

November 21, 2021

Dear Bill,

Re: COVID-19 vaccination policy for BC Public Service employees

I write this letter to voice my concerns and disagreement with the BC Public Service (BCPS) Covid-19 policy mandating COVID vaccine as a condition of employment. As someone who recently recovered from Covid-19 and gained natural immunity I disagree with the policy and undue process that favors vaccination over natural immunity. I have a tough time to properly address my letter: is it deferral, accommodation, or exemption?

Under duress and threat of losing my job I am seeking accommodation under the BC Human Rights Code and the Canadian Charter of Rights and Freedoms. Additionally, this letter describes number of concerns regarding the Policy and resulting human rights issues and profound impacts on my whole family and our livelihoods.

After a thorough research and countless hours of reading scientific evidence from credible sources on this subject, I think most appropriate to my specific situation is to ask for equal treatment and status with those who have been vaccinated. I will explain further how I arrived at this conclusion.

The lack of accommodation options and the absence of post-infection natural immunity exception raises serious questions about whether the BCPS vaccine mandate is designed to accomplish legitimate workplace safety purpose in a least intrusive manner. Ms. Laurie Wanamaker, Head of the BBCPS, in her email dated November 01, 2021 said: "I assure you we have developed this policy with due consideration of all the factors at play." The absence of natural immunity exception indicates that this policy failed to address all of the factors at play and, as such, can be qualified as arbitrary and capricious.

In the same email Ms. Wanamaker said, "above all we have been guided by the BC Public Service's obligations to take all appropriate measure to ensure the safety of its employees and the public we serve." If the purpose of vaccination is to obtain immunity to Covid-19 than (based on the fundamental principles of immune response to infectious disease, scientific evidence and evolving Covid-19 data available) I am fully protected due to acquired post-infection natural immunity. Infection induced immunity is as robust and durable if not better than immunity attained though the most effective vaccines. This is confirmed in over 200 research papers and most recently acknowledged by the Government of Canada [Protective immunity post-COVID-19 infection, CCDR 47\(4\) - Canada.ca](#) and in the CDC report released on **Oct.29th, 2021** [Science Brief: SARS-CoV-2 Infection-induced and Vaccine-induced Immunity | CDC](#) :

- **"Comparison of Infection and Vaccine-induced Immune Responses: A systematic review and meta-analysis including the data from three vaccine efficacy trials and four observational studies from the US, Israel, and the United Kingdom, found no significant difference in the overall level of protection provided by infection compared with protection provided by vaccination; this included studies from both**

prior to and during the period in which Delta was the predominant variant.”
(emphasis added)

- **Conclusions: “Multiple studies in different settings have consistently shown that infection from SARS-CoV-2 and vaccination each result in a low risk from subsequent infection with antigenetically similar variants for at least 6 months.”**
- **Risk of Reinfection in Unvaccinated vs Vaccinated Individuals with History of Infection: “One retrospective cohort study described risk of reinfection from December 2020-May 2021 among 2,579 US-based healthcare users previously infected with SARS-CoV-2, about 47% of whom were vaccinated over the course of the study. Investigators did not detect any cases of reinfection, regardless of vaccination status during 5 months observation and so could not detect a benefit of vaccination.”**

Most recent observational cohort studies including over 700,000 health system users in Israel and over 11,000 healthcare workers in India reported that history of prior infection provided greater protection from subsequent infection than vaccination alone...”

BCPS Vaccination Policy decision to ignore natural immunity is not based on currently available scientific evidence and as such is erroneous. Furthermore, Policy that chooses to favor “vaccine” induced immunity over infection induced immunity is arbitrary, it is highly discriminatory in its nature and in violation of Canadian Charter of Rights and Freedom and BC Human Rights Code (gov.bc.ca).

Public Health matters including BCPS vaccination policy must be based on science not on Government’s preference of immunity type (once it is acquired).

My questions is: Why natural immunity was not included into decision making about mandatory vaccination policy but chose to arbitrarily discriminate against those who have infection induced immunity when there is an ample of scientific, observational, and evidence-based research information confirming that **“there is no significant difference in the overall level of protection provided by infection compared with protection provided by vaccination”?**

Lasting immunity found after recovery from COVID-19 | National Institutes of Health (NIH)

Department of Infectious Diseases, University Hospital Essen in Germany published report in the Journal of Clinical Medicine on a total of 200 SARS-CoV-2 PCR-confirmed unvaccinated convalescent patients with the following conclusion: “ study describes the long-term persistence of cellular and humoral immunity to SARS-CoV-2, which is likely to be present for several months in the vast majority of adults after COVID-19. These characteristics are encouraging with respect to the longevity of cellular immunity to this novel virus and likely contribute to the relatively low rates of re-infection observed to date (emphasis added to low rates of re-infection).”

It is absurd that CDC has no single document or proof of any instance in which someone who previously had COVID-19 became reinfected with and transmitted the virus to someone else. In

contrast, there are endless documents reflecting cases of vaccinated individuals becoming infected with and transmitting the virus to others. Current BC CDC data show clear upward trend in the number of vaccinated people infected (close to 50% of total cases) with significant number of them requiring hospitalization. This raises serious concern about the selective nature of science and data which guided mandatory vaccination policy development.

It is regrettable and very humiliating that I was put in this position to write this letter to point out these deficiencies in policy. The public interest would have been much better served if I can focus all my energy and expertise working on many projects for the benefit of British Columbians' and our clients. Instead, I was put in position to defend my fundamental human right to decide when and what type of a treatment and/or medication is most suitable considering I already have natural immunity to Covid-19 virus. Forcing me to take vaccine will provide no discernable, let alone compelling, benefit to either myself or to the BCPS. Any possible augmented benefit as such is negligible and cannot be the basis for such coercion. To the contrary I can expose myself unnecessary to vaccine adverse reaction for no tangible benefit; the risk that is entirely personal and born by me.

It is in disbelief that after 25 years of exemplary service to British Columbians while working for BCPS, my employer is prepared to measure my contribution, not by my performance and impeccable track record but rather whether I follow mandatory vaccine policy in a manner and to the extent that I am "labelled" unjustly as a safety threat to my workplace and to the community; furthermore, to be a subject of and threatened with discipline process without valid reason.

And yet there are repeated calls from our executives to treat each other with dignity, respect, and kindness while in reality, mandatory policy (as designed) discriminates and segregates its own employees for no compelling public or workplace safety reason! Policy provides no evidence or data regarding the risks I would pose to the health and safety of my workplace and fails to provide the rational basis for the vaccine mandate in my case.

The CDC acknowledged that both groups, vaccinated and non-vaccinated, can equally transmit virus and be infected. As previously said, this is confirmed with the growing number of reported outbreaks in fully vaccinated environments and the number of hospitalization cases amongst fully vaccinated people.

Reality is that, when compared to both groups, people with infection induced immunity like me actually pose least amount of risk or threat to workplace safety. BC CDC has no data or documented evidence regarding the number of reinfections amongst previously infected people who never received a Covid-19 vaccine. This is in a stark contrast to thousands of reported breakthrough cases amongst vaccinated individuals supported with confirmed cases of virus transmission (and with significant percentage of them requiring hospitalization). Such studies and research papers are readily available on reputable medical journals websites (The Lancet and British Medical Journal to name a few).

Canada's National Advisory Committee on Immunization (NACI): Statements and publications webpage acknowledged that COVID-19 disease and associated vaccines are novel; therefore,

research is warranted in many areas. They specifically singled out a need for further research to determine “What is the efficacy, effectiveness, immunogenicity and safety of COVID-19 vaccines **in individuals who have had a previous laboratory evidence of SARS-CoV-2 infection?** While Canada’s research is slow and lacking data on this subject, that is not the case amongst our western allies and developed world. To the contrary they all have recognized immunity in Covid-19 recovered patients and considered them as with equal or better protection and immunity than those who are double vaccinated. Israel and some European countries went further to recommend that “if you had coronavirus more than 180 days ago, one dose of vaccine is sufficient to provide you with enough protection” (note: recommend but not mandating vaccination or threatening with a loss of job).

All these unanswered questions and concerns raised above, combined with no reported number of reinfections amongst previously Covid-19 infected people, raises a serious concern about the selective nature of science and data which guided mandatory vaccination policy development. Policy Q&A document, provides the following answer on Q #7: “If I have had a prior COVID-19 infection am I still required to be fully vaccinated?” The answer is made on the presumption that vaccination of the previously infected is necessary. Not a single evidence was provided in support of this notion and decision. This is completely contrary to scientific evidence that confirmed there is (at the very least) **no significant difference in the overall level of protection provided by infection compared with protection provided by vaccination** (CDC report released on **Oct.29th, 2021 Science Brief: SARS-CoV-2 Infection-induced and Vaccine-induced Immunity | CDC**).

Based on my vaccination’s status, my freedom of movement and opportunity to participate in society are severely curtailed. But it does not stop there; now I am threatened with the loss of my right to work and earn for leaving while people with the vaccine passports are “rewarded” despite the evidence that fully vaccinated people can get sick and transmit the virus to others. It is apparent that the Policy arbitrarily discriminates between the two types of immunity. To make this situation even more absurd there is so many contradictory information posted on official governments webpages e.g. Government of Canada under “Travel Requirements and Exemptions” said “If you are now symptom-free, you can provide proof of a positive COVID-19 molecular test when crossing the border instead of a negative one”. COVID-19 testing for travellers - Travel restrictions in Canada – Travel.gc.ca (Who must take a pre-entry test).

I like my job and I am completely committed to continue to provide professional services as I did for the past 25 years while working for the BCPS and FLNRORD. Throughout the pandemic I followed all the protocols and did everything possible to protect myself and others around me. From the onset of the pandemic, I never stopped working. If you run my attendance report for the past 10 years you will find a handful of days I was away from the office using STIIP. I was one of the few who continued to work from the office throughout this time to ensure business continuity. More importantly I was providing moral and all other necessary support to all employees especially to those who had anxieties and opted to work from home.

British Columbia’s Office of the Human Rights Commissioner (BC OHRC) says that vaccination status policies can be implemented **in limited circumstances and for a limited time—but only**

if other less intrusive means of preventing COVID-19 transmission are inadequate for the setting and if due consideration is given to the human rights of everyone involved. This applies to vaccination requirements introduced by government through an Order of the Provincial Health Officer. I understand this Policy is not made under a PHO Order.

MyHR webpage provides information regarding Covid-19 policies and lists the following principles for the purpose of new HR policies:

1. Align to guidance from the Provincial Health Officer and WorkSafeBC
2. Balance the privacy and human rights issues of employees with the need to maintain safe workplace for everyone
3. Ensure a respectful work environment - harassment based on employees' vaccination status or accommodation, will not be tolerated

COVID-19 vaccination policy and HR Policy # 4 – Occupational Safety and Health clearly do not adhere to principles #2 and #3. Please explain how the threat of job loss that pervues in this policy align with the principle #3 especially with regard to employees whose immunity status is arbitrarily not recognized?

Occupational Safety & Health program requires each organization to take proactive measures “to identify workplace hazards and risks in order to implement prevention measures and reduce or eliminate associated employee injury or illness” and to “reflect the nature of the workplace and operations”. As mentioned above the BC OHRC says that vaccination status policies can be implemented **in limited circumstances and for a limited time—but only if other less intrusive means of preventing COVID-19 transmission are inadequate for the setting and if due consideration is given to the human rights of everyone involved.** Does the limited time justify deeply coercive policy?

Our office infection prevention plan was proved as an effective plan throughout this pandemic. Can you please explain and provide the evidence to demonstrate the appropriateness of the Policy mandate specific to our office settings:

- How did you determine that the current measures in our office which have been put in place in response to pandemic, are not effective in preventing covid-19 transmission?
- To which extent the current vaccination level in our office did influence or justify more intrusive measures including a proof of vaccination? In that decision, what type of consideration have you given to respect human rights of everyone involved including those who have recovered from Covid-19 infection?
- What exemptions and/or accommodations will apply (including whether they will accord with human rights requirements, and whether scientifically proven robust and long-lasting natural immunity will be respected)

- What kind of consideration was given for the type of insurance coverage available if severe adverse reactions are experienced as a result of mandatory vaccination policy?
- In our office safety risk assessment analysis what level of consideration was given to the fact that fully vaccinated people can be infected and transmit the virus? BC Pandemic Update data for the week of Oct.28 to Nov.03 reported 34.7% of new cases amongst fully vaccinated people and 28.6% of those who are hospitalized.

These are, amongst many other, crucial questions and information that this policy mandating vaccine failed to answer.

I tested positive on COVID-19 on August 18th, 2021 and after two weeks of illness I recovered with no hospitalization. While in Europe I obtained serology test which confirmed a very strong immune response because of COVID-19 infection (more than 5 times IgG referenced level; results available on request). As I discussed with you on October 15, 2021, BCPS Mandatory Vaccination Policy with no exemption or accommodation options is coercive, ill-advised, and clearly not based on science or most recent knowledge and data about natural immunity. I will provide you with just a few examples of how natural immunity is recognized by the World Health Organization (WHO) and in many other jurisdictions:

- WHO Report on natural immunity with multiple references (May 10, 2021)
[WHO-2019-nCoV-Sci-Brief-Natural-immunity-2021.1-eng \(1\).pdf](#)
- 102 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked, and Quoted ★ Brownstone Institute
- Israel Ministry of Health
[Green Pass Restrictions - Corona Traffic Light Model \(Ramzor\) Website \(health.gov.il\)](#)
- European Digital COVID Certificate
[EU Digital COVID Certificate | European Commission \(europa.eu\)](#)
- St.Luke's Hospital
[\(St. Luke's will let employees with natural immunity to COVID-19 to defer getting the vaccine, LVHN and other employers may follow their example - The Morning Call \(mcall.com\)\)](#)

Deputy Minister, FLNRORD, in his email sent on Nov.02, 2021 said: "I recognize individual decisions regarding vaccination are important and personal. For those who have questions about vaccination, there is authoritative information available on the BC Centre for Disease Control website." I urge you to visit the BC CDC website and try to find any "authoritative "information regarding the infection induced immunity for people who recovered from COVID-19? The only information and reference to natural immunity can be found in the document COVID-19 Public Health Guidance Jul16.pdf (bccdc.ca) on page 6 and 7:

- **IMMUNE RESPONSE TO NATURAL INFECTION:** Following infection, more than 90% of individuals will develop IgM and IgG antibodies within weeks of symptom onset.
- **REINFECTION:** “Most studies conclude that the vast majority of **individuals with prior infection are at very low risk of reinfection in the first 6 months, and likely protected for longer.**”

Why BCPS’ mandatory vaccination policy ignored the information from the BCDC Public Health Guideline and have not taken into consideration natural immunity?

With the recent raise in covid-19 breakthrough cases we learned that vaccine induced immunity is not long-lived and can not support the notion that vaccine provides more complete immunity compared to post Covid-19 infection induced immunity. The legitimate question is: Why would a mandatory vaccine policy favour vaccine over infection induced immunity? Policy does not discriminate against vaccinated people despite the evidence of their waning immunity, and the fact that they can transmit the virus? Fully vaccinated people are instead rewarded with vaccine passports with no regard to public health safety due to the fact they can shed and spread viruses; they are not subject to restrictions or threatened by disciplinary action despite the fact of their waning immunity and ability to transmit the virus. This refutes the notion of “harm no others” as a justification for implementing mandatory vaccination policy. It seems that Mandatory Vaccination Policy is based on “perform and reward” principle rather than guided by the science (perform means jab=job).

On this basis Policy is highly discriminatory, arbitrary, and irrational as it does not have a compelling reason to treat employees with natural immunity any differently from employees who obtained immunity from a vaccine; this is clearly a human rights violation.

No one argues that COVID-19 can pose serious illness and immunization is an effective way of reducing public health risks. However, we also know that vaccine can cause severe adverse reactions, therefore the decision to vaccinate or not should not be taken lightly. Vaccine cannot be treated as a vitamin supplement; even supplements are not recommended by doctors unless you really need them. In reference to Deputy Minister’s remark that “**individual decisions are important and personal**”; it is unethical and immoral to arbitrarily prescribe via policy and coerce someone to take the medication if the medication is not an absolute necessity, and under a threat of disciplinary action and loss of job. Because I already have immunity that is equivalent if not better than people who are fully vaccinated, this should have been considered and addressed in the Policy.

Vaccinating people who have had covid-19 may cause “more harm than good” with no tangible benefit to others due to the absence or extremely rare cases of reinfection amongst previously infected people. A large study in the UK found that people with a history of SARS-CoV-2 infection experienced greater rates of systemic side effects after vaccination. Among 2,000 people who completed an online survey after vaccination, those with a history of covid-19 were 56% more likely to experience a severe side effect that required hospital care.

(sources [Vaccine side-effects and SARS-CoV-2 infection after vaccination in users of the COVID Symptom Study app in the UK: a prospective observational study \(thelancet.com\)](#) ...)

[Self-Reported Real-World Safety and Reactogenicity of COVID-19 Vaccines: A Vaccine Recipient Survey \(nih.gov\)](#)

I also urge you to read the case of Todd Zywicki, Professor of Law at Antonia Scalia Law School, who was granted a medical exemption from the George Mason University from its mandatory Covid-19 vaccination policy on the basis of his natural immunity (provided in hyperlink below). There is a lot to learn from this case: [Zywicki-Complaint-All-Attachments.pdf \(nclalegal.org\)](#).

Government and our ministry executives repeatedly communicated, I must add in the callous and dismissive manner, that I have a choice (this was also confirmed in my conversation with you on October 15, 2021); either you receive unnecessary medication or face termination. The choice this policy offers is not a choice; it is an ultimatum with complete absence of an informed consent. It is extremely painful and traumatic to hear those messages from BCPS, employer who is committed to ensure a non-discriminatory and inclusive work environment; and more so the fact that any of my personal circumstances, concerns, beliefs, or precautions are illegitimate and may be cast aside as “personal preference” and to be overcome through threats, pressure, duress, and coercion. My wife, Operations Manager with the Thompson Rivers District, and I are in the same situation and have been under immense stress and duress to choose between our jobs we love and our personal health.

I ask you to review the information provided in my letter before you make final decision as you have choice too. You can willingly and willfully choose to follow and implement this discriminatory and unjust mandatory vaccine policy or, you as my supervisors, can bring a voice of reason to policy makers and design less intrusive means and measures to manage the risk and safety of our workplace; measures that would have a checks and balances supportable under human rights laws: based on up-to date evidence, time-limited, proportional and necessary (please reference “[A human rights approach to proof of vaccination during the COVID-19 pandemic \(bhumanrights.ca\)](#)”).

I am not against vaccination; however, for the reasons as explained above, all the facts and information provided, and in consideration of my natural immunity status, I have better protection than those who are fully vaccinated 6 months ago or earlier. I request that my status is recognized as of those who are fully vaccinated and allow me to continue to work from the office. This will ensure equal consideration based on the immunity status rather than vaccination without compromising workplace safety. Otherwise, this policy would openly and unjustifiably discriminate against me based on preference how the immunity is obtained.

I like my job and I want to work but I cannot consent to this discriminatory policy; if the purpose of vaccination is to gain some immunity, reduce probability of transmission and prevent in getting seriously sick than I fully meet such requirements. My intent is to continue with my work in a same manner I have been doing for the past 25 years, with the highest level of professionalism and loyalty as expected from the public service employees.

Thank you for your time and consideration. If you need further information or require clarification regarding this letter and its content please let me know.



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