforced. For example, the University of Toronto stated that unvaccinated employees "needed on-site but not vaccinated" would be moved to unpaid status, but the long-term approach remained under discussion (University of Toronto, 2021e). Similarly, McMaster University's administration indicated "ongoing work" with labor groups to manage these situations, but did not specify outcomes (McMaster University, 2021a). Legal data reviewed in this study revealed at least one termination case at Georgian College related to mandate non-compliance, although the termination was framed as having arisen from alleged misconduct during the dispute processes, rather than the mandate violation itself (Georgian College v. Ontario Public Service Employees' Union, Local 349, 2021).

While faculty and staff associations overwhelmingly advocated for stronger measures for students, their stance on labor protections for their own unvaccinated members was more cautious. University of Toronto's CUPE division, for example, asserted that "workers must not be disciplined, terminated, or subjected to harassment based on vaccination status" and emphasized respect for "Duty to Accommodate" (CUPE 3261, 2021). McMaster University's CUPE branch, however, proffered that arbitrators might uphold terminations for refusal to vaccinate, because in their view, "vaccination status [was] not a protected human rights ground" (CUPE 3902, 2021b, p. XX), underscoring the legal vulnerability of dissenting employees.

Be that as it may, legal challenges against PSI COVID-19 policies—whether targeting the mandates themselves or the unions' failure to grieve them on behalf of their members—almost universally failed. Courts and arbitrators consistently found that vaccination mandates did not constitute coercion or discrimination when implemented with allowance for exemptions consistent with human

rights law (Costa, Love, Badowich, and Mandekic v. Seneca College of Applied Arts and Technology, 2022; Hawke v. Western University, 2022; Ortiz v. University of Toronto, 2022). Rulings appeared to rely primarily on the views of the Ontario Human Rights Commission, which made its position clear, in September 2021, that "a person who chooses not to be vaccinated based on personal preference does not have the right to accommodation under the Code" (Wilfrid Laurier University v. United Food and Commercial Workers Union, 2022, p. 5). In one Manitoba Labor Board case, a union was found not to have breached its duty of fair representation by choosing not to oppose the institution's mandate, even where certain members disagreed with the policy" (S.C.S. v. The University of Winnipeg Faculty Association, Collegiate Division, 2022, p. 11).

The University of Alberta's COVID-19 Vaccination Working Group was among the few internal bodies to voice significant ethical and legal concerns about vaccination mandates. Its March 2021 report cautioned that such requirements could violate bodily integrity and privacy rights, warning of potential conflict with collective agreements and Freedom of Information and Protection of Privacy legislation (University of Alberta COVID-19 Vaccination Working Group, 2021). The report recommended against mandating vaccines or requiring proof of immunization, citing logistical, legal, and resource constraints. However, University of Alberta leadership later implemented a vaccination disclosure and testing requirement, followed, as previously discussed, by a full mandate, without further reference to the Working Group's conclusions.

The tension between health data privacy and enforceability of mandates was a recurring theme, with privacy and data management issues surfacing frequently. Thus, while some associations pressed for greater verifiability, even at the cost of disclosure, others expressed discomfort with the surveillance potential of mandates, leading to tensions within institutions. For example, as early as March 2020, McMaster University debated concerns about disclosure of private medical information, such as COVID-19 infection status, versus community protection (McMaster University, 2020a). Later, in 2021, its CUPE branch assured members that vaccination data would remain confidential from supervisors (CUPE 3906, 2021). The UBC Faculty Association raised similar concerns in April 2021 about members with "COVID-19 health-related vulnerabilities" being asked for "personal health information" upon seeking accommodations for in-person teaching (Richardson, 2021a), but did not appear to maintain this critique during their later advocacy for vaccine mandates.

Masking policies also intersected with privacy concerns. University of Toronto's guideline against asking others for exemption documentation was criticized by the CUPE, which argued that this policy left employees unable to verify which students had "approved accommodations," and complained that the university was "deferring its health and safety responsibilities to the honor system" (CUPE 3902, 2021a). University of Alberta's faculty association (Association of Academic Staff University of Alberta, 2021) and the University of Toronto's student union (University of Toronto Students' Union Executive Committee, 2021b) similarly criticized self-attestation policies that relied on declarations rather than proof of vaccination. Even after the University of Toronto shifted to requiring vaccination proof, its faculty association advocated for using official government QR codes instead of the university's internal app that did not distinguish between vaccinated and exempt individuals (University of Toronto, 2021g).

4. Discussion

This study analyzed how five Canadian PSIs represented the problem of COVID-19, structured their decision-making processes, and navigated the ethical, equity, and legal implications of their policy responses. Across the three areas examined—problem representation, decision-making process, and ethical tensions—a dominant logic emerged: Institutional actions were grounded in the assumption that physical safety, defined primarily as the avoidance of viral transmission, was the central problem to be solved. This problem representation hinged upon two core premises: (i) The virus represented an "equal opportunity" lethal threat, and (ii) the measures would effectively stop viral transmission. As a result, stopping viral spread was treated not only as a public health objective but also as an ethical imperative, worth overriding any other ethical consideration—educational access, procedural inclusivity, and bodily autonomy.

Measures such as campus closures, masking, distancing, and later, vaccination mandates, were positioned as necessary to counter an existential threat. Faculty, staff, and student associations frequently supported these measures, emphasizing health risks to vulnerable populations, though their demands also highlighted anxieties around workload, academic continuity, and mental health. The rollout of vaccines and the introduction of mandates reframed the core problem from stopping transmission to ensuring vaccine uptake, equating uptake with reduced transmission, physical safety, and moral citizenship, with little empirical evidence to support these claims.

Decision-making processes revealed a pattern of centralized, executive-driven policy formation, typically

bypassing or limiting the role of traditional collegial governance structures. Senior administrators, specialized committees, and emergency working groups shaped most decisions, with faculty, student, and staff associations essentially positioned as outside advocates rather than decision makers, albeit almost always in favor of greater restrictions. Although public health guidance was routinely invoked, institutional policies frequently exceeded minimum public health requirements, suggesting an autonomous escalation by PSI leadership. We propose that these governance patterns, marked by top-down decision-making and limited community–member participation, did not emerge in isolation; instead, they reflect long-standing tensions in Canadian post-secondary governance, where the original commitment to bicameralism and academic autonomy has been increasingly challenged by managerial/technocratic approaches, growing corporate influences, and the rise of opaque, executive-centred governance models (Canadian Union of Public Employees, 2019; Giroux *et al.*, 2015; Jones *et al.*, 2001).

While our study did not identify overt conflicts of interest in COVID-19 policy formation, the centralization of authority and lack of transparency observed resonate with these broader governance critiques. These include concerns about the influence on institutional policy of corporate partnerships and funding streams that illustrate the virtual fusion of academic and commercial interests and logic—pursuits as diverse as cutting-edge technologies, science and engineering innovations, equitable procurement, and global health challenges—intended to tackle society's most pressing issues (Crljen, 2023; Fiorentino, 2024; York University, 2023).

Finally, the ethics, equity, and human rights dimensions of PSI pandemic responses were framed as being informed by a moral imperative to protect the public good in general and vulnerable groups in particular. However, we identified many unresolved tensions—for instance, non-compliance with mandates was often punished, and, as noted in the literature, their development and implementation frequently excluded the views and lived experiences of individuals within those same populations (Childs & Taylor, 2024; Taylor & Charran, 2023).

Furthermore, these commitments often collided with the punitive enforcement of mandates and the selective protection of human rights, whereby the rights of an "othered"—marginalized and often demonized—social group were framed as being worth less than those of the dominant majority. In particular, equity discourse foregrounded vaccination policies, which simultaneously excluded or disciplined dissenters, leading to student deregistration and faculty or staff suspensions or terminations (CityNews Kitchener Staff, 2022; Dewan, 2021; Edwardson, 2021; Lupton, 2021; Moore, 2022; Oromoni, 2022; Teotonio, 2022). Although formally in place, accommodation processes were restrictive, and successful exemption requests were exceedingly rare. Legal challenges to PSI policies largely failed, with courts and arbitrators siding with institutional interpretations of human rights codes and granting only limited exemptions. Together, these findings illustrate how problem-framing, governance patterns, and equity discourse intersected in ways that prioritized an alleged collective safety while dismissing or ignoring scientific evidence incompatible with the dominant problem representation (more on this point shortly), ethical deliberation, and democratic decision-making.

A central claim underlying COVID-19 mandates in Canadian PSIs has been the existence of a "scientific consensus" regarding the need for interventions such as mass masking, lockdowns, testing, and, most importantly, mass vaccination across all demographics. This framing, originally articulated in a 2020 Lancet article (Alwan *et al.*, 2020), was upheld well after the WHO, in May of 2023, declared the end to the global public health emergency, even as many public health agencies continued to promote mass vaccination for individuals as young as 6 months old as late as May 2025 (CDC, 2024; Public Health Agency of Canada, 2024). Challenges to this framing were frequently dismissed as "misinformation" (Columbia University School of Professional Studies, 2024; Department of Homeland Security, 2019; GDI, n.d.), creating an "illusion of consensus" (Yousif *et al.*, 2019, p. 1195) manufactured through the enforcement of consent, the foreclosure of debate, and the suppression of dissent—all these at odds with the normative values of higher education.

Contrary to this assumed consensus, substantial and well-documented scientific evidence consistently demonstrated that COVID-19 posed minimal risk to young adults—the primary population in PSIs. Pre-vaccine era infection fatality rates in this demographic group were below 0.02%, roughly 140 times lower than for individuals aged 70 and above (COVID-19 Forecasting Team, 2022; Pezzullo *et al.*, 2023), whereas risks of poor outcomes were concentrated among aged and institutionalized individuals, especially those with multiple comorbidities (Kompaniyets, 2021). It should be noted that these individuals could have been afforded "focused protection" (Battacharya *et al.*, 2020; Kulldorff *et al.*, 2020), early treatment when necessary, and even preventive measures (Derwand *et al.*, 2020; Kerr *et al.*, 2022; Kory *et al.*, 2021; McCullough *et al.*, 2021; Risch, 2020)—medical and policy measures that would have

rendered it unnecessary to suspend normal societal functioning for most people. Furthermore, outbreak data repeatedly showed that educational institutions, dominated by young populations, were not significant sites of transmission (Ludvigsson *et al.*, 2021).

The mandates also disregarded long-established public health guidance, including the WHO's 2019 recommendations against measures such as mass masking of healthy populations, lockdowns, and quarantining healthy individuals—practices shown to be not only ineffective for respiratory viral pandemics but also associated with serious collateral harms (WHO, 2019). Indeed, early evidence indicated that lockdowns, masking, and vaccine mandates would result in profound physical, psychological, emotional, social, and educational harms, particularly affecting younger populations (Bardosh *et al.*, 2022; Bavli *et al.*, 2020; Glover *et al.*, 2020).

Early evidence from Wuhan demonstrated that among nearly 10 million tested individuals, asymptomatic positives were exceedingly rare, with no detected spread among close contacts (Cao *et al.*, 2020), calling into question the oft-cited claim that even healthy individuals could inadvertently represent a lethal threat—a claim used to justify continuing mass testing, isolation, and vaccination (Mandavilli, 2020; Stobbe, 2020). In the summer of 2020, it was also revealed that many public health agencies, national and local, for instance, the CDC in the United States (Schreiber, 2022) or Toronto Public Health, were overestimating COVID-19 deaths by including in the case counts "individuals who have died with COVID-19, but not as a result of COVID-19" (@TO Public Health, 2020). These and other similar occurrences jointly suggest that the rationale for isolating and locking down the healthy lacked the empirical foundation claimed by proponents.

Beyond non-pharmaceutical interventions, the claim that COVID-19 vaccination would prevent infection and transmission was undermined early in the vaccination campaign. For instance, by spring 2021, the CDC had documented over 10,000 "breakthrough infections"—in reality, vaccine failures—a figure that prompted the agency to stop tracking such cases unless they led to hospitalization (CDC COVID-19 Vaccine Breakthrough Case Investigations Team, 2021). Subsequent studies, such as one in the European Journal of Epidemiology—covering 68 countries and 2,947 United States counties—confirmed no correlation between vaccination rates and COVID-19 case rates (Subramanian & Kumar, 2021).

Eventual recalculations of COVID-19 death counts by Canadian health authorities would reveal overreporting based on flawed diagnostic criteria (CBC News, 2022)—all of which jointly suggest that the rationale for mandates lacked scientific foundation. Crucially, early COVID-19 seminal vaccine trials did not assess prevention of transmission, hospitalizations, or deaths as clinical endpoints (Doshi, 2020; Pfizer, 2022), further reinforcing this point. Subsequent research has shown that repeated boosting with bivalent formulations may be associated with a higher, not lower, risk of infection (Shrestha *et al.*, 2023), while natural immunity has proven more robust and durable than vaccine-induced immunity (Chemaitelly *et al.*, 2022a; Chemaitelly *et al.*, 2022b; Gazit *et al.*, 2022).

Meanwhile, mounting evidence points to significant adverse events linked to COVID-19 vaccines, including myopericarditis in young adult males (Naveed *et al.*, 2022), negative impacts on the menstrual cycle (Chao *et al.*, 2022; Rodríguez Quejada *et al.*, 2022), cerebral venous sinus thrombosis, and Guillain–Barré syndrome (Faksova *et al.*, 2024), along with an observed versus expected ratio of 3.78 for acute disseminated encephalomyelitis, 3.23 for cerebral venous sinus thrombosis, and 2.49 for Guillain–Barré syndrome, and an excess risk of serious adverse events of special interest, including death, between 10.1 and 15.1 (Fraiman *et al.*, 2022). Furthermore, independent analyses have estimated excess risks of serious adverse events far exceeding original trial reports, concerningly, among the young (Buchan *et al.*, 2022; Karlstad *et al.*, 2022; Mansanguan *et al.*, 2022). Clearly, claims about a consensus around the safety, effectiveness, and necessity of the measures embraced by Canadian PSIs collapse under scrutiny.

Finally, arguments that mandates were ethical because students could simply withdraw, or faculty and staff could pursue other employment opportunities (Trosow & Lowe, 2021), ignore the coercive nature of such policies, and violate the right to informed consent (Shuster, 1997). Other fundamental bioethical principles, including proportionality, non-maleficence, and the precautionary principle, support the argument that bodily rights are non-negotiable, even if an intervention did promote the public good (United Nations Educational, Scientific and Cultural Organization, 2005)—and even more so when its scientific foundation is highly contested (Kriebel *et al.*, 2001).

This study is shaped by methodological limitations that merit acknowledgment. Some might ask: With only five universities analyzed—out of 223 public and private universities and 213 public colleges and institutes (Council of Ministers of Education, Canada, nd)—can these findings claim to reflect broader governance patterns or ethical challenges across the sector? The answer lies in the nature of qualitative inquiry, which does not aim for statistical generalizability but rather explanatory depth and contextual insight (Tracy, 2010). Our selection of

five institutions was intended not to be exhaustive, but illustrative, allowing for a close examination of policy documents, union statements, and legal rulings across diverse institutional contexts. Nonetheless, the inclusion and close examination of the requests for proposals from government granting agencies may have shed further light on how factors external to PSIs might explain some of the similarities and differences identified across universities in their COVID-19 policy response.

Another concern is the comprehensiveness of our sample. Given the potentially infinite number of relevant communications—internal memos, email exchanges, informal statements, conversations behind closed doors, and classified documents accessible only through formal access to information requests—does our selection from within this universe of possible documents not risk undermining our conclusions? Once again, qualitative research proceeds on the principle of theoretical saturation, not data exhaustiveness (Bowen, 2008). While we cannot claim to have captured every document relevant to COVID-19 policy decision-making, we have analyzed a wide enough array to identify recurring themes in problem representations, governance patterns, and ethical tensions. The risk of missing isolated documents does not negate the consistent trends identified across the materials studied.

The process of collecting documents for analysis was inherently limited by the variability and opacity of record-keeping systems used by the institutions we analyzed. Decisions on which websites to scope and how to do so (e.g., by manual search or Python scraper) were made by an often-naïve exploration of the primary websites of the institutions in question (in the case of *Governance Documents*) or a simple Google search (in the case of *Association Documents*). As such, relevant materials hosted in places external to these websites, including subsites or websites not readily cataloged by Google, e.g., McMaster University's COVID-19-news subsite (https://covid19.mcmaster.ca) and UBC's Senate subsite (https://senate.ubc.ca), were unknown to us at the beginning of the scoping process. If relevant repositories of material were identified early enough in the process, they were integrated into the project; however, those that were identified after document analysis was already well underway, such as UBC's Senate minutes, had to be omitted.

It is also worth anticipating the challenge that qualitative analysis, being interpretive, is inherently subjective. This is true, but subjectivity does not mean arbitrariness. Rather, it reflects the critical judgment, transparency, and reflexivity of the researcher, which in turn enhances the epistemic integrity and validity of the work (Malterud, 2001). In the qualitative tradition, the emphasis is not on generalizability in the statistical sense, but on generalizability—the relevance and adaptability of a study's findings to other contexts (Drisko, 2025). By providing sufficient contextual detail and clarity about methods, we invite, rather than preclude, such critical engagement by other researchers in the field.

5. Conclusion

The COVID-19 event prompted extraordinary policy responses across Canadian PSIs, grounded in problem representations that framed viral transmission as an existential threat and compliance with public health directives as scientific and moral imperatives. This framing legitimized coercive measures and obscured inconvenient evidence, competing ethical principles, and the lived experiences of many members of the academic community affected by these policies. Decision-making processes were centralized, collegial governance was sidelined, and equity discourse was invoked to suppress non-conforming views.

Nevertheless, one might reasonably ask: given the unprecedented nature of the COVID-19 pandemic, was it not prudent—even ethically necessary—for universities to err on the side of caution and defer to public health expertise? Would tolerance for dissent, deeper deliberation, or greater procedural transparency not have simply slowed urgently needed action? Would slowing down such action not have undermined equity, particularly for vulnerable populations? These questions deserve thorough consideration, yet they rest on the premise of a real, immediate emergency—by nature, a limited event, such as an earthquake, requiring rapid and extraordinary measures.

Our findings suggest a different dynamic. They point to a socially constructed "state of exception" (Agamben & Dani, 2021), in which the prolonged and diffuse sense of crisis was invoked to justify a wide range of exceptional measures. However, contrary to the logic of precaution, what universities implemented was not an exercise in caution but in narrow risk framing. By focusing almost exclusively on reducing SARS-CoV-2 transmission, institutions sidelined the broader harms their policies caused—educational, psychological, immunological, and legal, among others. Applying the precautionary principle in its full sense would have required minimizing harm across all these domains (Goldstein, 2001; Kriebel *et al.*, 2001), especially as evidence of the virus's age-stratified risk profile and the collateral damage of mandates became increasingly available. Most importantly, our findings reveal that this dynamic enabled institutions to suspend debate, suppress dissent, rely on top-down decision-making, and adopt public health directives without critical

scrutiny—measures that would otherwise have provoked significant resistance.

As to the important question of equity, our analysis of exemption policies illustrates that governance structures were not neutral vehicles for inclusion, but active sites where administrative authority was asserted, dissent was contained, and the terms of participation were unilaterally defined. Exemptions were treated not as entitlements grounded in rights or fairness, but as discretionary exceptions managed through opaque procedures.

To conclude, we present our findings as an invitation to critically rethink how universities govern, decide, and justify their policies. Institutions of higher learning, devoted to critical inquiry and ethical leadership, are uniquely positioned to model better approaches—ones that truly embrace diversity, invite dissent, and prioritize transparency, humility, and fairness. However, doing so requires confronting not only the details of the COVID-19 policy response but also the patterns of governance that have enabled top-down, opaque decision-making to persist. The erosion of collegial governance, the marginalization, demonization, or suppression of dissident voices, and the influence of a corporate logic on institutional priorities are not new phenomena, but their consequences become especially visible under real or perceived crises. Rather than reinforcing the illusion of consensus, higher education can choose to foster a culture of debate, deliberation, and democratic engagement—qualities that are not only essential in times of crisis, but foundational to the mission of post-secondary education itself.

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Conflict of interest

The authors declare they have no competing interests.

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Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Availability of data

All data were obtained from publicly accessible institutional and legal websites. A curated and archived collection of these publicly available documents, compiled to ensure transparency and reproducibility, is available at: https://drive.google.com/drive/folders/1UED6pPf4xVJQjBy1p30Qq3QQgm90meAo?usp=drive_link.

Further disclosure

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