

To the Staff, Administration and Board of the St. Elizabeth Healthcare system,

We submit this letter to express our strong objection to the COVID-19 vaccine mandate being forced upon the entire organization. We feel that true informed consent is being abrogated by the rush to push this experimental medical procedure upon us all regardless of medical, religious, or conscientious differences. There has been a lack of debate, dialogue, and charity towards dissenting opinions in the greater medical community which is now playing out here locally. The basis of our objections is detailed as such:

1. All current vaccines allow permissive infection and transmission of fully vaccinated individuals; therefore, they DO NOT “provide strong protection against unintentional spread” but may do the opposite due to a false sense of security in the vaccinated individual.

Natural immunity is at least equal to and likely superior to vaccine immunity, yet this has not been a part of the discussion for unclear reasons. A majority of healthcare providers in our system are declining the vaccine due to prior infection and already having sufficient immunity to COVID-19.

2. We acknowledge the majority of hospitalized patients in NKY currently are unvaccinated and that the vaccines to-date may be a helpful prophylactic treatment to reduce incidence of hospitalization in at-risk individuals. However, given the non-sterilizing properties of these vaccines, they will NOT lead to eradication of the disease, but rather induce selective pressure for development of variants with increasing vaccine resistance. We hope that future vaccines may be safely developed that are sterilizing to prevent infection and transmission.

3. Last year the flu vaccine, which has been studied for 78 years, was mandated by the system without much debate because the safety of the vaccination has been clearly established. This current mandate is not equivalent. These novel, gene therapy-based COVID-19 vaccines have only been available for 9 months without long term data. Each individual should be able make their own personal medical decision and risk-benefit analysis with the guidance of their provider without coercion, duress, or harassment.

4. Beyond the expensive monoclonal antibody infusions, there are multiple cheap, effective, oral medications which have been shown to be effective in mitigating the severity of COVID-19 infections which are NOT currently being prescribed or recommended by providers. If providers attempt any “off label” treatments they are censored, blacklisted or treated as pariahs. The lack of any other early treatment of disease is the largest contributor to the increase of hospitalizations being seen. At a separate meeting, many of us would be willing to spearhead implementation and rigorous study of these early therapeutics.

5. We are unclear about the endpoint of this endeavor. If we look at fully vaccinated cruise ships or countries with high vaccination rates such as Israel and Great Britain, we see that cases and death continue to breakthrough. Looking to populations further along mass-vaccination than Kentucky, we are seeing lowering effectiveness of the vaccine to the current Delta variant. We are being asked to forego our own medical reasoning, judgement, and conscience to promote this former vaccine strategy of decreasing efficacy.

6. We understand that you often look to the CDC for your recommendations and guidance. The CDC does not mandate vaccination for their employees nor have they recommended mandates. So, why has St. Elizabeth Healthcare decided to go beyond their recommendations on this matter?

7. You have trusted and respected our medical decision making as physicians and providers in the community to-date. We have been trained to look critically at scientific data and make medical decisions using evidence-based medicine. We urge you not to make decisions based on fear and wishful thinking. We urge you to recognize and defend the science and our medical expertise. Furthermore, we are open to and would welcome scientific, open-debate with other physicians with opposing conclusions.

8. The healthcare workers of the St. Elizabeth system have all labored as essential workers tirelessly throughout the pandemic. They took on personal risk and provided the best possible care despite no available vaccines. They have spent years training to do their jobs and sacrificed their health and time with family and friends to care for the sick. St. Elizabeth front-line workers gladly accept these sacrifices as they are consistent with their calling. We simply ask that you rescind this mandate, further study these vaccines, and allow personal body integrity for each St. Elizabeth employee. Please be “right here” for St. Elizabeth employees too.

Our goals are the same. We desire to see the health and flourishing of our entire community and the world at large. We look forward to further dialogue.

Sincerely,

St. Elizabeth Healthcare Physicians and Providers

Matthew Grunkemeyer, MD  
Justin Klanke, MD  
Amy DiChiara MD  
Anthony Alvarez MD  
Audrey Ertel MD  
Brandon Kohrs, DO  
Craig Sanders, DO  
Charles Breen, MD  
Harel "Rocky" Rachovistsky, MD  
Howard Schertingzer, MD  
Howard Stroupe, MD  
Jonathon Spanyer, MD  
Matt Grunkemeyer, MD  
Rick Abrahamson, MD  
Ron Aurer, MD  
Ryan Moon, MD  
Joey Warren MD  
Suzana Brozovic, MD  
William Beers, MD  
Mike Greiwe, MD  
Lisa Judge, MD  
Adam Miller, MD  
Gene Burchell, MD  
Angie Marshall, CRNA  
Brent Plummer, APRN

Marjorie Reeves, APRN  
Ed Harris, APRN  
Jason Gregg, APRN  
Kevin Hickey, CRNA  
Kim Bridges, CRNA  
Kristin Sommer, CRNA  
Michael LaVoy, CRNA  
Monica Blackburn, CRNA  
Teresa Geis, CNRA  
Wendi Stroupe, CNRA  
Christine Marchetta, CRNA  
Jenna Ionna , APRN  
Kelly Rawe, APRN  
Nick Mai, APRN  
Kristin Boudreaux, APRN  
Anonymous SEP/H physicians  
Anonymous midlevel providers