

9th February 2023

Response to Te Whatu Ora Draft Pre-Employment Occupational Health Vaccination Policy V6

Aku Huia Kaimanawa is a collective of midwives and women who stand for bodily autonomy, informed consent and the promotion and protection of physiological birth.

We offer this feedback as people who have been deeply affected by the unethical government Covid-19 vaccination mandates.

The irony of working through the pandemic when there was no vaccine available only to be deemed 'unsafe' once we chose not to acquiesce to the Pfizer injection, is not lost on us. There will always be unseen and unknown pathogens; it is the nature of the world we exist in. That is why (or so we thought) we have 'universal precautions'. It is also why focusing on supporting our innate immune system to function well is of primary importance to us. Vaccination is not the panacea for public health; other measures exist and deserve promotion. For example the Covid pandemic has highlighted the important role of Vitamin D as a protective measure particularly against Covid-19 disease progression (Argano et al 2023).

Supportive approach

The draft policy opens (page 2) with the following statement: "Te Whatu Ora cannot require an individual to be vaccinated, therefore this policy takes a supportive and encouraging approach." Aku Huia Kaimanawa tautoko this statement. A supportive and encouraging approach will ensure that each potential employee, contractor, tutor or student is able to make an informed decision about the different vaccinations that are being encouraged. If necessary a confidential risk assessment can be carried out with the occupational health staff. It is discrimination not to employ someone on the grounds of their medical choices particularly when the safety and efficacy of the encouraged treatments are not fully established.

A supportive and encouraging approach would uphold the ethical principle of bodily autonomy. The privacy of an individual's health information would be respected and those who choose not to be vaccinated would preserve their mana. Aku Huia Kaimanawa were disappointed and confused to see that the supportive approach was not consistently applied throughout the drafting of this policy.

Acting within the law

On page 16 of the policy, Clause 8 of Appendix Four states: "To undertake a policy that undermines workers' rights at law should not be pursued". Te Whatu Ora have done exactly this by perpetuating the Covid vaccine mandates long after the government ended the legislation. Aku Huia Kaimanawa have been and continue to be, astounded that a health organisation experiencing significant staff shortages, particularly in maternity, would knowingly continue to implement a policy that is not only unethical but illegal.

Our recommendation would be to immediately drop the current requirement for Covid 19 vaccinations so that the development of a policy does not continue to be a barrier to midwives returning to practice. This consultation process has already exhibited moving goalposts, so how much longer must the health and safety of women and babies be jeopardised while the policy is completed.

Requiring someone to take a medical treatment is a breach of sections 10, 11 and 15 of The NZ Bill of Rights Act 1990. Furthermore, it is unlawful as per the Human Rights Act 1993 to discriminate against someone based on their medical choices. Aku Huia Kaimanawa considers that the nature of this policy is inherently discriminatory as there is no mention made of an exemption process. There are always people who are not vaccinated for medical or religious reasons. Not all vaccinations are suitable for all people. And if managers are to be privy to all potential applicants and/or students vaccination status how does this align with the Health Information Privacy Code?

Evidence based practice

“Literature was consulted on specific topics, however a full list of documents that were used to inform this policy is not given.”

The decision not to include consultative documents may be viewed as an insult to the intelligence of the population for whom this policy is intended. Health care professionals are schooled in evidence based care so arbitrarily excluding data when a policy has far reaching ramifications is dumbfounding to say the least.

When we look specifically at the evidence surrounding the Covid 19 vaccine, data has emerged to show that the risk of Covid 19 infection **increases** with the number of vaccination doses administered and does not prevent symptomatic disease in most (Shrestha et al 2022). The Health and Safety at Work Act 2015 outlines minimising and managing known risks but does not specify vaccination or an individual's vaccine status as a risk. Given what we know about the failure of the injection to prevent transmission, (Nguyen et al 2021, Singanayanam et al 2021), how can an unvaccinated individual be more of a risk? The efficacy also starts to wane six weeks (Gazit et al 2021) after vaccination in comparison to natural immunity which can last years, so without regular serological testing for all staff how do we really know who is immune and who isn't?

The policy strays into the discriminatory again when mention is made of unvaccinated staff having to have restrictions on practice or to wear masks during the winter period. Requiring a staff member to wear a mask simply because they are unvaccinated singles them out as though they are infectious; an action that is akin to mere superstition!

Aku Huia Kaimanawa notes there is no mention made in the policy of vaccine side effects. Given the rate of suffering a serious adverse event is significantly higher with the Covid mRNA injection (Fraiman et al 2022), would this be considered in the Health and Safety Risk assessment? Countries like Denmark, and the U.K have decided to stop promoting mRNA boosters to under 50 year- olds given the risk of adverse events like myocarditis outweighs the benefit of vaccination. Requiring an individual to do something that may harm their health simply to keep their job is egregious at best, and criminal at worst.

Questions to Consider

Having read the draft policy Aku Huia Kaimanawa would like Te Whatu Ora to consider the following questions:

1. Page 2 Scope: Will health workers or contractors who were terminated or left their position because of the vaccine mandates be considered new employees? For example: renewal of access agreements?
2. Page 4 Pre-employment screening: Will Te Whatu Ora cover the cost of serological testing for contracted workers?
3. Page 4 Responsibilities of Managers: What process will be in place to protect the worker from discrimination given that the policy requires managers to “Ensure that the immunity/vaccination status of workers is considered when making staffing decisions”?
4. Appendix 2 Page 7: What evidence of natural immunity will be sufficient for a worker/contractor in category A?
5. Is there a health and safety policy that sets out the process for a worker who has an adverse reaction to a vaccination?
7. At what point in the employment process does this policy commence. Is serological evidence now expected when applying for a position prior to interview? At what part of the application process is pre-employment defined as?

Conclusion

Aku Huia Kaimanawa urges Te Whatu Ora to honour the intention of a supportive and encouraging approach, by developing a policy that upholds the ethical principle of bodily autonomy. We would like to see a policy that is cognisant of the NZ Bill of Rights, the Privacy Act and the Health and Disability Code of Rights. Midwives work together with whanau to ensure freedom of choice and informed consent. If we cannot be afforded these dignities from the system within which we work, how can we nurture and protect these principles in our own practice?

We recommend that the existing requirement for Te Whatu Ora staff to have the Covid Vaccinations be immediately dropped, so that the completion of this policy does not remain a barrier to midwives returning to practice.

References

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