

## Open Letter Response

Dear Minister Copping,

In your statement issued Sept 29, 2021 in response to the Open Letter written by Healthcare Professionals United, you stated numerous misconceptions and erroneous allegations. Again, we would like to acknowledge that you took the time to read our letter. We believe that open dialogue is essential for a healthy democracy. As noted previously, we will continue to counter your false statements with scientific literature to support our claims. Once again, we must reiterate that our letter was specifically against MANDATED vaccinations as explicitly stated in the second paragraph of our letter. We are not “anti-vaxxers” as many will claim or assume. We are pro-choice for medical treatments after fully informed consent. The arguments we presented are not specifically against vaccines but are used as justification for our resistance to mandatory vaccinations imposed by Alberta Health Services in order for those of us who are unvaccinated to continue to serve the public.

In this letter, we will provide solid scientific evidence regarding the presence and effectiveness of natural immunity. In your letter, you stated *“What we do know is that you have much more protection if you also get immunized, even if you’ve been infected. There’s some evidence that antibodies from natural immunity decline after three months, while protection from vaccines lasts longer.”*

Natural immunity occurs routinely and is robust even after mild infection with SARS-CoV-2. This was reported directly in May 2021 in the prestigious Nature journal where they state, “Overall, our data provide strong evidence that SARS-CoV-2 infection in humans robustly establishes the two arms of humoral immune memory: long-lived BMPCs and memory B cells.” And they concluded, “Overall, our results indicate that mild infection with SARS-CoV-2 induces robust antigen-specific, long-lived humoral immune memory in humans.” (1)

A real-world study completed in Austria investigated the data from over 8,900,000 individuals with regards to re-infection after infection with SARS-CoV-2. They found only 40 infections in 14,480 previously infected people. They conclude, “...we observed a relatively low tentative re-infection rate of SARS-CoV-2 in Austria that suggests a similar protection against SARS-CoV-2 infection compared to vaccine efficacies.” (2)

The pre-print article “Necessity of COVID-19 vaccination in previously infected individuals” looked at 1359 previously infected but unvaccinated individuals and compared them with 20,804 individuals not previously infected. There were also 1220 individuals who were previously infected and vaccinated. Over the 5 months study period, not one patient who was previously infected and unvaccinated (1359) or previously infected and vaccinated (1220) got infected. Fifteen infections occurred in vaccinated people without previous infection (28,855 by end of the study). Infections occurred in 2139 people who were not vaccinated and not previously infected (49,652 at the beginning of the study and 16,920 at the end of the study). The authors suggest, “...that SARS-CoV-2 infection may provide protection against reinfection for 10 months or longer.” They conclude, “...individuals who have laboratory-confirmed symptomatic SARS-CoV-2 infection are unlikely to benefit from COVID-19 vaccination, and vaccines can be safely prioritized to those who have not been infected before.” (3)

We could report many more individual published papers supporting these statements but will refer you to a Systematic Review that was recently published in Evaluation & The Health Professions that

concludes, “The protective effect of prior SARS-CoV-2 infection on re-infection is high and similar to the protective effect of vaccination.” (4)

Furthermore, the evidence from many of these studies documents repeatedly that natural immunity lasts for at least one year and the length of time (please see references especially the systematic review) is limited by the length of the studies performed. A recently published study by Zhang, et al. states, “SARS-CoV-2-specific cellular and humoral immunities are durable at least until one year after disease onset.”(6) This compares extremely positively to the rapidly waning immunity noted in mRNA vaccines in periods as brief as 6 months as concluded in a recent study published in the Lancet that states, “Six months after receipt of the second dose of the BNT162b2 vaccine, humoral response was substantially decreased, especially among men, among persons 65 years of age or older, and among persons with immunosuppression.” Another study, funded by Pfizer and published in the Lancet, demonstrates an even more dismal real-world durability of the Pfizer vaccine, “Effectiveness against delta infections at 1 month after being fully vaccinated was high at 93% (85–97) but fell to 53% (39–65) up to 5 months after being fully vaccinated.” (7) The data is clearly worse for infection vs hospitalization and death but that is irrelevant in the scenario of mandatory vaccinations to protect those at risk. In fact, natural immunity to SARS viruses have been documented up to 17 years! (8). This was known over a year ago as it was published in the well-known journal Nature in July 2020, making your statement of “*There’s some evidence that antibodies from natural immunity decline after three months, while protection from vaccines lasts longer.*” patently absurd.

As you can see, there is a significant body of evidence that demonstrates natural immunity is equal to or better than vaccinated immunity and this natural immunity lasts significantly longer despite your assertions or what some might term “misinformation”. We continue to ask for the justification for mandating vaccination to all health care workers, especially those who have previously been infected with SARS-CoV-2. Why are the government and AHS putting out a narrative that vaccination is the ONLY way to get through this pandemic? Based on the poor track record of lasting immunity demonstrated by mRNA vaccines, are the government and AHS planning on demanding booster shots every 6 months indefinitely with all the attendant risks with each shot? Should the population be aware that this is what is going to be expected for the foreseeable future? Booster after booster with increasing rates of adverse events each time or else they will be shunned as the “unvaccinated” if they don’t comply? We urge you, Minister Copping, to read the actual scientific literature out there. In fact, we will provide a link to a website that will review 29 separate studies which can be found at reference (9) so you can easily access this literature. This should be mandatory reading for someone in the position of Minister of Health. Mandatory vaccinations are an arbitrary and reactive measure with little, if any, scientific backing. There is scant, if any, evidence of unvaccinated healthy healthcare workers transmitting SARS-CoV-2 to patients. We demand that you rescind these vaccine mandates and instill appropriate measures including early treatment to curb COVID-19 and its knock-on effects.

## References

1. SARS-CoV-2 infection induces long-lived bone marrow plasma cells in humans.  
(<https://www.nature.com/articles/s41586-021-03647-4>)

2. SARS-CoV-2 reinfection risk in Austria.  
(<https://onlinelibrary.wiley.com/doi/pdf/10.1111/eci.13520>)
3. Necessity of COVID-19 vaccination in previously infected individuals.  
(<https://www.medrxiv.org/content/10.1101/2021.06.01.21258176v3.full.pdf>)
4. A systematic review of the protective effect of prior SARS-CoV-2 Infection on Repeat Infection.  
(<https://journals.sagepub.com/doi/full/10.1177/01632787211047932>)
5. Waning immune humoral response to BNT162b2 Covid-19 vaccine over 6 months.  
([https://www.nejm.org/doi/full/10.1056/NEJMoa2114583?query=featured\\_home](https://www.nejm.org/doi/full/10.1056/NEJMoa2114583?query=featured_home))
6. One-year sustained cellular and humoral immunities of COVID-19 convalescents.  
(<https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab884/6381561>)
7. Effectiveness of mRNA BNT162b2 Covid-19 vaccine up to 6 months in a large integrated health system in the USA: a retrospective cohort study.  
([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02183-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02183-8/fulltext))
8. SARS-CoV-2-specific T cell immunity in cases of COVID-19 and SARS, and uninfected controls.  
(<https://www.nature.com/articles/s41586-020-2550-z>)
9. Natural immunity and Covid-19: Twenty-nine scientific studies to share with employers, health officials, and politicians. (<https://brownstone.org/articles/natural-immunity-and-covid-19-twenty-nine-scientific-studies-to-share-with-employers-health-officials-and-politicians/>)