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To: CMA Board of Directors on behalf of their CMA Member Physicians

Re: **CMA Resolution for Mandatory Vaccination of Canadian Schoolchildren**

This is to inform you that Vaccine Choice Canada is vigorously opposed to the CMA's proposed resolution calling for "mandatory vaccination" to be voted on by your members at your annual meeting in Halifax, August 23-26, 2015.

Vaccine Choice Canada (VCC) is founded by families whose loved ones have suffered severe vaccine reactions, including brain and immune system injuries, and death. Our children are the "collateral damage" of a medical system that imposes a "one size fits all" vaccine schedule and remains unconcerned about variables in genetic vulnerability in the population and fails to acknowledge that some will suffer harm from vaccines.

As complex biochemical compounds, by definition, vaccines are drugs with known risks of both injury and death. Once injected, these complex substances can cross the fragile blood brain barrier of young children, and cannot be deactivated or removed should something go wrong.

A. Our overriding concern is that of the civil right to informed consent.

This is a matter of legal rights and justice, not science which we will address in Part B.

Vaccine Choice Canada maintains that the human right to voluntary and informed consent must always inform vaccine decision making and that parents are the only ones qualified to speak for their voiceless infants and young children and to evaluate which if any vaccines their child will receive.

If the CMA Resolution does not allow for informed consent, that is the right to know and to choose, it would violate all of the following:

1. The **CMA Code of Ethics** which affirms the right of the patient to "make informed decisions about their medical care" and to "accept or reject any medical care recommended".
2. **Provincial regulations such as Ontario's Health Care Consent Act¹** which stipulates "No treatment without consent" and lays out the elements of consent required for treatment:
 - The consent must be informed
 - The consent must be given voluntarily
 - The consent must not be obtained through misrepresentation or fraud
3. **Canadian Medical Law²** which enshrines the individual's right to voluntary, informed consent to medical risk taking as a foundational medical ethic.
4. **Canadian Charter of Rights and Freedoms³** including the guaranteed freedoms of conscience and religion and the legal right to security of the person.
5. **International Conventions** to which Canada is signatory, including
 - a. **The Nuremberg Code**, and **Helsinki Accords** which defend the basic human right to the Informed Consent ethic, and reject the moral argument that the creation of alleged benefits for the many ("herd immunity") justifies the sacrifice of the few. ^{4,5}
 - b. The **UNESCO Universal Declaration on Bioethics and Human Rights, Article 6–Consent:**

*"Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be expressed and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice."*⁶

Finally, in terms of justice, the question of **compensation for injury** must be considered.

Canada and Russia are the only OECD countries that have NO compensation program for vaccine injuries. The CMA cannot even consider mandating vaccines which carry medical risks without a national compensation program in place.

B. The Science is NOT Settled

Vaccine Choice Canada is deeply concerned by the general failure of the medical system to recognize that a large body of neuroscience research accumulated over 30 years shows that there is significant cross talk between the immune system and the central nervous system. What affects one affects the other. Furthermore, that the clusters of 8 or more vaccines injected numerous times in the first two years of life during the most critical phases of brain and immune system development, perturbs the delicate balance between the immune system and neurological system, and is driving the explosion of neuroimmune disorders seen in children today.^{7,8,9,10}

“If you overstimulate the immune system at the periphery, especially in the critical stage of early development, you are going to influence the brain in a negative way, and risk irreversible damage. You cannot influence the immune system at the periphery without changing something in the brain.”¹¹

Vaccine Choice Canada has recently published two detailed reports on Canada’s **dual vaccine adverse events reporting system** which inexplicably hides the majority of vaccine reactions and injuries from public scrutiny.¹² As an example of what is hidden and what is revealed, the two full public reports issued by the Public Health Agency of Canada document that from 1992 to 2012 the publicly inaccessible CAEFISS database recorded 87,911 vaccine adverse events reports. Compare this to the publicly accessible Canada Vigilance database which recorded 551 reports or less than 1% of all adverse reaction reports on CAEFISS during those same years.

Our second Report¹³ reveals that in 2014 infants under 1 year of age experienced **35% of all Serious Adverse Events**. Serious Events include hospitalization, disability and/or death. This is up from **30%** for the previous 3 years. Revealed also, is that babies under 2 years of age experienced **61% of all serious events**, up from **54%** in previous 3 years. And finally, we see that young children, toddlers and infants (all aged less than 7 years old) experienced **72.5% of all serious adverse events** following immunization in 2014 compared to **70.5%** on average in the previous 3 years.

Neurological events are the most commonly reported type of serious adverse events following immunization, followed by immune disorders.

Clearly it is the youngest, most vulnerable children receiving the highest number of multiple combination vaccines who are hardest hit by the current vaccine schedule.

Is the Canadian Medical Association concerned by this data and if so, how could it possibly believe that it is ethical to promote mandatory vaccination when the risk of injury to babies and young children is so apparent?

In point form below we add the following concerns regarding Vaccine Science:

- The safety of the current childhood vaccine schedule has never been proven in large, long-term clinical trials. Most safety trials are limited to a few weeks.
- There is no long-term clinical evidence that vaccinated children have better overall health than unvaccinated children. There is a growing body of evidence that the opposite is true.
- Vaccines have never been tested for their carcinogenic or mutagenic potential.
- 1 in 10 Canadian children currently have life threatening conditions. How can we possibly mandate vaccines until we rule out the vaccine connection to these?
- No large safety trials have been undertaken that use an unvaccinated population as the control group to compare long term health outcomes in both vaccinated and unvaccinated groups.
- Most vaccine safety trials use control groups consisting of other vaccinated populations or placebos containing aluminum and other vaccine ingredients absent the infective organism(s). These are not true placebos which

are inert or neutral substances. **The use of false placebos inflates vaccine safety claims.**

- Adequate studies have not been conducted to establish the safety of using **aluminum adjuvants in vaccines.** The neurotoxicity of aluminum is well documented, affecting memory, cognition, psychomotor control, and damage to the blood brain barrier.¹⁴
- Emerging research: **ASIA or Autoimmune/inflammatory Syndrome Induced by Adjuvants** (also known as Shoenfeld's syndrome)^{15,16} is a collection of autoimmune symptoms which result after exposure to aluminum adjuvant, a common vaccine ingredient that stimulates the immune system and can trigger an immune system chain reaction in susceptible individuals and may lead to overt autoimmune disease.
- **Not all vaccines are created equal.** Vaccine mandates must be considered on an individual vaccine basis:
 1. Some vaccines are not designed to inhibit transmission of communicable diseases¹⁷, thus cannot be mandated on the theory (false or not) of herd immunity.
 2. Others, like tetanus, are not even for communicable diseases.
 3. Others, like the Hepatitis B (HB) vaccine should not target babies or even young children as they have the lowest risk of all age groups of contracting this largely blood borne infection. Health care professionals however are a high risk group. Yet in 1998 the CMA and the CDA resolved not to mandate vaccination or screening for doctors or dentists.¹⁸
How can this be justified to concerned parents?
- Vaccine Choice Canada and other civil, scientific and medical organizations have long called for **independent vaccine studies using real placebos** and full disclosure of all clinical studies, not just the ones with "positive" results.¹⁹

C. Herd Immunity and Vaccine Hesitancy

One of the most contentious subjects that parents making vaccine decisions encounter is that of herd immunity. The medical profession would do well to address this openly.

Vaccine immunity is not the same as life-long natural immunity. The theory of herd immunity was postulated on the natural immunity to measles which used to be prevalent in Western populations. The theory has not transposed well to vaccine immunity situations .

Herd immunity in vaccinated populations is a failed theory, not scientific fact. Highly vaccinated populations still get measles, mumps, chickenpox and whooping cough because of first and secondary vaccine failure. Furthermore, fully vaccinated people can have subclinical infections and can unknowingly infect others, especially the very young and medically fragile.²⁰

How can we mandate vaccination based on a failed theory which was intended to **protect a small minority of the population by damaging another small minority of the population?**

Vaccine Choice Canada calls on the CMA to recognize that all children are important. Currently there is a **noticeable absence of concern for vaccine-injured children.**

While doctors are trained as vaccine providers, they need **training to recognize vaccine adverse events and then to report reactions and injuries.** Current spontaneous reporting rates from medical professionals is very low. The IMPACT active reporting system (from paediatric hospitals across the country) reports more serious adverse events than all the provincial and territorial health authorities combined. At that, the estimate is that only 10% of adverse events are reported by IMPACT. This means **the number of Serious Adverse Events is at a minimum 10 times the reported numbers, probably more.**

SUMMARY

Vaccine hesitancy on the part of the public is a direct result of the lack of acknowledgement by the pharmaceutical industry, government regulatory agencies and health professionals of all of the above concerns—legal, scientific and theoretical. It really is time for more frank and open discussion, not less.

Instead of inflaming vaccine hesitancy with an ill considered “mandatory vaccination” policy, the CMA could take up this challenge and address the concerns of a growing portion of the Canadian public who are fast losing trust in the medical system.

—From the Board of Directors of Vaccine Choice Canada

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