

Email: info@vaccinechoicecanada.com Mail: P.O. Box 169, Winlaw, BC, V0G 2J0 Web site: www.vaccinechoice canada.com

April 26, 2017

To the Attention of: Global News

**Re**: Inaccurate Reporting

I am writing in response to the Global News article – 'Alberta government not supporting mandatory vaccinations for students' by Sarah Kraus (April 19, 2017) http://globalnews.ca/news/3390399/alberta-government-not-supporting-mandatory-vaccinations-for-students/?sf71674257=1

Ms. Kraus quotes Dr. Timothy Caulfield, the Canada Research Chair in health, law and policy at the University of Alberta. Dr. Caulfield makes a number of statements that are incorrect or deceptive and require retraction and correction.

### Vaccination is Voluntary in Canada

Dr. Caulfield makes the statement that vaccination is mandatory in the Provinces of Ontario, Manitoba, and New Brunswick. Kraus reports Caulfield stating: "There is already mandatory vaccination legislation in Manitoba, Ontario and New Brunswick." This is a false statement.

All vaccinations in all provinces in Canada are voluntary. The requirement in Ontario and New Brunswick is an <u>administrative</u> requirement to provide documentation of either compliance with the current vaccine schedule, or a statement of exemption based on medical, religious, or personal conscience. (Manitoba no longer has this administrative requirement.)

There is <u>no medical requirement</u> to vaccinate one's children in order to attend school. Dr. Caulfield is either uninformed, misinformed, or being intentionally dishonest when he claims vaccination is mandatory in Ontario, Manitoba, and New Brunswick.

I suggest that Dr. Caulfield, in his role as Research Chair in health, law and policy, should reasonably be expected to have knowledge of laws governing vaccination of children. This begs the question why Dr. Caulfield makes the false statement that

vaccination is mandatory and omits vitally important information about parents' legal right to obtain medical, conscience, or religious based vaccine exemptions.

#### **Effective Does Not Mean Safe**

A second statement attributed to Dr. Caulfield is "the science doesn't lie: "The evidence tells us that vaccination is effective."

While some vaccines have shown effectiveness in reducing the incidences of some infectious diseases, Dr. Caulfield fails to acknowledge the legitimate concern about the safety of vaccination. A medical procedure can be effective and not safe. Thalidomide was effective for its intended purpose. It was not safe. If a product is not safe, it does not matter that it is effective. To imply that the only matter of scientific significance is 'effectiveness' is deceptive and irresponsible.

Dr. Caulfield seems unaware, or shows callous disregard, that the vaccine industry has been forced to withdraw numerous vaccines because of the significant harm these vaccines caused. The list includes: small pox, swine flu, whole cell DPT, MMR (Urabe strain), and oral polio vaccines, among others.

The major criticism of the health/vaccine industry is its systemic failure to conduct long-term clinical trials that scientifically prove the safety of the current vaccine program. The prestigious Institutes of Medicine (IOM) found that the safety of the current childhood vaccine schedule has never been proven in large, long-term clinical trials:

"The committee's review confirmed that research on immunization safety has mostly developed around studies examining potential associations between individual vaccines and single outcomes. Few studies have attempted more global assessment of entire sequence of immunizations or variations in the overall immunization schedule and categories of health outcomes, and none has squarely examined the issue of health outcomes and stakeholder concerns in quite the way that the committee was asked to do its statement of task. None has compared entirely unimmunized populations with those fully immunized for the health outcomes of concern to stakeholders."

<a href="http://www.nvic.org/PDFs/IOM/2013researchgapsIOMchildhoodimmunizationschedulea.aspx">http://www.nvic.org/PDFs/IOM/2013researchgapsIOMchildhoodimmunizationschedulea.aspx</a>

Vaccines have not been tested for carcinogenicity (ability to cause cancer), toxicity (the degree to which a substance can damage an organism), genotoxicity (ability to damage genetic information), mutagenicity (ability to change the genetic material), or for long-term adverse reactions.

The current vaccine schedule has never been tested for safety in the real world way in which the schedule is implemented. No independent trials confirm the safety of giving multiple vaccinations at once. Research shows a dose-dependent association between the number of vaccines administered simultaneously and hospitalization

or death. No long-term clinical evidence exists that show vaccinated children have better overall health than unvaccinated children.

The absence of scientific evidence of vaccine safety leads one to conclude that vaccination is ideology rather than evidence-based medicine.

## **Concern for Protecting Children**

Caulfield believes "governments could have an important role to play when it comes to protecting children who cannot be immunized for medical reasons." While Dr. Caulfield's concern for children who cannot be immunized is laudable, Caulfield shows a noticeable lack of concern for children harmed by vaccines.

Caulfield's failure to acknowledge or express concern for the systemic harm vaccines can and do cause undermines his integrity as someone who supports humanitarian and scientific principles and values. All children deserve to be protected. Canada is the only G7 nation without a national no-fault vaccine injury compensation program. If your child is vaccine injured in Canada, you are on your own. This is unacceptable.

Caulfield also fails to acknowledge that children who cannot be immunized are more at risk from recently vaccinated individuals than from healthy non-vaccinated individuals. Witness the access restrictions in hospital wards treating immune-compromised patients. It is standard practice to restrict access of recently vaccinated individuals due to the risk of infecting patients due to viral shedding or being asymptomatic yet infectious.

It is well established that recently vaccinated individuals can shed live and attenuated viruses up to six weeks post vaccination. Vaccinated individuals can also carry diseases yet remain asymptomatic, thereby unknowingly spread infectious diseases. Vaccines and vaccinated individuals are responsible for the spread of whooping cough, polio, influenza, measles, and mumps.

# The Myth of Herd Immunity

Dr. Caulfield also states - "I think we're going to see more and more of this when you have outbreaks of mumps and measles and concerns that we don't have enough vaccinations to achieve herd immunity."

The theory of 'herd immunity' is often used to justify imposing vaccines upon citizens against their will or consent. What Caulfield fails to acknowledge is that herd immunity is a theory based on natural immunity created by natural exposure. Natural immunity is life long. The immune response stimulated by vaccines is temporary, lasting a few years or even as short as a few months. There is no evidence herd immunity can be achieved with artificial immunization.

Caulfield also fails to acknowledge that most vaccines are not designed to reduce the spread of disease, but rather to reduce the severity of symptoms should one get the disease. Vaccines for diphtheria, pertussis, injected polio, and influenza do not prevent disease transmission. Therefore vaccination with these vaccines has no impact on the rate of infection or herd immunity. Tetanus is not contagious and therefore the rate of vaccination does not create herd immunity.

Disease outbreaks regularly occur in fully vaccinated populations. To imply that non-vaccinating individuals undermine herd immunity is marketing propaganda, not science. Most disease outbreaks are due to vaccine failure, not a failure to vaccinate. Creating the impression that non-vaccinated individuals are a risk to the community is dishonest and deceptive.

#### **Honest Brokers of Information**

Parents with legal exemptions for their unvaccinated or partially vaccinated children feel under attack when they read articles that ignore, dismiss, and undermine their legal right to refuse vaccinations. Such reporting creates confusion, distortion, and division in a community.

When citizens are denied their right to know that they have a legal right under the law to refuse vaccines, that vaccination is NOT mandatory, and that no one can force them to vaccinate their children against their will in order to attend school, the result is a government and medical industry imposed tyranny supported by a complicit media.

We need the media to be honest brokers of medical information and work to safeguard and protect the rights and freedoms of Canadians including the right to informed consent and the charter rights to security of the person. We need Global to create a climate of trust where the community can have honest discourse on this critically important and complex issue.

It is my expectation Global News will retract the dishonest and deceptive statements made by Dr. Caulfield and make a public correction. I look forward to your considered response.

Sincerely,

Ted Kuntz, Parent of a Vaccine Injured Child Vice President, Vaccine Choice Canada

CC.

<u>Caley Ramsay</u> Online Journalist - Global News

Sarah Kraus Reporter - Global News

Dr. Timothy Caulfield caulfield@ualberta.ca

Vaccine Choice Canada