

By Email

November 12, 2021

██████████ Senior Employee Relations Specialist
Human Resources Department, Bank of Canada
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Re: Request for accommodation with respect to the Bank of Canada's COVID-19 Vaccination Policy

Dear ██████████

With respect to the Bank's COVID-19 Vaccination Policy, I request accommodation for the following reasons:

Medical

I, like the great majority of my departmental colleagues, have been working 100% from home since March 2020 (20 months). My department will continue to be on 100% telework until at least February 2022, and once called back to the office, will be working under a new "hybrid" model, where all work will be capable of being done from home, including meetings. My department will also be allowing employees six weeks per year of a "work from anywhere" (in the world) arrangement, highlighting that all work can be done remotely.

There is no medical reason to require me to be vaccinated while I am working from home. There is also no reason that the status quo of full telework cannot be maintained for employees who choose not to be vaccinated. Therefore, I request to be accommodated by continuing to work from home, as I have been doing since March 2020. This accommodation presents no undue hardship to the Bank, because it would simply be a continuation of the work arrangement I have had for the past 20 months.

The Bank's vaccination policy is arbitrary. For example, the Bank has arbitrarily decided not to provide an option of testing for employees who choose not to be vaccinated. In contrast, the vaccination policies of various employers operating in federally-regulated industries, such as the Bank of Montreal, Rogers, Telus, and Canada Life reportedly allow the alternative of rapid testing for employees who choose not to take a vaccine.¹ It is noteworthy that many such employees have a high degree of face-to-face interaction with the public, which is in stark contrast to my work environment at the Bank of Canada, where I can do all of my work from home, and where even at head office there is very little, if any, interaction with the public. I also note that Telus's media release about its vaccination policy states that "unvaccinated team members will continue to work from home,"² which is the accommodation that I

¹ "Canada Life, Rogers join growing list of companies requiring COVID-19 vaccination or rapid tests for employees", 23 August 2021, *Globe & Mail*: <https://www.theglobeandmail.com/business/article-canada-life-rogers-join-growing-list-of-companies-requiring-covid-19/>.

² "TELUS prioritizes the health and safety of team members and customers by introducing Covid-19 vaccination policy", 31 August 2021, TELUS.com (media release): <https://www.telus.com/en/about/news-and-events/media-releases/telus-prioritizes-the-health-and-safety-of-team-members-and-customers-by-introducing-covid-19-vaccination-policy>.

am requesting. Additionally, the Quebec and Ontario governments have announced that they will not require vaccination for workers in their provincial healthcare systems.³ If testing of non-vaccinated employees is sufficient for the entire Quebec healthcare system (the hub of transmission of most infections in that province), how can testing not be sufficient for any other workplace in Canada?

I am concerned about the known and unknown medical risks of COVID-19 vaccines. Administration of the AstraZeneca vaccine was halted in Canada after several people died due to lethal blood clots caused by the vaccine.^{4,5,6} Although the potential dangers were well-known internationally as early as March 11, 2021, and use of the AstraZeneca vaccine had already been halted in at least nine European countries,⁷ Canadian provinces continued to administer hundreds of thousands of doses before finally discontinuing use of the AstraZeneca vaccine in mid-May because of the associated health risks.^{8,9} The currently-available COVID-19 vaccines have also been associated with many serious adverse health events.¹⁰ Due to the risks of heart inflammation (myocarditis and pericarditis), Germany, France, Norway, Denmark, Sweden, Iceland, and Finland have paused or are no longer recommending the Moderna vaccine for younger people,^{11,12,13,14} and Ontario is no longer recommending Moderna for

³ "Quebec scraps vaccine mandates for health care workers, Ontario won't require them", 3 November 2021, *Globe & Mail*: <https://www.theglobeandmail.com/canada/article-ontario-expands-booster-shots-to-people-70-and-older-wont-be-mandatory/>.

⁴ "Quebec confirms 1st death related to rare AstraZeneca-linked blood clots, emphasizes benefits outweigh risks", 27 April 2021, *CBC News*: <https://www.cbc.ca/news/canada/montreal/az-vaccine-death-quebec-1.6003957>.

⁵ "Edmonton woman who died of vaccine-induced blood clot was turned away from ER, friend says", 6 May 2021, *CBC News*: <https://www.cbc.ca/news/canada/edmonton/edmonton-covid-astrazeneca-vaccine-blood-clot-death-1.6015535>.

⁶ "Ontario confirms first blood clot death in man who received AstraZeneca COVID-19 vaccine", 25 May 2021, *CTV News*: <https://toronto.ctvnews.ca/ontario-confirms-first-blood-clot-death-in-man-who-received-astrazeneca-covid-19-vaccine-1.5442160>.

⁷ "Covid-19: European countries suspend use of Oxford-AstraZeneca vaccine after reports of blood clots", 11 March 2021, *British Medical Journal* 372:n699: <https://www.bmj.com/content/372/bmj.n699>.

⁸ "Ontario Pauses Administration of AstraZeneca Vaccine", 11 May 2021, Government of Ontario: <https://news.ontario.ca/en/statement/1000103/ontario-pauses-administration-of-astrazeneca-vaccine>.

⁹ "Quebec halts 1st doses of AstraZeneca vaccine, keeps future supply for 2nd only", 13 May 2021, *CBC News*: <https://www.cbc.ca/news/canada/montreal/astrazeneca-vaccine-quebec-1.6025187>.

¹⁰ "Weekly surveillance summary: adverse events following immunization (AEFIs) for COVID-19 in Ontario: December 13, 2020 to October 17, 2021", Public Health Ontario: <https://www.publichealthontario.ca/-/media/documents/ncov/epi/covid-19-aefi-report.pdf?la=en>.

¹¹ "Germany, France Restrict Moderna's Covid Vaccine For Under-30s Over Rare Heart Risk—Despite Surging Cases", 10 November 2021, *Forbes*: <https://www.forbes.com/sites/roberthart/2021/11/10/germany-france-restrict-modernas-covid-vaccine-for-under-30s-over-rare-heart-risk-despite-surging-cases/?sh=cdfd6ed2a8a6>.

¹² ["On Wednesday Sweden said it would halt the use of the mRNA shot among those under 30 and Denmark paused its rollout for children and teenagers under 18. Norway advised men younger than 30 to opt for the Pfizer jab instead. Finland has since followed suit, announcing on Thursday that men born in 1991 and later will subsequently be given the Pfizer jab."], "Scandinavian countries limit use of Moderna jab among young people", 7 October 2021, *The Telegraph*: <https://www.telegraph.co.uk/global-health/science-and-disease/scandinavian-countries-limit-use-moderna-jab-among-young-people/>.

¹³ "Iceland Joins Nordic Peers in Halting Moderna Covid Vaccinations" 8 October 2021, *BNN Bloomberg*: <https://www.bnnbloomberg.ca/iceland-joins-nordic-peers-in-halting-moderna-covid-vaccinations-1.1663781>.

¹⁴ "Sweden extends pause of Moderna vaccine for younger age group", 21 October 2021, *Reuters*: <https://www.reuters.com/world/europe/sweden-extends-pause-moderna-covid-vaccine-younger-age-groups-2021-10-21/>.

males aged 18-24.¹⁵ These decisions by governments to stop administering or recommending COVID-19 vaccines demonstrate that my concerns about the medical risks associated with COVID-19 vaccines are legitimate.

Religious

I am a scientist with B.Sc., M.Sc., and Ph.D. degrees in Physics, and I have carefully considered the scientific literature regarding the risks posed to me by COVID-19 and by the COVID-19 vaccines. Having done so, I have come to the deep personal conviction that the right choice for my health is for me not to take a COVID-19 vaccine. From my analysis of the available evidence, I have also come to the deep conviction that the government should not be recommending these vaccines for young and healthy individuals; I therefore object, as a matter of conscience, to participating in the government's vaccination program. Due to these deep personal convictions, I request an accommodation on the basis of freedom of conscience and religion.

My personal conviction is informed by:

- The values imparted to me from my upbringing as a member of the Catholic Church and as a student in Catholic elementary and middle school in Ontario. These include the values expressed in the philosophy of Saint Thomas Aquinas, who believed that “conscience is the consideration of a specific case in light of one's moral knowledge” and “the binding character of conscience, whether erring or not, means that acting against conscience is always evil.”¹⁶
- A family tragedy: my father died as a result of an adverse event from a pharmaceutical product. I am therefore acutely aware that there are risks associated with pharmaceutical products, and take this into account in developing my personal convictions and health choices.

Human Rights (Age and Sex)

The Bank's policy discriminates against me on the basis of age and sex, because it forces me to expose myself to a higher risk of a dangerous adverse health event (heart inflammation) than females and those older than me, in order to obtain the same employment opportunity of continuing my work at the Bank.

Public Health Ontario's publication “Weekly surveillance summary: adverse events following immunization (AEFIs) for COVID-19 in Ontario: December 13, 2020 to October 17, 2021”¹⁷ shows that heart inflammation (myocarditis or pericarditis) events after two doses of an mRNA (Pfizer or Moderna) vaccine occur:

- 3.7 times more frequently in males than in females
- 1.8 times more frequently in males aged 30-39 (my age group) than in females aged 12-17
- 1.4 times more frequently in males aged 30-39 than in females aged 18-24
- 3.8 times more frequently in males aged 30-39 than in females aged 25-29

¹⁵ “Ontario Recommends the use of Pfizer-BioNTech COVID-19 Vaccine for Individuals Aged 18-24 Years Old”, 29 September 2021, Government of Ontario: <https://news.ontario.ca/en/statement/1000907/ontario-recommends-the-use-of-pfizer-biontech-covid-19-vaccine-for-individuals-aged-18-24-years-old>.

¹⁶ Hoffman, Tobias. “Conscience and *Synderesis*”, in *The Oxford Handbook of Aquinas* (Davies, Brian, ed.), Oxford University Press, New York (2012).

¹⁷ See footnote 10, above, Table A3.

- 1.6 times more frequently in males aged 30-39 than in females aged 30-39
- 9.8 times more frequently in males aged 30-39 than in females aged 40-49
- 3.3 times more frequently in males aged 30-39 than in females aged 50-59
- 7.2 times more frequently in males aged 30-39 than in females aged 60-69
- 10.4 times more frequently in males aged 30-39 than in females aged 70-79
- 6.6 times more frequently in males aged 30-39 than in females aged 80+
- 2.1 times more frequently in males aged 30-39 than in males aged 40-49
- 3.4 times more frequently in males aged 30-39 than in males aged 50-59
- 3.3 times more frequently in males aged 30-39 than in males aged 60-69
- 3.1 times more frequently in males aged 30-39 than in males aged 70-79
- 4.5 times more frequently in males aged 30-39 than in males aged 80+

Males aged 30-39 (my age group) are therefore clearly at a higher risk of developing heart inflammation following two doses of an mRNA vaccine than females or men older than 40. This discriminates against me, because it forces me to expose myself to greater health risk (of a dangerous adverse event following vaccine dosage) than members of other identifiable groups in order to continue working. This discrimination can be remedied without undue hardship to the Bank by allowing me to continue working from home without taking a vaccine.

For all of the above reasons, I request to be accommodated by being permitted to continue working from home until the Bank's COVID vaccination policy is no longer in place.

Sincerely,



Joseph Hickey, PhD
Data Scientist
Bank of Canada