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Dear Mr. Parker,

We are a group of vaccinated and unvaccinated members who oppose the threat to all employees of unpaid suspension, and ultimately dismissal, from our employer (Alberta Health Services and all its subsidiaries) for deciding they cannot take one of the controversial COVID-19 vaccines as mandated. We urge you to reconsider your position of support for our employer's vaccine mandate policy and start representing **all of your members** under the collective bargaining agreement, not just those members who align with your particular stance. You gave a statement to your members that the decision to mandate COVID-19 vaccines "must be based on science and come from Public Health authorities" (Health Sciences Association of Alberta, 2021a), but we have yet to see supported research from HSAA on this issue that includes the science and implications of this mandate. You also indicated that the decision must be based on "risk and evidence" and "not be made by politicians or employers, who have no business imposing unilateral directives in a workplace with health and safety issues" (Health Sciences Association of Alberta, 2021a). We agree and we have yet to be provided any convincing analysis of the direct risk and evidence of SARS-CoV-2 transmission in our workplaces.

According to the Alberta Health Services (AHS) update memo sent out to employees on October 22, 2021, there were 8,345 employees (Yiu & McDougall, 2021) of 121,100 AHS and APL employees (Alberta Health Services, 2021a) who tested positive for COVID-19 which is 6.9% of our workforce. They were able to determine that 654 of those positive cases acquired their infection through a workplace exposure (Yiu & McDougall, 2021). This only represents 0.54% of total employees. We would propose the risk of AHS employees acquiring the infection at work is very low. In addition, the memo does not indicate if these cases were severe or even significant symptomatic cases; we are aware that people can be asymptomatic and still test positive. How many of these cases were symptomatic and how many were confirmed to have passed COVID-19 onto their patients? We would like to see concrete data concerning these questions, as well as data on the "significant morbidity" caused by health care workers transmitting the virus.

HSAA's support for this mandate contradicts your own position statements which emphasize the goal to enhance the quality of life for all its members (Health Sciences Association of Alberta, 2021b). We challenge HSAA to speak to these position statements and acknowledge the breakdown of their commitment to all of their members. Moreover, in supporting a policy that

will inevitably result in the removal of a significant number of frontline healthcare providers, HSAA is also complicit in compromising the safety and well-being of patients, residents, and healthcare clients throughout the province. Aman Grewal, Vice President of the BC Nurses Union, recently challenged mandatory immunization for its members stating, “any order which is served that will remove a single nurse or any other healthcare worker from the healthcare system at a time of crisis is not something that we will support” (Letterio, 2021). We challenge HSAA to justify its support of a policy that will force allied health professionals off the front lines during a pandemic that has already caused unprecedented rates of staff burnout and dire staff shortages.

This letter will address several issues, including our legitimate concerns for our representation by HSAA, the laws and ethics involving our employer’s policy, and the science surrounding COVID-19 vaccines. The letter is not meant to be exhaustive, or a complete statement of facts or position. It is also not meant to trivialize the undue stress, hardship and devastation of the pandemic. It is meant to present our concerns and give you other options to consider as we speak to and reference “the science” which substantiates them.

### **The Union: What We Expect**

We ask that, as our union, you challenge Alberta Health Services’ decision to place many experienced, committed and dedicated health workers on unpaid leave due to their choice to maintain their medical autonomy as is protected by Canadian laws. The Alberta Labour Relations Board (2021) indicates that it is an employee’s responsibility to protect their own interests and we can do this by filing a grievance. However, numerous union members have reached out to HSAA for assistance and have been made to believe that there are no grounds to file a grievance against our employer. The messaging is that HSAA supports the mandate and is of the opinion that no Human Rights or Canadian laws are being violated and the decision is within the confines of the collective agreement. Our only chance for union support is if medical or religious accommodation is denied and it is widely known that there are strict limitations in place to receive an accommodation. There is nothing humane about having to suffer a vaccine injury in order to receive medical exemption and accommodation or being denied religious exemption under Human Rights legislation for a vaccine that you never wanted in order to keep your employment (Government of Alberta, 2021a).

Being a union member provides many benefits but also limits our individual and collective ability to initiate action against our employer. As union members, we “surrender to the union the right to negotiate and contend on all work-related matters with the employer.” (Bowal & Moore, 2015). As such, we are asking HSAA to uphold fair representation and acknowledge this as our **formal grievance** and respond by investigating the grievance and consider its significance and consequences for the union and the employee (Alberta Labour Relations Board, 2021). HSAA is at risk for only giving its superficial attention to the facts and issues without concern for **all** of our interests. (Alberta Labour Relations Board, 2021). It is our belief that HSAA is responding arbitrarily to our concerns, making no effort to discover the issues and failing to assess the merits of our grievance.

When it comes to other vaccines, such as influenza, it is HSAA's position that "members should have a right to make their own health-care decisions and are entitled to the privacy of that choice" (Health Sciences Association of Alberta, 2021b). As well, in response to mass screening for HIV/AIDS, HSAA's position states that it would be an "unjustified abrogation of individual civil liberties" (Health Sciences Association of Alberta, 2021b). Can you please clarify how these statements do not carry over to this very issue? Can you please comment on the loss of medical autonomy and the loss of civil liberties your members are experiencing as a result of this mandate? We are asking you to uphold these union position statements and apply them to the needs of all your members during this critical time.

## **Informed Consent**

According to the Edmonton Journal, Alberta Health Services states "the decision to require vaccination is in part due to healthcare workers having an 'ethical and professional responsibility to protect others and vaccination is a tool to help do so'" (Junker, 2021). As medical professionals we absolutely DO have an "ethical and professional responsibility to protect others" - and we are doing just that by standing up for our own medical autonomy which is otherwise being threatened for all patients that follow. We are also willing to put our jobs on the line to question the current status quo and dangerous policies that are putting into jeopardy every patient's right to informed consent, as well as restricting the ability of physicians to effectively treat patients to the best of their ability. If we as trained healthcare workers are not asking the questions and pushing for accountability, then who will?

The vaccine mandate is unethical in and of itself. According to Alberta Health Services' own policy of "Consent to Treatment/Procedure(s)", informed consent is required before any specific treatment/procedure (Alberta Health Services, 2020). We as healthcare professionals are required to uphold this policy. This is also emphasized by the College of Physicians and Surgeons of Alberta (2016) in their "Standards of Practice" for informed consent. Furthermore, the Canadian Medical Protective Association (CMPA) describes the components required of valid consent in their "*Consent: A guide for Canadian physicians*" (2021). These include:

1. ***Voluntary Consent:*** "Patients must always **be free to consent to or refuse** treatment, and be **free of any suggestion of duress or coercion**. Consent obtained under any suggestion of compulsion either by the actions or words of the physician **or others** may be **no consent** at all and therefore may be successfully repudiated."
2. ***Capacity:*** "An individual who is able to understand the nature and anticipated effect of proposed medical treatment and alternatives, and to appreciate the consequences of refusing treatment, is considered to have the necessary capacity to give valid consent."
3. ***Informed Consent:*** "The patient must have been given an adequate explanation about the nature of the proposed investigation or treatment and its anticipated outcome **as well as the significant risks involved and alternatives available**."

The information must be such as will allow the patient to reach an informed decision.”

Informed consent within the context of mandatory vaccination and under the threat of job loss is not voluntary consent. Does HSAA agree that informed consent must be given free of coercion and threat? How can informed consent be given when the alternative is job loss?

### **The Nuremberg Code**

The Nuremberg Code of 1947, created to protect patients from medical experimentation, is not in and of itself a law, but rather an internationally accepted group of guidelines used to create further codes and laws to uphold the sanctity of medical autonomy and respect for individual human rights (Shuster, 1997). Numerous responses to the concern that mandating COVID-19 vaccination is against the Nuremberg Code have claimed that these vaccinations are indeed NOT experimental. First, let it be pointed out that it is incredibly disturbing that one would argue that it is acceptable to treat people in violation to the very code which was determined in response to horrific, tortious acts against war victims based on semantics. But to play into that game, we would argue that the required vaccinations expected of this mandate are indeed experimental. This can be demonstrated by observing the evolution of recommendations and findings of the COVID-19 shots. There have been numerous changes in the vaccination schedule, uncertainty with regards to age recommendations, last minute interchangeability of vaccine types and numerous reported alleged adverse reactions. Alberta Health Services has made multiple statements that indicate they themselves do not know enough about the COVID-19 vaccines and that studies are still needed. For example:

*“Currently, there is **limited evidence** on the vaccines’ duration of protection and effectiveness of reducing transmission of COVID-19”.*

*“Alberta Health will **continue to review** the evidence on whether other Albertans will be recommended to have additional doses in the future.”*

*“Timing of administration and potential interference between COVID-19 vaccine and other vaccines or monoclonal products are **currently unknown**.”*

*“So far studies look promising that vaccination will reduce transmission. However, **until more studies are finished**, vaccinated individuals should follow current PPE guidance... Evidence **will be reassessed frequently**.”*

*“...however at this time, there is an **absence of evidence** on the use of COVID-19 vaccine in immunocompromised individuals and those with auto-immune disorders. These groups were not included in large enough numbers in the initial trials to provide solid information.”*

*“**Several studies are monitoring** people who become pregnant before or shortly after getting the COVID-19 vaccine.”*

*“At this time, there are several variant strains circulating around the world, and vaccine manufacturers are **conducting studies** to determine whether current vaccines work against these variants.”*

These statements are just some of those found in one Alberta Health Services document alone - “COVID-19 FAQ for Community Physicians” (Alberta Health Services, 2021b).

In addition, the two mRNA vaccines, Pfizer (Comirnaty) and Moderna (Spikevax) and the other two viral vector-based COVID-19 vaccines, AstraZeneca and Janssen (Johnson & Johnson) are under “Interim Authorization” in Canada (Government of Canada, 2021a). The fact that Astra-Zeneca vaccines were withdrawn from circulation in Canada because of data demonstrating that it was associated with thrombosis highlights that these vaccines are indeed experimental.

### **Universal Declaration on Bioethics and Human Rights**

Many codes, covenants and declarations have been made in the wake of the Nuremberg Trials to recognize, protect and “govern respect for human dignity, human rights and fundamental freedoms” (United Nations Educational, Scientific and Cultural Organization, 2006). The 2005 General Conference of the United Nations Educational, Scientific and Cultural Organization, (of which Canada is member), adopted the “Universal Declaration on Bioethics and Human Rights”. The general conference states:

*“Recognizing that ethical issues raised by the rapid advances in science and their technological applications should be examined with due respect to the dignity of the human person and universal respect for, and observance of, human rights and fundamental freedoms, and Resolving that it is necessary and timely for the international community to state universal principles that will provide a foundation for humanity’s response to the ever-increasing dilemmas and controversies that science and technology present for humankind and for the environment”* (United Nations Educational, Scientific and Cultural Organization, 2006).

Article 6, Sections 1 & 3 of the Universal Declaration state:

1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, **free and informed consent of the person concerned, based on adequate information**. The consent should, where appropriate, be expressed and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.
2. In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerns may be sought. **In no case should a collective community**

**agreement or the consent of a community leader or other authority substitute for an individual's informed consent** (United Nations Educational, Scientific and Cultural Organization, 2006).

Furthermore, in their guide for physicians about informed consent, the Canadian Medical and Protective Association (CMPA) document quoted Justice Robins of the Ontario Court of Appeal saying...

*"The right to determine what shall, or shall not, be done with one's own body, and to be free from non-consensual medical treatment, is a right deeply rooted in our common law. This right underlines the doctrine of informed consent. With very limited exceptions, every person's body is considered inviolate, and, accordingly, every competent adult has the right to be free from unwanted medical treatment. The fact that serious risks or consequences may result from a refusal of medical treatment does not vitiate the right of medical self-determination. The doctrine of informed consent ensures the freedom of individuals to make choices about their medical care. It is the patient, not the physician, who ultimately must decide if treatment — any treatment — is to be administered"* (Canadian Medical Protective Association, 2021)

Failure to obtain informed consent (remembering forced consent equals no consent) is more than just an unethical issue - it's a criminal act according to the Canadian Criminal Code. As pointed out in the CMPA physician guide on consent, one may be liable for **assault and battery** when no consent was given at all or when the treatment went beyond or deviated significantly from that for which the consent was given (Canadian Medical Protective Association, 2021). Our Canadian courts have repeatedly affirmed that good intentions of the physician cannot be substituted for the will of the patient. A recently published article in the Journal of Medical Ethics indicated that mandatory vaccination violates body autonomy and constitutes actual harm to any person made to receive a vaccine under duress (Kowalik, 2021).

Although we are not experts in the area of criminal law, the vaccine mandate does appear to indicate extortion by Alberta Health Services (Government of Canada, 2021b).

**Extortion: 346 (1)** *Every one commits extortion who, without reasonable justification or excuse and with intent to obtain anything, by **threats**, accusations, menaces or violence **induces or attempts to induce any person**, whether or not he is the person threatened, accused or menaced or to whom violence is shown, **to do anything or cause anything to be done**.*

The demand for all employees to receive the vaccines, including those who wish to exercise their own medical autonomy and decline the COVID-19 vaccinations, regardless of reason or risk losing their jobs does constitute a threat. HSAA is at risk of making themselves party to this criminal offence by not recognizing the needs and concerns of **all its members** and supporting the mandate without critical consideration for its implications.

Not only does coercion nullify the process of informed consent, but evidence shows that punitive or coercive immunization policies in workplaces can create conflict and damage trust (Galanakis, Jansen, Lopalco, & Giesecke, 2013). HSAA's mission statement is "to enhance the quality of life of its members and society" (Health Sciences Association of Alberta, 2021b). How is mandating employees to make health decisions against their will in order to keep their jobs in keeping with these values? We challenge HSAA to demonstrate how it is protecting its members from harm by unequivocally embracing a policy that uses coercion to achieve the employer's goal.

## **Canadian Charter of Rights and Freedoms**

The Canadian Charter of Rights and Freedoms governs the application of both federal and provincial laws in Canada. It is the overarching constitution by which all laws and policies must abide (Government of Canada, 2020a). Within the Charter, Fundamental Freedoms #2 states, "Everyone has the following fundamental freedoms: freedom of conscience and religion; freedom of thought, belief, opinion, and expression, including freedom of the press and other media of communication; freedom of peaceful assembly; and freedom of association." (Government of Canada, 2020a). It is our position that HSAA members who continue to refuse the COVID-19 vaccine are doing so based on deeply held conscientious beliefs, whether founded in religion, spirituality, or a right to fundamental personal medical freedom. As stated in the Charter, employers have an obligation to accommodate all employees with such deeply held beliefs.

Within the Charter, Legal Right #7 states, "Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof, except in accordance with the principles of fundamental justice" (Government of Canada, 2020a). This mandate violates all three of the rights listed in Legal Rights #7 of the Canadian Charter, as outlined below:

The Right to Life: The evidence provided in this letter, including thousands of documented adverse reactions and sentinel events including death, discredits the safety and effectiveness of the COVID-19 vaccine. This evidence supports our argument that this mandate violates the right to life. According to the Centre for Constitutional Studies (2019), "action that increases the risk of death involves the right to life". By mandating that an employee subject themselves to a medical treatment for which there exists abundant and credible evidence for it being potentially unsafe and possibly posing a threat to a person's life, Alberta Health Services is violating the basic human right of "the right to life."

The Right to Liberty: Alberta Health Services vaccination mandate violates the Right to Liberty, including the freedom to "make fundamental personal choices" and to "enjoy individual dignity and independence" (Centre for Constitutional Studies, 2019). Imbedded in the Right to Liberty is the protection of personal autonomy involving "inherently private choices," including the right to refuse medical treatment (Centre for Constitutional Studies, 2019). Alberta Health Services' vaccine mandate is in direct violation of this right. HSAA's own position on the flu vaccine and screening for HIV/AIDS upholds the Right to Liberty by allowing their members to maintain medical

autonomy and civil liberties (Health Sciences Association of Alberta, 2021b). But now, HSAA members are placed between two equally untenable options (i.e., enduring a medical intervention that you don't want or losing your livelihood and career as an alternative) and being forced to choose one is not a choice. It is an ultimatum. Everyone has the right to work to earn money for sustenance/survival for themselves and their family. Threatening to take this away if employees do not comply with the mandate is a violation of Charter Rights and Freedoms.

The Right to Security: The Center for Constitutional Studies (2019) states there are two aspects of the right to security: physical and psychological. They explain, "The physical aspect includes state action that prevents someone from making choices that affect his or her own body. It can also involve indirect state action, such as laws that cause a risk to health. The psychological aspect is affected when a person experiences 'serious state-imposed stress. This occurs when the state causes stress that is beyond day-to-day stress..." (Centre for Constitutional Studies, 2019). Alberta Health Services' mandate violates the Right to Security by imposing mandatory injections of a substance that has been shown to "cause a risk to health" and prevents employees from making a choice that affects their own body. The employer is also causing employees "serious state-imposed stress" through threatening loss of income should the employee not comply with the injection.

Finally, the Canadian Charter of Rights and Freedoms, General #31 states, "Nothing in this charter extends the legislative powers of anybody or authority." Therefore, neither our government nor Alberta Health Services can override the Charter of Rights and Freedoms (Centre for Constitutional Studies, 2019). We insist that HSAA provide its members with the legislation document that permits Alberta Health Services to impose a vaccine mandate on its employees.

### **Canadian Bill of Rights**

The Canadian Bill of Rights (1960) dictates what can and cannot be done within federal law. It is a federal statute that "shall reflect the respect of Parliament for its constitutional authority and which shall ensure the protection of these rights and freedoms in Canada". The Bill of Rights protects "The right to individual life, liberty, security of the person and enjoyment of property, and the right not to be deprived thereof except by due process of law" (Government of Canada, 1960). The Canadian Bill of Rights shares the same constitutional power as the Canadian Charter of Rights and Freedoms.

### **Alberta Bill of Rights**

The Alberta Bill of Rights (2015) acknowledges the supremacy of the Canadian Charter of Rights and Freedoms and the Canadian Bill of Rights over all other laws; the Alberta Bill of Rights further protects and endorses these Rights and Freedoms. Within the Alberta Bill of Rights, under Recognition and Declaration of Rights and Freedoms, 1(a), it affirms, "the right of the individual to liberty, security of the person and enjoyment of property, and the right not to be

deprived thereof except by due process of law”; ergo, the principles of fundamental justice do not apply (Government of Alberta, 2015). No Albertan legislation, policy, or mandate may infringe upon an individual's constitutional rights to liberty and security, except by due process of law alone. Alberta Health Services has instituted a mandate that violates the Canadian Charter of Rights and Freedoms, the Canadian Bill of Rights and the Alberta Bill of Rights, as described above.

## **Vaccine Efficacy**

US Centers for Disease Control and Prevention Director, Dr. Rochelle Walensky reported that fully vaccinated people who get COVID-19 can still transmit the virus. As of August 6, 2021, she indicated that vaccines “continue to work well for Delta, with regard to severe illness and death—they prevent it. But what they can’t do anymore is prevent transmission” (Holcombe & Maxouris, 2021). Since the release of this statement, the vaccines have been advertised for their ability to reduce severity of COVID-19 symptoms. However, a joint statement by the Center for Disease Control (CDC), Food and Drug Administration (FDA), National Institute of Health (NIH) and Chief Medical Advisor (Dr. Anthony Fauci) was issued on August 28, 2021 that COVID-19 vaccines authorized throughout the United States are demonstrating reduced protection against mild and moderate disease. Thus, a booster shot will be needed to maximize vaccine induced “protection” and prolong its durability (Centers for Disease Control and Prevention, 2021a).

Israel has among the world’s highest levels of vaccination for COVID-19 with 78% of those 12 and older fully vaccinated. However, in August 2021 the country had one of the world’s highest infection rates with 650 new cases daily per million people (Wadman, 2021). This suggests that the benefits of vaccination ebb over time coinciding with variant mutations and reduced vaccine effectiveness.

There is an abundance of current scientific literature confirming the fact that individuals vaccinated against COVID-19 can still carry high viral loads and transmit the virus. Research shows that the vaccinated may be more likely to be asymptomatic carriers, thus transmitting COVID-19 unknowingly, compared to the unvaccinated, who are more likely to be symptomatic and to isolate. The claim that the current crisis is a “pandemic of the unvaccinated” or that unvaccinated individuals place their fellow citizens at greater risk of infection—and by implication, unvaccinated healthcare workers place patients at greater risk—is patently false and can no longer be used as a justification for mass vaccination or vaccine mandates. Below, please find multiple references to relevant scientific literature on this topic for your review.

1. Chau, N. & Ngoc, N., et al. (2021). *Transmission of SARS-CoV-2 Delta Variant Among Vaccinated Healthcare Workers, Vietnam*. Retrieved from The Lancet: [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3897733](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3897733)
2. Acharya, C. & Schrom, J., et al. (2021). *No Significant Difference in Viral Load Between Vaccinated and Unvaccinated, Asymptomatic and Symptomatic Groups Infected with*

*SARS-CoV-2 Delta Variant*. Retrieved from medRxiv: <https://www.medrxiv.org/content/10.1101/2021.09.28.21264262v1>

3. Riemersma, K. & Grogan, B., et al. (2021). *Shedding of Infectious SARS-CoV-2 Despite Vaccination*. Retrieved from medRxiv: <https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v4>
4. Musser, J. & Christensen, P., et al. (2021). *Delta Variants of SARS-CoV-2 cause significantly increased vaccine breakthrough COVID-19 cases in Houston, Texas*. Retrieved from medRxiv: <https://www.medrxiv.org/content/10.1101/2021.07.19.21260808v1>
5. Public Health England (2021). *SARS-CoV-2 variants of concern and variants under investigation in England*. Retrieved from Government of United Kingdom: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/993879/Variants\\_of\\_Concern\\_VOC\\_Technical\\_Briefing\\_15.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/993879/Variants_of_Concern_VOC_Technical_Briefing_15.pdf)
6. Read, A. & Baigen, S., et al. (2015). *Imperfect Vaccination Can Enhance the Transmission of Highly Virulent Pathogens*. Retrieved from PLOS BIOLOGY: <https://journals.plos.org/plosbiology/article?id=10.1371/journal.pbio.1002198>

## **Vaccine Safety**

Canada's mRNA-based COVID-19 vaccines were authorized with mandatory commitments for the monitoring of long-term safety and efficacy. Several nationally recognized and board-certified physicians who specialize in virology, immunology, epidemiology and cardiology express concerns about COVID-19 vaccines, including Dr. Byram Bridle, Dr. Peter McCullough and Dr. Robert Malone (among others). According to Dr. Bridle, who is a prominent Canadian immunologist with a specialization in vaccinology, there is uncertainty of the long-term safety of these COVID-19 vaccines in all individuals, especially in children, youth and young adults of child-bearing age (Bridle, 2021a). Research and clinical data strongly suggest that the mRNA injections do not remain at the injection site, but rather travel extensively throughout the body. This is important because recent data also suggests that the spike protein becomes "biologically active" and can interact with ACE2 receptors potentially causing undesirable effects such as damage to the heart and cardiovascular system, blood clots, bleeding and neurological effects (Bridle, 2021a). The Pfizer COVID-19 vaccine has been linked to heart inflammation in young people, especially in males 16-24 years of age (Bridle, 2021b). Several European countries such as Sweden, Denmark, and Finland have halted use on administering Moderna to certain populations due to cardiovascular side effects. Sweden and Denmark halted use on all young adults and children and Finland halted use on males born in 1991 and later (Lehto, 2021). Recent research by Dr. Bridle also suggests that COVID-19 vaccines may cause infertility in women of child-bearing age and the long-term effects of the vaccine have yet to be understood (Bridle, 2021a).

A report from the Vaccine Adverse Event Reporting System (VAERS) indicates that COVID-19 vaccines have resulted in 16,310 deaths in the United States over the past 10 months (VAERS, 2021). VAERS reports adverse events associated with the COVID-19 vaccines totaling 589,185. These include 9,446 life threatening events, 8,958 permanent disability events, 36,894 hospitalizations, 298 hospital prolongations and 75,926 emergency room visits (Centers for Disease Control and Prevention, 2021b). Since the COVID-19 vaccine was rolled out in Canada in December 2020, the Canadian Adverse Events Following Immunization Surveillance System (CAEFISS) and Health Canada's Canada Vigilance program reports 5,394 serious injuries out of 20,818 reports (Government of Canada, 2021c). According to the Adverse Event Following Immunization (AEFI) Bi-annual Report, the total serious vaccine injury for Canada wide on average is 254 (i.e., for the years 2014-2017) and 273 (i.e., for the July - December 2018) for all 13 vaccinations combined (Government of Canada, 2020b). Death and other adverse events are much larger for COVID-19 vaccines than for all other vaccines combined over the past 31 years. It is also a fact that people are notorious for under-reporting with passive adverse event reporting systems (Bridle, 2021b).

A meta-analysis by Dr. John Ioannidis (2021) of seroprevalence studies published with a supporting scientific paper, shows the median infection survival rate from COVID-19 infection is 99.85%. For people under the age of 70, the meta-analysis finds an infection survival rate of 99.95% (Ioannidis, 2021). Given this information, and the adverse immunization reactions statistics listed above, it is safe to say that a risk vs. benefit analysis is warranted. We argue that all medical decisions, including COVID-19 immunizations, are individualized and should be made by the patient in consultation with their physician (with consideration given to age, personal health and risk factors), rather than mandated by a government or employer.

### **Natural Immunity**

Dr. Peter McCullough is a cardiologist, internal disease specialist, epidemiologist and academic researcher, editor-in-chief and expert on COVID-19. In his article titled, "The five key COVID truths that could have saved us from self-destruction", he reports that "natural immunity is robust, complete and durable" (Hodgkinson, 2021). He notes that people who have been exposed to the virus are at minimal risk of becoming seriously ill again from COVID-19 (Hodgkinson, 2021). Two different studies, one by the World Health Organization (2021) and the other by The Lancet (Krammer, 2021) also recognize that natural immunity against COVID-19 can be acquired. World Health Organization further states that 90-99% people develop natural immunity within 2-4 weeks after infection and that "protection is similar to or even better than currently used SARS-CoV-2 vaccines". Additionally, "infection does protect against reinfection" (World Health Organization, 2021). Another recent study published by MedRxiv supports the above research by stating "natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity" (Gazit, et al., 2021). If the research rings true, then likely thousands of AHS members are already immune to SARS-CoV-2 rendering vaccine mandates unnecessary.

We are asking HSAA to consider alternatives to mandatory vaccination and to conduct union-initiated research to confirm not only the legitimacy of natural immunity, but also to explore all the legitimate reasons why your members are maintaining medical autonomy and to support them in keeping their meaningful employment.

## **Conclusion**

As a trade union representing over 27,000 healthcare members in the public and private sector, your members look to you for fair representation and support when their employer imposes unilateral directives in the form of an experimental vaccine mandate. Mr. Parker, we ask that you stand up and represent all medical professionals under the HSAA umbrella and do the ethical, lawful and morally right thing - respect other people's individual right to bodily autonomy and stop supporting a mandate which requires that your members decide between risking their health by taking a controversial and contentious COVID-19 vaccine or feeding their family. This mandate will ultimately do more harm than good. Your recent media release on October 26th, titled "HSAA demands AHS come clean about the state of emergency services in Alberta" indicates that same understanding. You acknowledge that our current healthcare industry is in a dire state of affairs. You recognize that "EMS services are stretched beyond their limits" and a snapshot of just 3 days revealed 290 unfilled paramedic shifts in Alberta (Health Sciences Association of Alberta, 2021c). In this media release you come across as very concerned and indignant about the lack of resources available to maintain proper care for residents of Alberta, and rightfully so. Yet at the same time, you are willing to back a mandate that will result in thousands of healthcare professionals being pulled from service. Where is the rationale in this and how do you justify it?

In order to move forward from the devastation of COVID-19, there must be unity and support with no place for segregation and discrimination, especially at the risk to the health and safety of staff and the communities that HSAA members serve. We ask that you stop supporting the vaccine mandates, consider alternatives and challenge Alberta Health Services on the harm they are inflicting. This simply cannot be ignored. Mr. Parker, we ask you to stand up for ALL members of HSAA and fight for what is right; a unified healthcare industry focused on caring for the needs of all Albertans! To quote your own words - "The cost of continued inaction is measured in lives."

Respectfully,

A collective of Unified, Concerned and Dedicated HSAA Members

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