

January 18, 2022

**Attention: Moyra Baxter - Chairperson**

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**Attention: Trustee Norah Bowman**

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**Attention: Trustee Wayne Broughton**

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**Attention: Trustee Amy Geistlinger**

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**Attention: Trustee Lee-Ann Tiede**

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**Attention: Kevin Kaardal - Superintendent**

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Dear Trustees and Superintendent Kevin Kaardal:

**Re: Mandatory Vaccination Policy**

We are writing to you as a group of very concerned employees of the school district, parents of children in the district, and other concerned citizens. We are aware that the Board of Trustees is going to be considering a motion announced, but not formally made, by Trustee Norah Bowman on January 12, 2022, to mandate COVID-19 vaccination for all staff.

We are asking you to follow the other 25 school districts that have reviewed all the evidence and declared that they will NOT be proceeding with such a mandate and have chosen to respect our rights to free, full, and informed consent without coercion or intimidation. We request that you do not second Trustee Bowman's motion, assuming it is formally moved, let alone vote for it.

There has been a large volume of evidence that has emerged since we wrote our last letter to you of November 24, 2021, and even since Trustee Bowman made a notice of motion last week, which demonstrates that mandatory vaccination is not warranted. The evidence also shows that the statements made by Superintendent Mr. Kevin Kaardal in his recent written communication

to parents and caregivers recommending that everyone get vaccinated and offering his opinion that the vaccines are the best protection against severe outcomes from COVID-19, are clearly outside his training, expertise, and authority.

In our opinion, and with respect, the Superintendent has been irresponsible in the handling of this matter. In light of the recommendations and medical opinions expressed by the Superintendent in his letters to parents and caregivers, we ask that he provide us with the following information:

1. evidence that rapid antigen testing is reliable and accurate and that the materials used in the testing equipment have been thoroughly tested for safety and the absence of toxic materials or sterilization;
2. evidence that persons who have not received a single dose of the vaccine are causing more transmission than individuals who have received one or more doses of the vaccine in School District 23;
3. evidence that vaccinations for COVID-19 prevent transmission of the virus and its variants.

### **The Legal and Ethical Responsibilities of the Board of Trustees**

We want to remind you of your Trustee Code of Ethics.<sup>1</sup> You are to assume your duty with diligence and integrity by avoiding being placed in a position of conflict of interest.

Your Code of Ethics requires you to encourage free expression of opinion by Trustees and seek regular communication between the Board, students, staff, and the community. You are to listen to what other Trustees and other individuals, or groups may have to say before making a final decision, based on all available facts. You are to work in a spirit of harmony and cooperation and observe proper decorum and behavior, to encourage full and open discussions, to treat others with respect and consideration, and not to withhold or conceal any information necessary for making informed decisions. You are to endeavor to be competent and efficient in the performance of your duties.

We also want to remind you of Board of Education Policy 105<sup>2</sup> which states very clearly in section 3.4 that if there is ever a conflict between policy and other applicable statutes, those other statutes shall have precedence. Examples of other statutes include the Canadian Charter of Rights and Freedoms and the Human Rights Code. We have previously outlined your legal obligations in our last letter. We will not repeat those here but encourage you to read again our previous letter.

You are required by your Code of Ethics to read and carefully consider the information we have provided. You are not mandated by the Government to implement this mandatory vaccination policy, although there may be pressure behind the scenes from them to do so. 25 other school

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<sup>1</sup> <http://www.sd23.bc.ca/Board/Policies/Section%201%20%20Board%20of%20Education/125.pdf>

<sup>2</sup> <http://www.sd23.bc.ca/Board/Policies/Section%201%20%20Board%20of%20Education/105.pdf>

districts have refused to do so. Because of this reality, if the Trustees of School District 23 vote in favor of mandating vaccinations for all staff, each Trustee could be personally liable for any and all harms caused as a result of such a mandatory vaccination policy. Considering all of the evidence, there is significant risk that many people within the district will suffer adverse reactions to the vaccines and will suffer damages. The Trustees may be personally liable for these damages.

### **Misleading Definitions and Reporting by our BC Government, PHO and BC CDC**

The BC Government, our Public Health Officer Dr. Bonnie Henry, the BC Centre for Disease Control (the “BC CDC”), and the mainstream media continue to make misleading statements about the safety and efficacy of the COVID-19 vaccines and the prevalence of cases, hospitalizations, and deaths, in the “unvaccinated” and the “partially vaccinated” and “fully vaccinated”. To understand the true facts, one must understand how the BC CDC and Dr. Henry define these critical terms that are used to report the facts to the public.

The BC CDC’s most recent report for the period December 14, 2021-January 13, 2022 demonstrates that 83.5% of all new COVID-19 cases are in the “vaccinated”. 13% of these are in the triple vaccinated.<sup>3</sup> Only 16% of all new cases during this timeframe are in the “unvaccinated”. From these statistics, it is clear that the “vaccines” are not effective in lowering the risk of infection or transmission of the virus. These statistics show that it is the “vaccinated” who are greater risk of becoming infected and transmitting the virus. Some say that the statistics are skewed against the “vaccinated” because more people in the population are vaccinated than those who are unvaccinated. This argument is not only incorrect for the reasons to be explained below, but it ignores the following fact. If the vaccines were effective at preventing infection or transmission (something we used to commonly refer to as immunity, not protection or reduction in severity of symptoms), there would be either no cases in the vaccinated at all, or at most, the odd, rare breakthrough case. A closer examination of how these categories are defined, and how the statistics are tracked, demonstrate that these reports significantly underreport the cases, hospitalizations, and deaths among those people who have received at least one dose of the vaccine.

The BC CDC have recently revised who they include in the “unvaccinated” category. They now include persons who have a positive PCR test within **21** days of receiving their first dose (this was originally 7 days, then 14 days, and is now 21 days). The BC government and the BC CDC unfortunately do not disclose how many people in the “unvaccinated” category had received their first dose of the vaccine when they became a “case”, “hospitalization” or “death” nor do they disclose when they received their first dose. To review this latest report on the BC CDC website, go to footnote 1 below, which will take you to the COVID-19 Regional Surveillance Dashboard and click on the “Vax Donuts Charts” tab. To review the definitions (“unvaccinated” etc.), go to the far right of the list of horizontal tabs, click on the arrow to uncover the hidden “Data Notes” tab.

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<sup>3</sup> <http://www.bccdc.ca/health-professionals/data-reports/covid-19-surveillance-dashboard>

It is important to understand when reviewing these reports that the BC CDC does not count people with two doses of the vaccine in the statistics and the reporting as having had their 2<sup>nd</sup> dose until they are at least 14 days past having received that dose. Similarly, people with three doses of the vaccine are not considered in the statistics and the reporting as having received their 3<sup>rd</sup> dose until they are at least 14 days past their 3<sup>rd</sup> dose. One must be 14 days past their 3<sup>rd</sup> dose to be “fully vaccinated”. Thus, if a person has a positive PCR test within this 14-day window, they will be counted in the “partially vaccinated”, or not in the “fully vaccinated” category. Although the “vaccinated” are greater in number than the “unvaccinated”, the fact is that Dr. Bonnie Henry requires much more frequent testing of the “unvaccinated” than she does of the “vaccinated” and she does not even require the “vaccinated” to be tested if they are displaying mild symptoms. <sup>4</sup> This results in an inability to determine how many “vaccinated” people would be a positive “case”, or “hospitalization, or death, if they were subject to the same testing requirements as the “unvaccinated”. The unvaccinated are tested with much greater frequency than the vaccinated, which results in significant underreporting of the number of cases, hospitalizations, and deaths in the “vaccinated”.

Recent admissions from the Alberta and Ontario governments give reason for great concern about how accurate and transparent our provincial governments have been in their record-keeping and reporting. Given that all of the governments seem to be following the same pandemic plan and reporting protocols, this raises serious concerns about whether our BC government has conducted themselves in a similar way. The evidence demonstrates BC’s reporting and accuracy has been at least as poor as Alberta and Ontario.

The Alberta government published data for a few days this past week on their website (before it was promptly removed), that showed when people received their vaccine in relation to be categorized as a positive case, hospitalization, or death. <sup>5</sup> The disclosure of this data paints a very troubling picture. Statisticians have reviewed the data and determined that almost half of COVID-19 hospitalizations of those receiving their first dose of the vaccine, occurred within 14 days of vaccination, which means they were treated as “unvaccinated” in the information reported to the public and touted in mainstream media despite the fact they had received an injection. The statistics confirmed that almost 80% of hospitalizations of those receiving their first dose of the vaccine, occurred within 45 days of vaccination. In British Columbia, if you became a positive case, or are hospitalized within 21 days of your first dose of the vaccine, you are counted as “unvaccinated”. Given that the Alberta statistics show that you had a nearly 50% chance of being hospitalized within 14 days of your first injection, one has to seriously question if the administration of the vaccine caused or contributed to the hospitalization. Additional studies suggest that this is indeed the case.

The Alberta statistics are even more troubling when it comes to deaths. Almost 56% of deaths of those persons receiving their first dose of the vaccine, occurred within 14 days of receiving the

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<https://www.vancouverisawesome.com/coronavirus-covid-19-local-news/the-symptoms-of-omicron-may-be-extremely-mild-heres-when-to-go-for-testing-4888895>

<sup>5</sup> <https://metatron.substack.com/p/alberta-just-inadvertently-confessed>

vaccination, and almost 90% of deaths in those receiving their first dose of the vaccine, occurred within 45 days of receiving the vaccine.

To further compound the problem, Chief Medical Health Officer of Alberta, Dr. Deena Hinshaw, admitted last week that the Alberta Government has in the past, incorrectly categorized and reported COVID-19 patients as being in ICU when that was not the case.<sup>6</sup> As a result the Alberta Government has said they are going to retroactively correct the statistics that were erroneously reported to the public, which will result in a decrease in the number of patients that had been previously reported as being admitted to ICU because of COVID-19.

Similar problems with accuracy in reporting have been identified in Ontario.<sup>7</sup> On January 13, 2022, Ontario's Chief Medical Health Officer, Dr. Kieran Moore, said the province is trying to ascertain the "true" mortality data from COVID-19. The recent change by the province will distinguish patients who are admitted to hospitals *for* COVID-19 versus those who are admitted for other reasons that tested positive for COVID-19. Dr. Moore admitted that 45% of hospital admissions were reported as being because of COVID-19 when they were not. The positive test was incidental, not causative. In other words, it was not the reason the person was in hospital, but they then subsequently had a positive test. He also disclosed that 20% of ICU cases were incidental to being diagnosed with COVID-19, in other words they weren't in ICU because of COVID-19, but they were reported as if they were because of the subsequent positive test. He also admits that it may be that some of the deaths were also wrongly reported as being from COVID-19 when they were not. They are looking into that.

Interestingly enough, Dr. Bonnie Henry admitted last week that coincidentally the same 45% of cases in BC that were being reported to the public as hospitalizations due to COVID-19, were actually hospitalizations for reasons other than COVID-19, which the government calls "incidental". When asked why this information was not provided to the public earlier, she said that the collection of this information is complicated and requires chart reviews of individual patients.<sup>8</sup> One would think accurate reporting of such critical information used to drive public health policy and used to justify the removal of human rights and civil liberties would be made more of a priority.

Since Dr. Henry has admitted her reporting of hospitalizations due to COVID-19 was off by almost 50%, she has made the decision to move to a system of "census hospitalization reporting" which will further reduce transparency and make it virtually impossible to tell who has been hospitalized because of COVID-19, or who had an incidental positive test after being admitted to hospital for some other reason.<sup>9</sup> Dr. Henry explained that her new model of counting

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<sup>6</sup> [https://www.youtube.com/watch?v=jS4EmwV4\\_3Y&t=120s](https://www.youtube.com/watch?v=jS4EmwV4_3Y&t=120s)

<sup>7</sup> [https://www.theepochtimes.com/ontario-to-change-covid-death-reporting-in-a-bid-to-identify-possible-incidental-cases-chief-medical-office-r-4215479.html?utm\\_source=morningbriefnoe&utm\\_medium=email\\_MB&utm\\_campaign=mb-2022-01-15&utm\\_content=News\\_Ontario\\_to\\_Change&est=LJ64BIYqm3daBGDevuHJIEpQH5utGU8X6dwDkBiVTK%2BWtrURfhAayO6pdzos%2FaN%2B19sXNM%2BB9Q%3D%3D](https://www.theepochtimes.com/ontario-to-change-covid-death-reporting-in-a-bid-to-identify-possible-incidental-cases-chief-medical-office-r-4215479.html?utm_source=morningbriefnoe&utm_medium=email_MB&utm_campaign=mb-2022-01-15&utm_content=News_Ontario_to_Change&est=LJ64BIYqm3daBGDevuHJIEpQH5utGU8X6dwDkBiVTK%2BWtrURfhAayO6pdzos%2FaN%2B19sXNM%2BB9Q%3D%3D)

<sup>8</sup> [https://www.kelownanow.com/watercooler/news/news/Provincial/Around\\_half\\_of\\_COVID\\_19\\_hospital\\_cases\\_not\\_due\\_to\\_the\\_virus\\_latest\\_BC\\_data\\_suggest/#fs\\_107308](https://www.kelownanow.com/watercooler/news/news/Provincial/Around_half_of_COVID_19_hospital_cases_not_due_to_the_virus_latest_BC_data_suggest/#fs_107308)

<sup>9</sup> <https://bc.ctvnews.ca/b-c-s-covid-19-hospitalization-total-to-jump-as-province-changes-reporting-system-1.5740550>

hospitalizations will mean that every patient in hospital who tests positive for COVID-19 will be included in daily numbers. She admits that with this type of reporting system, no attempt will be made to separate out so-called “incidental” COVID-19 cases, which include patients who are hospitalized for reasons unrelated to the virus but test positive during routine screening (and thus could be asymptomatic and not contagious), such as those heading into surgery or delivering a baby. Dr. Henry’s reasoning for providing this more inaccurate system of reporting is that it takes significant effort to provide accurate information. Dr. Henry admits this will result in an overestimate of COVID-19’s impact on BC’s hospitals making it even more difficult for people to provide informed consent to take an initial, or subsequent injections.

Health Canada follows the WHO’s safety surveillance manual (“SSM”) for how Canada tracks what is called adverse events of special interest or AESI (i.e., adverse vaccine reactions).<sup>10</sup> The SSM says that sudden deaths within days of vaccination for COVID-19 are not tracked because they “pose a major threat to immunization programs” (see page 121/264 at paragraph 6.6). If the public knew people were dying within days of their vaccination, one can understand how that may cause people to exercise their informed consent and decline to be vaccinated. That would be a major threat to an agenda to immunize as many people in the public as possible. Not tracking and reporting these incidents to the public and asking them to give informed consent to an experimental vaccination is reprehensible.

The BC Government and the BC CDC do not report when people who are categorized as cases, hospitalizations, or deaths, receive their vaccinations. Therefore, unlike the Alberta government, the public is unable to determine whether there is any causal link between the vaccination and the positive case, hospitalization, or death. However, given the similarity in all of the other statistics, it is reasonable to expect that BC is similar to Alberta, and other countries around the world.

### **Recent Admissions About the Inaccuracy and Unreliability of the COVID-19 Testing Methods**

Dr. Bonnie Henry admits in her most recent health order of November 18, 2021<sup>11</sup> in preamble R, that testing of asymptomatic people is not recommended because it increases the likelihood of generating false positives. Many physicians, scientists, and researchers have been saying this since the beginning of the pandemic, but despite that advice, Dr. Bonnie Henry insisted on requiring “unvaccinated” employees to subject themselves to regular rapid antigen (“RAT”) testing every shift, and PCR testing if the RAT was positive. This was her directive until she suspended all of the “unvaccinated” employees from their place of employment (see page 11 Section E. 3 and 4 of the PHO).<sup>12</sup> Many other government and private sector employers have decided to implement this requirement even though they are not covered by the public health

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<sup>10</sup> <https://apps.who.int/iris/bitstream/handle/10665/345178/9789240032781-eng.pdf?sequence=1&isAllowed=y>

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<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-hospital-and-community-vaccination-status-information-preventive-measures.pdf>

<sup>12</sup>

<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/archived-docs/covid-19-pho-order-vaccination-status-information-sep27.pdf>

order mandates. This has resulted in regular weekly repeated testing for unvaccinated employees throughout the province, which skews the comparison between the “vaccinated” persons who are not subject to such stringent testing requirements as the “unvaccinated”.

Many scientists, researchers and physicians have been arguing since the beginning of the pandemic that the PCR test is not a valid test because it cannot tell whether someone who receives a positive test is infectious/contagious or not. Only recently, has the CDC admitted this. Dr. Rochelle Walensky, Director of the CDC in the United States admitted on January 7, 2022 that these tests are not authorized for the purpose of evaluating contagiousness (see 1:55 to 2:32 of the video at this footnote).<sup>13</sup> Dr. Fauci, Chief Medical Director at the National Institute of Health, also recently admitted that the PCR test cannot give you any indication whether you can transmit the disease. He said that someone could have been infected at one time and no longer be contagious and therefore not be capable of transmitting the virus, but they could still end up with a positive test for up to 12 weeks after they stopped being able to transmit the disease. Perhaps this is why the CDC and FDA have removed the use of the PCR as a valid testing method as of December 31, 2021.<sup>14</sup> One must ask, if the tests cannot tell you whether someone is infectious and can spread the disease, and could give a false positive for up to 12 weeks after the infection has cleared, what value do they have? It would seem they could result in COVID-19 being reported as the reason for cases, hospitalizations, and deaths when that was not true at all. Yet, in BC, we continue to rely on these tests to determine if someone is contagious and should be quarantined or prevented from working at their place of employment.

Dr. Bonnie Henry has not admitted what Dr. Walensky and Dr. Fauci have, as of yet, but she has now admitted in her most recent health orders that testing asymptomatic people can result in high false positives. Before this recent admission however, she insisted on regular testing of asymptomatic individuals as a condition of remaining in the workplace. Many people have been sent home from work because of a positive PCR test, which Dr. Henry now admits has a high rate of false positive and which the CDC and Dr. Fauci admit cannot even tell you if the person is contagious. It would have been helpful if this was admitted at the outset when those with the expertise were saying this before they were labeled as conspiracy theorists and had their reputations smeared.

### **Emerging Evidence of the Correlation between Vaccination and Cases, Hospitalizations, and Death and the Lack of Efficacy of the Vaccines**

University of Alberta Professor, Kyle Beattie, published a pre-print study<sup>15</sup> on November 15, 2021, where he examined government data from 145 countries to determine the impact of the administration of the COVID-19 vaccines relative to the number of cases, hospitalizations, and deaths. His findings from the data are concerning. The data demonstrated 89.84% of statistically significant countries showed an increase in total deaths per million associated with COVID-19 due directly to the causal impact of the administration of the vaccine. This data also

<sup>13</sup> <https://www.youtube.com/watch?v=gxZT7ra-oxs>

<sup>14</sup> [https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes\\_CDC\\_RT-PCR\\_SARS-CoV-2\\_Testing\\_1.html](https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html)

<sup>15</sup> [https://www.researchgate.net/publication/356248984\\_Worldwide\\_Bayesian\\_Causal\\_Impact\\_Analysis\\_of\\_Vaccine\\_Administration\\_on\\_Deaths\\_and\\_Cases\\_Associated\\_with\\_COVID-19\\_A\\_BigData\\_Analysis\\_of\\_145\\_Countries](https://www.researchgate.net/publication/356248984_Worldwide_Bayesian_Causal_Impact_Analysis_of_Vaccine_Administration_on_Deaths_and_Cases_Associated_with_COVID-19_A_BigData_Analysis_of_145_Countries)

demonstrated that 86.78% of statistically significant countries showed an increase in total cases per million of COVID-19 due directly to the causal impact of the administration of the vaccine. This data strongly suggests that the vaccine is causing cases, hospitalizations, and deaths, not preventing them. Other experts in the field have cited Mr. Beattie's research with approval.<sup>16</sup>

Dr. Paul Alexander, Consultant Researcher in Evidence-Based Medicine, Research Methodology, and Clinical Epidemiology, recently examined the data from the United Kingdom and published a report on January 15, 2022, indicating that the UK government data demonstrates that the rate of infection is dramatically escalating in the vaccinated as time goes on.<sup>17</sup> He published further research on January 17, 2022,<sup>18</sup> that confirms lockdowns may have delayed infection temporarily, but in those jurisdictions where severe lockdown measures were used, they have prevented the population from developing natural immunity and now have the highest case counts and hospitalizations. He also confirmed the research that mass vaccinations during an ongoing pandemic when the virus is present, has proven to be an ineffective strategy and actually resulted in a compromised immune system and more negative outcomes overall.

When one considers our own BC statistics, and the fact that 86% of new cases are in the "vaccinated", which undoubtedly includes some people who were within 21 days of their first vaccination, that were instead counted as "unvaccinated", there is absolutely no justification for mandating these vaccines as a condition of employment.

Dr. Claudia Chaufan, Steven Pelech, Deanna MacLeod, Kanji Nakatsu, and John Hardie of the Canadian Covid Care Alliance recently wrote a letter to the Globe and Mail,<sup>19</sup> outlining scientific research and government data to back up their claims that this virus has a survival rate after infection of nearly 100%, and most people experience very mild to no symptoms. Asymptomatic transmission is close to zero and severity is a function of age and comorbidities. The most recent variant, Omicron, is very mild and easily confused with the common cold. They also advocate that those people who did suffer from the virus, could have done much better had early treatment been permitted, instead of being prohibited. Recent studies published in the world's leading medical journal, the Lancet, confirm that both vaccinated and unvaccinated people transmit the virus equally, and that research confirms that the outbreaks are primarily happening among the vaccinated. Despite frantic claims by mainstream media and government officials that the unvaccinated are overwhelming ICU beds, government statistics, which are now to some extent being conceded by the government officials to over-report hospitalization and ICU admission as a result of COVID-19, show that the majority of occupied adult ICU beds are currently occupied by non-COVID-19 cases.

If the mandate has a public health purpose, then its purpose should be to lower the risk of infection and transmission. The Director of the CDC in the US, admitted in early August 2021, that the vaccines do NOT stop transmission.<sup>20 21</sup> Dr. Bonnie Henry admitted in preamble G. of

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<sup>16</sup> [https://stevekirsch.substack.com/p/new-big-data-study-of-145-countries?r=07iqo&utm\\_campaign=post&utm\\_medium=web](https://stevekirsch.substack.com/p/new-big-data-study-of-145-countries?r=07iqo&utm_campaign=post&utm_medium=web)

<sup>17</sup> <https://palexander.substack.com/p/devastating-2nd-week-report-of-negative>

<sup>18</sup>

<sup>19</sup> <https://www.canadiancovidcarealliance.org/wp-content/uploads/2022/01/globemail-the-real-serial-killer22.01.13final-version.pdf>

<sup>20</sup> <https://www.youtube.com/watch?v=Z5PWsMkhGDE>

<sup>21</sup> [https://www.realclearpolitics.com/video/2021/08/06/cdc\\_director\\_vaccines\\_no\\_longer\\_prevent\\_you\\_from\\_spreading\\_covid.html#!](https://www.realclearpolitics.com/video/2021/08/06/cdc_director_vaccines_no_longer_prevent_you_from_spreading_covid.html#!)



her November 18, 2021 health order, that even with the Delta variant, which was less transmissible than the Omicron variant, that vaccinated people could still be infected with, and transmit the virus.<sup>22</sup> She admits in her December 31, 2021 health order that this is still the case.<sup>23</sup> Despite this, Dr. Bonnie Henry still claims that the vaccine is highly effective, and the most important preventative measure a person can take to protect themselves.

The CEO of Pfizer, Albert Bourla, stated last week that two doses of the vaccines offer “very limited protection, if any” against the Omicron variant, yet he still encouraged people to get another dose.<sup>24</sup> The World Health Organization warned on January 11, 2022,<sup>25 26</sup> that boosters are not a viable strategy against emerging variants. The European Union’s drug regulator has also recently expressed that they do not support repeated vaccinations within short intervals as a sustainable long-term strategy. The EU has warned that frequent booster shots, such as every four months, will end up causing “problems with the immune response and immune response may end up not being as good as we would like it to be, so we should be careful in not overloading the immune system with repeated immunization.”<sup>27</sup>

### **Omicron Has Higher Transmissive Ability But Much Less Severity**

CDC Director, Rochelle Walensky, has acknowledged that the Omicron variant carries 53% less risk of symptomatic hospitalization, 74% less risk of ICU admission, and 91% less risk of death when compared to the Delta variant.<sup>28</sup>

In Canada, Statistics Canada states that approximately 90% of deaths between March and July 2020 occurred among individuals with pre-existing conditions, and in 2020, 87% of COVID-19 related deaths occurred in Canadians 65 years or older, 90% of which occurred in individuals with pre-existing chronic conditions. Further, 80% of all Canadian COVID-19 related deaths in long-term care facilities.<sup>29</sup> To date the BC CDC claims that of nearly 5,300,000 people in British Columbia, 2,468 people have died “with” (not necessarily from) COVID-19.<sup>30</sup> This represents a death rate provincially of 0.04%. The latest reports show that virtually all of these deaths are in

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<sup>22</sup> <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-hospital-and-community-vaccination-status-information-preventive-measures.pdf>

<sup>23</sup>

<sup>24</sup> <https://www.news.com.au/technology/science/human-body/pfizer-boss-says-two-doses-provides-limited-protection-if-any-against-omicron/news-story/9d76126d080e2010f05eb0b4ae5e0c45>

<sup>25</sup> <https://www.who.int/news/item/11-01-2022-interim-statement-on-covid-19-vaccines-in-the-context-of-the-circulation-of-the-omicron-sars-cov-2-variant-from-the-who-technical-advisory-group-on-covid-19-vaccine-composition>

<sup>26</sup> <https://www.theguardian.com/world/2022/jan/12/repeated-covid-boosters-not-viable-strategy-against-new-variants-who-experts-warn>

<sup>27</sup> [https://www.theepochtimes.com/eus-drug-regulator-expresses-concerns-over-immune-response-with-current-approach-for-covid-19-vaccine-boosters\\_4207438.html?utm\\_source=mr\\_recommendation&utm\\_medium=left\\_sticky](https://www.theepochtimes.com/eus-drug-regulator-expresses-concerns-over-immune-response-with-current-approach-for-covid-19-vaccine-boosters_4207438.html?utm_source=mr_recommendation&utm_medium=left_sticky)

<sup>28</sup> <https://www.kusi.com/cdc-director-75-of-covid-deaths-occurred-in-people-with-at-least-four-comorbidities/>

<sup>29</sup> <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/epidemiological-economic-research-data/excess-mortality-impacts-age-comorbidity.html#fn9>

<sup>30</sup> <https://experience.arcgis.com/experience/a6f23959a8b14bfa989e3cda29297ded>

people aged 70 or more<sup>31</sup> and based on previous reports<sup>32</sup> more than 90% of these people were over age 80 (see page 19).

The emerging evidence suggests that the end of the mandates and the Order may be coming sooner than some expected. For example, England announced that it will be discontinuing Covid passes and working from home guidance at the end of January<sup>33</sup>, and that they are drawing up plans to phase out their remaining pandemic restrictions as early as March.<sup>34</sup>

Dr. Bonnie Henry admitted last week in her public address, that she is not sure what changes if any will be made to the existing health orders, mandates, or restrictions in light of new emerging evidence concerning the Omicron variant, among other things. However, she does appear to be going in the opposite directions to other provinces like Alberta and Ontario, at least for the time being without any sound basis for doing so.<sup>35</sup>

### **Emerging Evidence of the Superiority of Natural Immunity**

There is good evidence to suggest that natural immunity is much stronger and durable than any limited protection offered by the vaccines. A comprehensive paper written by many of Canada's top scientists and academics in immunogenetics, immunotoxicology, viral immunology, molecular virology, pathobiology, neuroscience, and neurology, referencing numerous peer-reviewed published studies, confirms this fact.<sup>36</sup> Dr. Bonnie Henry, does not recognize natural immunity and does not even consider this when issuing her blanket mandatory vaccination policies for entire groups of the population who have different ages, comorbidities, health, and natural immunity status.

Another recent study from South Africa published on December 28, 2021, confirms that the immune response of people infected with Omicron appears to increase protection against Delta more than fourfold.<sup>37</sup>

The government data across the provinces, and worldwide, is clear that natural immunity is durable and effective, and that the vaccines are not working and are harming many people. It is clear that there is no evidence that there is a risk of transmission between staff and students in the

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<sup>31</sup> <http://www.bccdc.ca/health-professionals/data-reports/covid-19-surveillance-dashboard>

<sup>32</sup> [http://www.bccdc.ca/Health-Info-Site/Documents/COVID\\_sitrep/2021-12-09-Data\\_Summary.pdf](http://www.bccdc.ca/Health-Info-Site/Documents/COVID_sitrep/2021-12-09-Data_Summary.pdf)

<sup>33</sup> <https://www.dailymail.co.uk/news/article-10400971/Sajid-Javid-scrap-Covid-passes-fortnight.html>

<sup>34</sup>

<https://amp.theguardian.com/world/2022/jan/17/all-covid-restrictions-in-england-could-end-in-march-under-no-10-plans>

<sup>35</sup> <https://vancouver.citynews.ca/2022/01/17/b-c-extends-covid-restrictions-indefinitely/>

<sup>36</sup>

<https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/10/Natural-Immunity-vs.-Vaccine-Induced-Immunity-FINAL-Oct-8-2021.pdf>

<sup>37</sup> <https://www.cnn.com/2021/12/28/covid-omicron-appears-to-protect-against-delta-could-displace-it-study.html>

school district. If this vaccine mandate had any public health purpose, that purpose ought to be to lower the risk of transmission of the virus. There is no evidence that the vaccine accomplishes this, and in fact, recent data from around the world, including British Columbia, suggests that the vaccinated are getting sick, being hospitalized, and dying as much or more than the unvaccinated.

### **Emerging Evidence of the Harms Caused by the Vaccines**

The evidence overwhelmingly suggests that we have more reason to fear adverse reactions from the vaccines, that offer very little if any benefit, than we do from the virus itself.

There have been numerous testimonies of vaccine injuries that seem to be going largely ignored and unreported by Government reporting agencies. See this 1 hour and 34-minute video for numerous testimonies from Canada <sup>38</sup>, this 1 hour and 7-minute video of the numerous testimonies from Israel, and this website of testimonies from across the world <sup>39</sup> of how people and their loved ones have been seriously harmed by the COVID-19 vaccines. These are real people who have suffered serious negative consequences from receiving these vaccines.

The Canadian Covid Care Alliance paper referred to above<sup>40</sup>, also concludes that the evidence overwhelmingly shows that the vaccines are not safe and that the vaccinated were 300% more likely to suffer an adverse event, 75% more likely to suffer a severe adverse event, and most concerning, were more likely to die. Even our own BC CDC in their Data Summary report dated December 9, 2021,<sup>41</sup> shows the vaccinated were as likely to die from COVID-19 as were the unvaccinated (with the “unvaccinated” deaths still including anyone within 21 days after having received their first dose - which we know from the Beattie study of 145 countries mentioned earlier, very likely contained deaths of people who were within 21 days of receiving the first dose of the vaccine).

The CDC in the US recently released VAERS (Vaccine Adverse Event Reporting System) data including 1,033,994 reports of adverse events from all age groups following Covid vaccines including 21,745 deaths and 170,446 serious injuries between December 14, 2020 and January 7, 2022.<sup>42</sup> Of the 9,936 deaths in the US, as of January 7, 2022, 19% of them occurred within 24 hours of vaccination, 24% occurred within 48 hours of vaccination, and 61% occurred in people who experience an onset of symptoms within 48 hours of being vaccinated. 4,806 pregnant women reported adverse events including 1,533 reports of miscarriage or premature birth. 3,419 cases of Bell’s Palsy were reported, and 836 reports of Guillain-Barre syndrome were reported. Myocarditis topped the list of COVID-19 vaccine injuries among 12 to 17-year-olds (see source VAERS data at footnote 33).<sup>43</sup> These numbers are even more frightening when one recognizes

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<sup>38</sup> <https://www.bitchute.com/video/XTAKoTq9pYWH/>

<sup>39</sup> <https://www.realnotrare.com/realstories>

<sup>40</sup> <https://www.canadiancovidcarealliance.org/wp-content/uploads/2022/01/globemail-the-real-serial-killer22.01.13final-version.pdf>

<sup>41</sup> [http://www.bccdc.ca/Health-Info-Site/Documents/COVID\\_sitrep/2021-12-09-Data\\_Summary.pdf](http://www.bccdc.ca/Health-Info-Site/Documents/COVID_sitrep/2021-12-09-Data_Summary.pdf)

<sup>42</sup> <https://childrenshealthdefense.org/defender/vaers-cdc-myocarditis-tops-list-covid-vaccine-injuries-teens/>

<sup>43</sup> <https://openvaers.com/covid-data/mortality>

that VAERS is aware that these figures are “estimated to account for only 1%” of actual vaccine adverse events, as per the widely recognized *Lazarus Report*.<sup>44 45</sup>

On January 14, 2022, Stephanie Seneff, PH.D. Senior Research Scientist at MIT Computer Science and Artificial Intelligence Laboratory, issued a warning on Fox News that vaccinating young people for COVID-19 may cause serious neurodegenerative diseases such as Parkinson’s, CKD, ALS, and Alzheimer’s in the years to come. She said that it was outrageous to consider vaccinating children when they have such a very low risk of dying from the virus.<sup>46</sup> This warning stems from the findings of her co-authored peer-reviewed study published in the *International Journal of Vaccine Theory, Practice, and Research* where it was determined that the mRNA vaccines may, over time, be responsible for the development of a wide range of both acute and long-term induced pathologies, such as blood disorders, neurodegenerative diseases, and autoimmune diseases.<sup>47</sup>

The World Health Organization reports that they have received 2,878,833 reports of adverse reactions to the COVID-19 vaccine in 2021 alone.<sup>48</sup> This includes 48,757 reports of immune system disorders, 828,960 musculoskeletal and connective tissue disorders, 1,242,683 nervous system disorders, 139,956 psychiatric disorders, and so on (click on footnote 31 and click confirmation at bottom of first page, type in “covid-19vaccine” in the search bar on the second page, to review adverse reactions and ADR annual reports).

When one reviews all of the available evidence, it is clear that no Superintendent of any school district should be recommending people get vaccinated, nor should a medical opinion be offered that vaccination remains the best protection against severe outcomes from COVID-19 (see Kevin Kaardal’s letters of December 30, 2021 and January 7, 2022 to families and caregivers). It is also clear that the Trustees should not be making a motion to mandate vaccination of all staff when there is no such mandate from the Government.

The evidence is clear, our Government has been anything other than transparent in the reporting of the facts concerning the safety and efficacy of the vaccines, and the impact of COVID-19 and the vaccines upon the number of cases, hospitalizations, and deaths in our Province. Instead of correcting these mistakes, our PHO has indicated she is going to make it even more difficult to determine the true facts about the impacts of COVID-19 and the COVID-19 vaccinations.

No evidence has been offered to suggest that there is any material risk of transmission of the virus between staff, or between staff and students, or between students themselves, that would justify the mandate even if the vaccines were safe and effective. Schools have been open and operating safely and effectively since September 2020 with unvaccinated staff on site. The BC CDC is still reporting as of the end of December 2021, that there have been 0 (ZERO) school

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<sup>44</sup> <https://openvaers.com/>

<sup>45</sup> <https://openvaers.com/images/r18hs017045-lazarus-final-report-201116.pdf>

<sup>46</sup> <https://childrenshealthdefense.org/defender/mit-scientist-stephanie-seneff-neurodegenerative-disease-young-people-covid-shots/>

<sup>47</sup> <https://ijvtp.com/index.php/IJVTPr/article/view/23/51>

<sup>48</sup> <http://vigiaccess.org/>

aged children in BC who have died from COVID-19 and that all such children who had a positive PCR test or were hospitalized, fully recovered.<sup>49</sup>

In light of these realities, there is absolutely no basis for mandating vaccination in School District 23.

Omicron is often like the common cold. The vaccines are not working and in fact are harming a lot of people. Our government has not been transparent in reporting the facts concerning the virus and the vaccines, and this problem is only going to get worse. The data and science are overwhelming.

There is no basis for this mandatory vaccination policy. Trustee Bowman's stated intention to make such a motion at the next meeting should not be seconded and should not be voted for under any circumstances. The Board of Trustees for School District 23 should follow the lead of the other 25 school districts in BC who have declined to implement a mandatory vaccine policy.

Thank-you for your consideration.

**Respectfully,**

SD#23 Employees Supporting Freedom of Choice

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<sup>49</sup> [http://www.bccdc.ca/Health-Info-Site/Documents/COVID\\_sitrep/K12\\_Situation\\_Report/SitRep\\_K-12\\_December\\_2021.pdf](http://www.bccdc.ca/Health-Info-Site/Documents/COVID_sitrep/K12_Situation_Report/SitRep_K-12_December_2021.pdf)