

Dear Dr. Verna Yiu,

I am writing to you in response to the AHS vaccine mandate decreed through email Aug 31 and the onslaught of division, discrimination, stereotyping, disenfranchisement, despair and desperation I have witnessed.

In a state of shock and panic, a few physicians, nurses, EMS, hospital administrative and environmental service staff quickly united to respectfully voice opposition to the blanket mandate.

The events of the past three weeks are a blur, as I functioned in a state of fear and disbelief, getting my children back into school and activities while working busy hospital shifts and outpatient clinics, all the while feeling demonized, misunderstood and unherd.

With a trembling heart, I've read the emails informing me that the College is to vote on whether or not physicians who have chosen not to take the Covid-19 mRNA vaccines at this time are to lose their licenses. Friends and family have forwarded news articles to me detailing how regulatory bodies plan to come down hard on physicians who question the harms/benefit ratio of the various government and AHS interventions implemented so far.

Up until March 2020 I was working many urgent care after hour shifts. I remember people returning home from global travels with terrible upper respiratory tract infections. Before PPE became a universal recommendation, I examined and treated patients who often coughed violently in my face. The 2019/2020 flu season was particularly bad for my family, with children ages 2 through 11 years old, we got sick frequently.

When the first few documented Covid cases rolled into our community, I felt afraid. I was one of the first physicians who had a symptomatic covid patient admitted to me in our community hospital. I remember my hands trembling and my mind going fussy as I put on my PPE (something I had done hundreds of times before). I changed into scrubs at the hospital and then out of the scrubs before I went home, I left my "hospital shoes" in the change room. Arriving at home, before greeting my family, I quickly undressed in the laundry room and then went and showered before I proceeded to hug my children and start supper. Calls came for community physicians to be on standby. Afraid for myself and my family and feeling poorly equipped, yet with a conviction of duty and responsibility to my community and colleagues, I volunteered to be redeployed to the emergency rooms or to be called into the city to serve on the Covid wards.

Through the last 19 months, at the hospital as well as in my clinic I stood witness to the far reaching effects of the virus as well as the effects of the policies in response to the virus. I had a dear old patient visit my office weekly through the strictest lock downs, weeping uncontrollably from the heartache of being separated from his demented wife in long term care, only for her to contract Covid in December and then die after the family was unable to see her the weeks leading up to her death. I saw the fear and palpable anxiety in a 30 year old man who had just undergone bone marrow transplant for acute leukemia. He felt lonely, isolated and depressed working from home, but he was understandably deathly afraid of going out in the community. I saw working dads present with hypertensive urgencies and mental health crises as they endured significant economic losses from extended lockdowns. The toll on young mothers with little children was heavy. I saw alarming rates of anxiety and depression in mothers, young adolescents and teens in my practice. I heard about more than a handful of opioid overdose deaths amongst young people who were friends and family of my patients. I listened to people

rant and rave in despair from both ends of the spectrum; those intimately affected by the virus and those gravely affected by the economic and social repercussions of the policies. Without judgement, I tried to listen and validate each person's suffering. At home, I saw my husband struggling to keep his business afloat, I saw the twinkle disappear from my older children's eyes as they started missing normal activities and interactions with family and friends, often left at home lonely, while their mom and dad worked feverishly to meet the demands at work and make ends meet at home. I feel heavy guilt for not being present and joyful for the last two years as I watched my children grow up in these very uncertain times.

I am one of the rare and unlucky people who had a serious, prolonged adverse effect from my hepatitis B vaccination. I was nearly disabled and it took me over ten years to regain my health. I reflect on my past and believe it is a miracle that I was not only able to complete my undergrad and medical studies in the condition I was in, but that I excelled in my academics. I am profoundly grateful that my health was eventually restored. That life altering experience biased my being and my medical practice. I am a medical minimalist who holds great reverence for the phenomenally intricate and interconnected systems that comprise the human body, the human being. I am a strong advocate for preventative medicine. I spend hours teaching my patients on the importance of a healthy, nutrient dense diet, regular exercise, stress management and other lifestyle factors to prevent injury and illness. I use medications cautiously and humbly after I explain to my patients the indications, the benefits, the known trade-offs, potential harms and the uncertainties. I have had great success in helping improve the health of my patients and their families. It is time consuming and challenging, yet it has been deeply rewarding.

Having been harmed by a vaccine that has been in use for at least a couple of decades, I naturally was apprehensive and paid very close attention to the studies commencing for Covid-19 vaccines. I was concerned about the lack of success and disastrous outcomes of previous coronavirus vaccines attempted over the past 20 years and the real risk of antibody dependent enhancement. Being a cautious person and practitioner, the idea of using mRNA gene technology for mass vaccination, with very little data on real world efficacy, safety, longevity and durability was disconcerting. Yet I understood that time was of the essence to get some form of protection to the vulnerable in our community. I obsessively read articles and listened to discussions and debates. I took a leap of faith and trusted in our health authorities and regulatory bodies when they encouraged rapid distribution of the new vaccine to the elderly and vulnerable. My patient panel vaccination rate for age 65 and older exceeds the zone's at 87.9%.

Yet these are my observations;

I only had two patients affected by Covid in long term care before the vaccine was available. One died and the other remained largely asymptomatic.

Once the vaccine rolled out to the community, I had one high functioning 87 year old male contract covid within the first few weeks of his first dose. Fortunately he did very well without needing medical attention. Through the third wave, I had another high functioning 95 year old also contract covid within a few weeks of his first vaccination. He unfortunately died with severe Covid pneumonia. From January to July, I was baffled by how busy the hospital and my clinic was. It seemed to me that many elderly people were admitted and some died with various acute and serious illnesses aside from Covid. I was alarmed by the number of DVT's and PE's I saw. Some occurred in people already on anticoagulation. There were many heart attacks and strokes. There were a handful of cases of sudden onset severe autoimmune disease, including

rheumatoid arthritis, crohn's colitis and dermatomyositis. All of the strange or remarkable cases were in patients vaccinated in the previous 3 months. Several of my patients in my clinic remarked unsolicited, that their autoimmune disease worsened dramatically on receipt of their vaccinations. In my clinic I saw three post menopausal bleeds in one month all temporally closely related to their vaccinations. I've seen cases of severe paresthesias that do not make sense neuroanatomically. I've seen 3 cases of severe nocturnal muscle cramps resulting in elevated CK's. I saw several cases of shingles, one requiring hospital admission. Most recently, a family told me at hospital, that their 95 year old mother was high functioning, after years of not needing urgent medical attention, she ended up in the hospital twice with sepsis after her first two doses, she recovered well but then since her third booster in mid September, the whole family witnessed a rapid decline resulting in her dying with severe aspiration pneumonia and kidney failure. Amongst my family, friends and patients, I can honestly say that I know of more people who had onset of new, significant medical issues or some that died soon after vaccination than I know of people who had moderate or severe Covid. During my last week of hospital work, I was involved with the care of 4 patients who tested positive for Covid. Two were doubly vaccinated months ago, one of those had severe disease, the other mild. Two patients were unvaccinated. One remains asymptomatic, the other one has moderate disease. In the last month I definitely saw an uptick in positive Covid cases in my patients out in the community. So far one quarter of the positive symptomatic cases have been in patients doubly vaccinated months ago while three quarters of the cases are in unvaccinated patients. Fortunately no one from my clinic has needed urgent medical attention for their infections through this fourth wave. I've had many conversations with nurses and some physicians, their experiences mirror mine. There is a lot of sickness out there and we worry that many events temporally related to vaccination are not being reported. If the data is not being collected, then we can never accurately assess safety outside of the controlled trials that only enlisted largely healthy people. We will not be able to provide an accurate up to date risk/benefit analysis especially as we are now mandating the vaccine for children to participate in sports.

Information, knowledge and experience is evolving fast. People are dying, healthcare workers are burnt out, resources are limited, data collection is suboptimal. Fear and politics have influenced the ability to have rational conversations about the crisis we are in and the best available solutions. What we need right now is open communication, collaboration, creativity, ingenuity, relevant science, honest journalism, humility, courage, acceptance and compassion.

Patients, friends and family have leaned on me as a voice of calm reassurance and encouragement through the last 19 months. I genuinely want to be part of the solution to this very complex problem. As a mother of four young children, I'm deeply vested in the health of our community and the sustainability of our healthcare system. I do not want to contribute to more chaos, fear and uncertainty. I am a highly sensitive person with a delicate conscience, until now I was often praised for my empathy and compassion. Aware of my own biases, I've tried to observe and listen carefully, yet as it stands today I am deeply concerned.

I am concerned about the large-scale lack of recognition and underreporting of temporally related adverse events.

I am concerned about the censorship and intimidation of healthcare workers who see the situation slightly differently and who see cause for alarm.

I am concerned about the suppression of the voices of highly credentialed physicians and scientists around the world who are asking for caution.

I am concerned about the silencing, dismissing, and ridiculing of patients in person and online, who have experienced significant health decline soon after their vaccinations.

I am concerned that despite the initial promising results showing reduced risk of infection and severe disease from Covid, I see a signal that all cause morbidity and mortality might be increased in the vaccinated.

I am concerned that there is no long term control group to verify or disprove my observations. I am concerned looking at data from Israel, Iceland, Gibraltar amongst others, that the vaccine efficacy is not long lasting.

I am concerned that Israel, despite having very high vaccine coverage of its eligible population, is seeing the most devastating wave yet, with a not insignificant number of the victims being double or triple vaccinated.

I am concerned that while an emergency use authorized product might have been warranted in the elderly and vulnerable, I have not seen the statistics or witnessed severe Covid in my pediatric population that justifies the broad use of a novel technology in a mandated form in otherwise healthy children.

I am concerned that everything I was taught about medical culture and systems ensuring Patient Centered Care and Patient Safety is being disregarded.

I am concerned that a profession that once welcomed robust debate and encouraged individuals who gave a voice to minorities and the oppressed, is now behaving in a frightening, dictatorial manner, ruthlessly attacking their own for not toeing the party line.

I am broken over the emotional trauma, desperation and sense of betrayal I witnessed in some front line workers and my patients over the last month. An entire subset of AHS staff and the greater Albertan population is being openly villainized and discriminated against. We encompass a diverse range of people.

Would the daughter of Lisa Stonehouse be a deplorable anti-vaxxer deserving of scorn and shame, if she chose to forgo Covid-19 vaccination after losing her mother to the Astrazeneca Vaccine?

Would the friend of my patient, who is an 18 year old high performance athlete who developed myocarditis within days of his vaccination, be considered a deplorable anti-vaxxer for choosing to forego vaccination after seeing his friend's life altered indefinitely?

Is the senior physician with a diagnosed hypercoagulable blood disorder, who's read the available science and listened to the many opinions, an anti-vaxxer because he chooses to wait for a more established vaccine technology?

Are the hundreds to thousands of front line workers and first responders who contracted and survived Covid 19 while bravely serving their communities over the past 19 months, anti-vaxxers, for making an informed decision based on studies showing natural acquired immunity is robust and long lasting, and that for them there is very little data to suggest the vaccine adds extra protection that justifies the known risks and many uncertainties?

Is the physician who's 13 year old son that survived leukemia at age 4, an anti-vaxxer, for hesitating to accept mRNA vaccine mandates when he has read the sparse studies on biodistribution showing that spike protein can deposit in the bone marrow via the lipid nanoparticle envelope and that there is a paucity in studies delineating the short term and long term effects of that finding.

What about the physicians who themselves have survived cancer, who read about how the vaccine RNA code is intentionally modified (Nucleoside modification, discovered by Weissman and Kariko) to protect the mRNA from the body's immune defences, specifically by ablating the innate immune response through "switching off" toll-like receptors (the alarm system of the innate immune system). Are they anti-vaxxers for being concerned about what "switching off" key parts of the innate immune system could mean for latent viral infection reactivation or recurrence of cancer down the road? It's possible that the observed reactivation of Zoster virus is the canary in the coal mine to the Non-Specific Immune Effects of this vaccine technology.

Is the double vaccinated nurse, who's witnessed first hand the scourge of Covid-19 in hospital, a deplorable anti-vaxxer for choosing not to vaccinate her young teenage children at this time?

Is the nurse who developed pulmonary sarcoidosis within weeks of her first vaccination, with symptoms severe enough to result in more than 6 months of missed work, requiring 12 weeks of prednisone therapy and who then subsequently fell ill with Delta variant Covid anyways, now being worked up by rheumatology for migrating inflammatory polyarthritis, an anti-vaxxer for being upset that she has been declined an exemption from her second dose? (Her wages are being compensated by our tax funded Canada Vaccine Injury Program.)

Is the otherwise healthy, young female physician who developed fasciculations and focal sensory neurologic deficits within a clear timeline of receipt of her vaccinations, requiring an extensive neurology work-up and without clear answers was then offered IVIG therapy, an anti-vaxxer for applying for an exemption to further boosters? (AHS has declined an exemption if a third booster becomes mandatory).

Is the previously healthy 30 year old who developed rapid onset transverse myelitis and paralysis within two weeks of her 2018 flu vaccination a deplorable anti-vaxxer for being fearful of taking this Covid-19 vaccine?

Are the hundreds of pregnant and breastfeeding women, anti-vaxxers for practicing an instinctively maternal precautionary principle in choosing to rather change their lifestyle and activities to reduce risk of contracting Covid than to take a vaccine for which safety studies are only now underway in pregnant women? (Specialist consensus statements are not science, they are opinion and possibly contrived opinion, considering the tremendous peer pressure and the real danger to their academic reputation individuals face these days if they do not conform to the status quo).

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<sup>1</sup> <https://www.medrxiv.org/content/10.1101/2021.05.03.21256520v1> The BNT162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive and innate immune responses.

We are your colleagues, your friends and your family members. We want to continue serving valiantly by your side during these times of immense crises. Yet for diverse and valid reasons, we are not comfortable to submit to an mRNA vaccine or its boosters at this time.

I have been traumatized at the realization that my livelihood and ability to provide for my family can be stripped away in an instance for a personal, informed medical choice I made very carefully. With the looming reality that the College is deliberating as to whether or not to take away my hard earned license, I grieve deeply and painfully for the years I sacrificed in order to be in this position where I can serve my community in a role I am passionate and skilled in.

Having seen the division and despair that have ensued, realizing the economic consequences that my family and I are about to face as I still pay off student debt, I will have to let go of my children's nanny and the heartache for what that means for her family back home, knowing that I am the heart and lifeline to my family and many friends, seeing the worry in my parents and children's faces as they stand witness to my life and courage crumbling, I cannot imagine that Dr. Verna Yiu and management in AHS is justified in turning their backs on 10-15% of their own, with such callous disregard.

I know several physicians who are choosing to retire from this madness. I know of three physicians who've served rural Albertan communities for many years, who are choosing to immigrate back to their countries of origin instead of putting up with AHS's ruthless authoritarian rule. I know several physicians who seem to be at the brink of burnout or collapse. I will be forced to close my practice, leaving hundreds of complex patients orphaned. I am a conscientious, caring professional. I especially adore my senior patients. I would not behave in a way that puts them at increased risk. I've practiced safely for the past 19 months without once contracting covid despite treating many positive patients and despite numerous asymptomatic tests being demanded of me (I'm confident that I am already immune). The last few weeks have been extraordinarily difficult, where I once was collegial and congenial, I have now become a pariah in my medical community for holding a minority view. After almost two years of back breaking, heart wrenching, brave, dedicated, compassionate service in the trenches, the emotional toll of the recent division, the rejection and lack of respectful discourse has brought me to my knees and has made me lose hope.

Throughout this ordeal I've been frequently reminded of other medical blunders that occurred during times of medical crisis. The Cutter incident for example where 40,000 cases of polio occurred in children directly due to a defective/improperly inactivated polio vaccine that left 200 children with varying degrees of permanent paralysis and killed 10, many of those families were left with no apologies and no compensation. The 1976 Swine flu pandemic vaccine left more than 400 Americans paralyzed and 23 dead. The H1N1 Pandemrix vaccine increased the relative risk of developing narcolepsy 5-14 fold in children and adolescents which left hundreds with a lifelong disabling condition in Europe. The words of the federal register in 1984 referring to the live oral polio vaccine has echoed in my mind; "any possible doubts, whether well founded or not, about the safety of the vaccine, cannot be allowed to exist in the view of the need to assure that the vaccine will be continued to be used to the maximum extent consistent with the nation's public health objectives." We cannot ignore the fact that Science functions as a subset of Capitalism and that Science is a collective activity. Scientists are subject to all the usual constraints of human social life. We need to be cognizant of the truth that one of our great epidemiologists, professor John Ioannidis highlights when he states that "A key driver for unreliable research: the greater the financial interest in a given field the greater the likelihood the research findings are to be false."

In times of great crisis, rapid change and much uncertainty, I'd like to paraphrase Lex Fridman in saying that "yes, freedom of speech can result in death and harm to some people, but removing freedom of speech will certainly result in harm and death of many more people."

It is not anti scientific to question established beliefs. It is in fact central to science itself. Science is a Process, not a Position or Belief System. Innovative science and solutions happen only when scientists feel free to ask new questions and build new theories, and when they are afforded the safety to be wrong.

AHS while claiming to speak in the name of science and reason, has showed dogmatic denial of inconvenient truths, they've displayed ignorance and prejudice and incited hatred and discrimination towards physicians and other healthcare workers like me.

Instead of bullying and threatening dissenters, I call on AHS to produce the facts and reference the science.

What is the Infection Fatality Rate for healthy, healthcare workers under the age of 50?

What is the Absolute Risk Reduction for symptomatic covid and death in those submitting to the mRNA vaccines? Using the real world data please.

What is the Number Needed to Vaccinate to prevent one covid hospitalization or death?

Show me the efficient systems instituted that proactively monitors the evolving Number Needed To Harm.

Show me the Cost/Benefit analysis of all the resources allocated towards the war against Covid-19 and the interventions used to date to save one life from Covid-19 in contrast to all the deaths of despair and deaths due to delayed medical treatments that have ensued.

Show me the case studies that indicate that unvaccinated healthcare workers have been a significant source of Covid-19 spread.

Show me the transparent, responsible procedural changes health authorities will implement, in light of news such as two fully vaccinated anesthetists and one surgeon contracting and spreading Covid-19 at the Kamloops hospital, as one example of many.

Show me the studies that prove that vaccine immunity is more robust and long lasting than naturally acquired immunity.

Please address the studies being published that are calling into question the ability of the vaccine to result in herd immunity.

Show me the studies that confirm beyond a doubt that high vaccination rates with mRNA vaccines reduce Covid-19 transmission to any clinically meaningful degree that would justify the great social unrest that have ensued from the mandates.

Show me the studies that put my conscience at ease that all cause morbidity and mortality is not increased in the vaccinated.

Show me the legal/constitutional contract that ensures if we relent to this mandate, that healthcare workers, parents and children will not be subject to endless vaccine boosters and other new vaccine mandates from here on out.

I choose to live in a way that allows my heart and mind to rest easily at night. I try to think of the consequences or repercussion of a belief or action in the case it proved to be wrong. I would maintain much better emotional integrity with the stance of being "Pro-vaccine choice", than being "Pro-coerced medicine". Imagine in the small chance that the majority opinion is wrong (that has happened countless times throughout human history), what if in retrospect the harms are much greater than what we currently recognize, what if more children are harmed by this mandate than the children who are saved from dying of Covid? How could humanity forgive our profession? Ten years down the road, how would you sleep at night? I'd like to quote James

Turner JD partner at Swankin & Turner, Washington DC Law firm, specializing in food, drug, health and environmental regulation, when he said “A country that requires all children to receive a product, no matter how beneficial, knowing that some children will die and other’s lives will be destroyed by the use of that product, risks losing all moral authority.”

I have weighed the risks and benefits, taking into consideration my personal health history and have decided that this vaccination poses risks and uncertainties with no benefit to me since I have good reason to believe that I am already immune. I’ve made this decision with my foremost priority being able to continue being a healthy and productive citizen and remaining able to provide for my children and care for my patients. I have a strong conscientious objection to what precedent will be established if healthcare workers concede to this mandate in the current backdrop of the medical-government-industry complex. I strongly believe that humanity can come up with better and more humane solutions than coercing 15 to 20 percent of their fellow human beings into taking an irreversible, novel technology.

In my opinion, the greatest victims of the Covid-19 pandemic have been the principles of Sound Science, Freedom of Conscience and Humanity itself.

Sincerely,

From a Concerned Physician. I pray that my testimony of my experience over the last 19 months and my educated opinion on how I see the science will not be misconstrued as misinformation.