

September 15, 2018

To the Attention of:

Trish Mongeon - Managing Director, Children First Canada
Sara Austin, Founder and Lead Director, Children First Canada

Re: Report on the State of Children's Health In Canada

Dear Ms. Mongeon and Austin

I am responding to the recent report, *Raising Canada*, prepared by the *O'Brien Institute for Public Health* for *Children First Canada* describing the state of children's health in Canada today. While I applaud the efforts of Children First Canada to monitor and advocate for the health of our children, I am deeply concerned by your failure to acknowledge the impact of injected vaccine ingredients on the declining health of Canadian children and your indiscriminate advocacy for the vaccination of children.

Instead of acknowledging the mounting and compelling evidence of increasing vaccine injury and advocating for adherence to the 'precautionary principle', Children First Canada continues a blind allegiance to this invasive and poorly monitored medical practice. To state – “*We don't know why these children aren't getting their vaccines*” demonstrates your failure to stay current with the emerging scientific and epidemiological evidence of vaccine injury.

Further, to imply that the incomplete vaccine status of two-year old children is somehow driving the failing state of children's health today is at odds with the evidence. And suggesting that increased vaccine uptake will somehow fix the tragic state of children's health has no basis in reality. Children First Canada does a disservice by continuing to chant the mantra that vaccines are “safe and effective” in the face of mounting and compelling evidence that vaccinated children do not have better overall health than unvaccinated children.

In 2017, the *Journal of Translational Science* published the first independent, non-industry funded study comparing the overall health of vaccinated and unvaccinated 6- to 12-year-old children in the United States. The results of the study reveal that while vaccinated children were significantly less likely to have chicken pox or

whooping cough, they were **significantly more likely** to have pneumonia, allergies, otitis media (ear infection), eczema, a learning disability, Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, neuro-developmental disorders, and chronic illness. The conclusions of the study were as follows:

*“ . . . the strength and consistency of the findings, the apparent “dose-response” relationship between vaccination status and several forms of chronic illness, and the significant association between vaccination and NDDs all support the possibility that some aspect of the current vaccination program could be contributing to risks of childhood morbidity. **Vaccination also remained significantly associated with NDD** after controlling for other factors . . . ”*

The medical industry has not been able to provide substantive evidence that children receiving the current vaccine schedule have better overall health than those who don't.

An Epidemic of Neurological and Immunological Injury

What the *Raising Canada* report has accurately acknowledged is that “*there is a failing state of children's health today*”. The fact is we are experiencing an epidemic in Canada. There is a sudden and dramatic increase in autism, learning disabilities, ADHD, diabetes, life threatening allergies, mental illness, and other neurological and immunological system disorders not previously seen in our children.

I have no doubt that Canada is on a similar track as the U.S. where more than 50% of children suffer from one or more chronic diseases. Exposures to the rampant environmental toxicities endemic in air, food and water, topped off with the complex biological and chemical compounds in vaccines that babies are injected with during the most critical phases of brain and immune system development, is contributing for the decline in children's health. The tragic reality is that we've known this information for a long time.

The declining state of children's health in Canada is absolutely connected to vaccination, but not for the lack of it. We have a generation of children whose immune and neurological systems have been ravaged by a burgeoning vaccine schedule while parents and the public are kept in the dark about the research implicating vaccines in the spectrum of neurological disorders, the explosion of allergic/anaphylactic diseases, autoimmune diseases, mental illness, and cancers that now afflict children on a scale never before seen.

Prior to 1980 the rate of autism was less than 1 in 10,000. Today, autism affects more than 1 in 68 children (age 5 – 17) in some Canadian provinces, and at the current rate of growth autism is projected to affect 1 in 2 children by 2030. The impact of autism on our education, medical, social support systems and families is catastrophic. Yet the medical industry and mainstream media virtually ignore this epidemic while creating disaster scenarios when a few dozen individuals contract measles.

The fact is the significant increase in neurological and immunological disorders has occurred at the same time as the number of vaccines administered to children in Canada has increased more than 300%. In 1983, most Canadian children received 23 doses of 7 vaccines. Today, Canadian children receive up to 70 doses of 17 vaccines. And the effort to monitor the impact of this dramatic increase of vaccine ingredients in our children is grossly inadequate given research suggests that less than 1% of vaccine injury is ever reported.

Vaccines Cause Brain and Immune System Injury

The O'Brien Institute for Public Health and Children First Canada are either unaware or choose to ignore extensive published scientific evidence which shows that vaccines have the potential to cause brain and immune system injury and that this injury is linked to the epidemic of chronic illnesses like ASD, asthma, allergies, seizures, learning disabilities and mental illness.

The scientific community has known for more than fifteen years that when a person is vaccinated the brain's own specialized immune cells, the microglia, become activated. Multiple vaccinations spaced close together over-stimulate the microglia, causing them to release a variety of toxic elements — cytokines, chemokines, excitotoxins, proteases, complement and free radicals that damage brain cells and their synaptic connections.

The O'Brien Institute for Public Health and Children First Canada also appear to be unaware of the work of world-renowned researchers Dr. Romain K. Gherardi, Dr. Chris Exley, or Canada's own Dr. Chris Shaw who all support the contention that aluminum adjuvants in vaccines may have a significant role in the etiology of autism spectrum disorder. This contention is based upon the growing body of peer-reviewed scientific evidence that indicates a definite link between Autism Spectrum Disorders, Parkinson's disease, dementia and exposure to aluminum adjuvants in vaccines.

"The aluminum content of brain tissues from 5 donors who died with a diagnosis of ASD was found to be extraordinarily high, some of the highest values yet measured in human brain tissue."

~ Professor Chris Exley

The fact is aluminum is used as an adjuvant in at least 18 vaccines today. The neurotoxicity of aluminum is well documented, affecting memory, cognition, psychomotor control and damage to the brain when the aluminum passes through the blood brain barrier. The amount of aluminum used in vaccines regularly exceeds the maximum amount permitted by the FDA. The science of aluminum adjuvant neurotoxicity is well described here: <http://vaccinepapers.org>

When vaccine ingredients are injected directly into the body, they bypass the natural portals of entry and the normal protective filters such as the lungs, digestive organs and skin. This method of delivery permits the ingredients contained in vaccines, including mercury, aluminum, viruses, foreign DNA, MSG, antibiotics, and other toxic and harmful ingredients to enter the bloodstream, make their way into organs, bones and tissues, and cross the blood-brain barrier into the brain.

"Vaccination amounts to a conjuror's trick, designed to accomplish by deception precisely what the whole immune mechanism has seemingly evolved to prevent – granting bacteria, viruses, and foreign antigens free and immediate access to the major internal organs of the immune system with no reliable means of getting rid of them."

~ Dr. Richard Moskowitz, MD

Surely the O'Brien Institute for Public Health and Children First Canada are aware that children (and fetuses) are at great risk from aluminum adjuvants because of the combination of rapid brain growth, an incomplete blood-brain barrier, and their limited ability to eliminate toxins. With the 2018 vaccination schedule, high quantities of aluminum are injected into an infant's fragile microenvironment during these highly sensitive early years of brain formation. In British Columbia, an infant receives more than **7,210 micrograms** of aluminum in the first year alone.

"In particular, aluminum in adjuvant form carries a risk for autoimmunity, long-term brain inflammation and associated neurological complications and may thus have profound and widespread adverse health consequences."

~ Chris Shaw PhD and Lucija Tomljenovic PhD., Neuroscientists

And some vaccines still contain mercury in spite of its known neurotoxicity. Vaccine manufacturers use mercury in the production of whooping cough, tetanus, meningococcal and Hepatitis B, and as a preservative in multi-dose vials of the influenza vaccine. Mercury is the most toxic substance known to man that is not radioactive.

The acceptable limit of mercury in drinking water in Canada is 1 part per billion. A liquid with 200 ppb is treated as toxic waste. Several brands of the infant influenza vaccine have 25,000 ppb. Many of the regular influenza vaccines have 50,000 ppb of mercury. It is scientific fact that brain neurons permanently disintegrate in the presence of mercury.

*"In fetuses, infants and children, low-dose exposure to mercury can **cause severe and lifelong behavioural and cognitive problems**. At higher exposure levels, mercury may adversely affect the kidneys, the immune, neurological, respiratory, cardiovascular, gastrointestinal, and haematological systems of adults."*

~ Canadian Medical Association

Additionally, mercury and aluminum work synergistically such that their impact is significantly greater when given close together. Both of these neurotoxins are known to cause permanent neurological damage in fetuses, children and adults. No clinical studies have been conducted to establish the safety of aluminum adjuvants in infants and children. To inject our fetuses, children and adults with mercury and aluminum is immoral and needs to stop.

There is no evidence that injected mercury is safe in any amount.

In addition to mercury and aluminum, most vaccines are contaminated with a number of known and yet-to-be discovered viruses, bacteria, viral fragments and DNA/RNA fragments. Once animal DNA, viruses and retroviruses insert themselves into human cells, they cannot be removed. The injection of animal DNA/RNA compromises the biological integrity of the human race.

“Unlike chemical pollutants which break down and become diluted out, retroviral nucleic acids are infectious, they can invade cells and genomes, multiply, mutate and recombine indefinitely. Injecting animal viruses and retroviruses into humans is creating unknown new diseases and chronic illness.”

~ Dr. Judy Mikovits, Ph.D.

There are now more than **146 independent studies** that show a relationship between vaccines and autism. <https://www.scribd.com/doc/220807175/146-Research-Papers-Supporting-the-Vaccine-Autism-Link>

While there is the likelihood of a genetic pre-disposition in some children that makes them more susceptible, clearly an environmental insult is indicated due to the sudden and rapid increase in neurological and immunological disorders. A genetic condition does not change this rapidly.

What is evident is that we are poisoning our children and that we can't stop the poisoning if we are unwilling to admit this fact and take efforts to remove the environmental insult. This mass poisoning is not unlike historical poisonings caused by the pervasive use of lead, arsenic and DDT in pest control, and now the extensive use of glyphosate. With each of these products the public was repeatedly assured by government health authorities and industry that these products were safe. History has proven these claims untrue, to the detriment of human health.

According to Dr. Richard Moskowitz, MD, approximately one-quarter of all children in the United States now suffer from encephalopathy, autism, ADD, ADHD, a learning disability, or some form of brain damage, which the best contemporary science has shown to be largely, if not entirely, autoimmune in nature. There is no reason to believe Canadian children are any different.

There is now a solid body of evidence that the MMR vaccine and other live-virus vaccines, as well as those containing mercury, aluminum adjuvants, and myriad biochemical components are fully capable of crossing the blood brain barrier and causing autoimmune dysfunction and brain damage. From these experiments it is only a short step to the inference that **autoimmune brain damage is well within the capacity of every vaccine**, and indeed an inherent property of the vaccination process itself.

Lack of Evidence of Long-Term Safety

The more important issue with regard to the health of Canadian children is the lack of evidence of the long-term safety of the current vaccine schedule. The vaccine schedule recommended in Canada today has **never been proven safe** in large, long-term clinical trials. While vaccines are licensed individually, their safety is not proven in the real world way in which vaccines are given - multiple vaccines at once to a wide range of people with unidentified genetic risks and vulnerabilities.

The vaccine paradigm utilizes a 'one-size-fits-all' approach. Vaccine dosage is not calibrated by age, weight, immune response, gender, genetics, medical or family history or other variables used to discern safe levels of a medical intervention. In no other area of medicine are individual variables systematically ignored.

"This mandatory one-size-fits-all approach to vaccination is a de facto state-sanctioned selection of the genetically and biologically vulnerable for sacrifice."

~ Barbara Loe Fisher

Currently, the practice of monitoring the safety and effectiveness of vaccines does not follow standard science-based protocols. As a result, there is a lack of solid scientific evidence of vaccine safety, effectiveness and necessity.

Lack of Scientific Evidence

The lack of evidence includes the following:

- There are no long-term clinical trials that prove the safety of the current vaccine schedule.
- Most effectiveness trials are limited to the measurement of anti-bodies in the blood rather than producing verifiable evidence that the vaccine actually prevented the targeted disease.
- No safety trials exist that determine the safety of giving multiple vaccinations at once.

- No large safety trials using an unvaccinated population as the control group have proven that vaccines are safe and effective.
- The current vaccine schedule has never been tested for safety in the real-world way in which the schedule is implemented.
- No clinical proof exists to support the claim that vaccines are responsible for the decline in mortality, let alone the claim of millions of lives saved.
- There are no biological studies that show injecting mercury is safe in any amount.
- No clinical trials have been conducted to establish the safety of using aluminum adjuvants in vaccines.

Lack of a Neutral Placebo

Of great concern is that vaccines are not studied against a neutral placebo. Most vaccine safety trials use control groups consisting of other vaccinated populations or placebos containing aluminum, formaldehyde, polysorbate 80, MSG, and other vaccine ingredients. These are not true placebos. Vaccine safety trials that are conducted without a neutral placebo **cannot determine if a product is safe.**

None of the vaccines on the current Canadian childhood vaccination schedules were tested against a neutral placebo.

The failure of the vaccine industry to use a neutral placebo undermines the integrity of health agency claims that vaccines have been proven safe and effective. It is dishonest for Children First Canada to make the claim – *“the evidence shows that immunizations are the most cost-effective strategies for improving health outcome”*. Until true vaccinated vs. unvaccinated research is conducted, any claims of vaccine safety and effectiveness is an *assumption* and not scientifically proven. Further, many pre-licensure trials do not include patient populations most at risk of serious adverse events. This is not responsible science. In fact, this is not science.

“Vaccine safety science is not recognizable as science anymore.”

~ James Lyons-Weiler, Ph.D.

Vaccines given in the combination schedules recommended for our children and adolescents today have never been tested for safety, which makes the current practice a medical experiment. **The medical practice of vaccination is an uncontrolled experiment upon our infants and children.**

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:

"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."

Vaccines have not been tested for carcinogenicity - the ability to cause cancer; toxicity - the ability to damage an organism; genotoxicity - the ability to damage genetic information within a cell; mutagenicity - the ability to change the genetic information of an organism; the ability to impair fertility; and for long-term adverse reactions. Most vaccines currently on the market have been approved based on studies lasting only a few weeks or days. To state that vaccines have been *proven* safe is dishonest, and to administer vaccines without adequate safety data is nothing short of medical malpractice.

"Adequate human data on use during pregnancy are not available."

~ DTP product insert

Mr. Timothy Caulfield, Canada Research Chair in health law and policy at the University of Alberta is of the opinion – *"If they are science-based, step up and be science-based. If they're not science-based, make that explicit and then society can have an interesting discussion about whether we should have these philosophies ... as part of our health-care system."* Unfortunately, this standard of honesty and scientific oversight is not required with the practice of vaccination in Canada. We assert that it should be and would expect that Children First Canada would advocate for such a standard of oversight.

Children First Canada shows callous disregard for the emerging scientific research on vaccine injury and instead continues to champion ever more vaccines and increasing vaccine compliance. This is unacceptable. Children First Canada ought to be strongly advocating for true vaccinated vs. unvaccinated studies to determine the impact of the current vaccination schedule on the health of Canadian children.

If Children First Canada is truly concerned about the health of Canadian children we request that you call for caution with regard to the practice of the artificial stimulation of the immune system and insist on a moratorium with regard to adding any further vaccines to the schedule until this undeniable vaccine safety issue is resolved.

Infant Mortality

Children First Canada has rightly acknowledged that Canada has one of the highest infant mortality rates in the world. All European OECD countries have a lower infant mortality rate than Canada's. This is a cause for significant concern.

A study comparing the rate of vaccination with the rate of infant mortality in first world countries identified a relationship between the number of vaccines given in the first year of life and the rate of infant mortality - **the more vaccines given, the higher the rate of infant death**. The United States and Canada have a higher rate of infant mortality than some third world countries.

The United States, which vaccinates newborns and has the most aggressive vaccination schedule in the first year of life in the world, **has the highest infant mortality rate of any developed country**. Canada is next to the US in the number of vaccine administered to children.

A 2012 vaccine study reported a linear relationship between the number of vaccine doses administered at one time and the rate of hospitalization and death. The results also showed that the younger the infant at the time of vaccination, the higher the rate of hospitalization and death.

The Impact of Glyphosate

The *Raising Canada* report was noticeably silent on the impact of glyphosate, a known carcinogen, on children's health. In addition to the concern of the impact of glyphosate on our food supply, *Moms Across America* has reported that our vaccines have been shown to contain glyphosate levels as high as 2.6 parts per billion.

This isn't unexpected given that vaccines are manufactured using bovine and pork-based cell culture products derived from livestock that may have consumed grain-based feed with the allowable level of glyphosate at 400 parts per million. Although glyphosate levels in vaccines are up to 1000 times lower than that in food substances, one must consider that vaccines are injected directly into the body, meaning that 100% of the herbicide is directly absorbed into the recipient's tissues. Additionally, vaccines contain other substances like adjuvants and surfactants that can hasten the uptake of glyphosate into cells.

Clear evidence was available as early as 2009 that formulations that include glyphosate are toxic to human cells at concentrations deemed safe for human consumption. One study has shown that 93% of individuals tested show levels of glyphosate in their urine. Average levels of glyphosate in urine of children in this study eclipsed 3.5 parts per billion. This is highly disconcerting given that another study shows glyphosate-related damage to the liver and kidneys of rats at levels as low as 0.05 parts per billion.

Despite all this evidence, Health Canada sticks to their claim that glyphosate is safe for use. It is apparent that we simply cannot trust our government to inform us what is safe to put in our body and on our agriculture.

A very recent court ruling on the carcinogenicity of glyphosate heard evidence that for four decades Monsanto maneuvered to conceal Roundup's carcinogenicity by capturing regulatory agencies, corrupting public officials, bribing scientists and engaging in scientific fraud. We have every reason to believe these same efforts to conceal harm, corrupt public officials, bribe scientists and engage in scientific fraud occurs in the vaccine industry as well.

In fact, every US manufacturer and supplier of pediatric vaccines has pled guilty to fraud in recent years. Vaccine producers Merck and GlaxoSmithKline have paid billions in criminal penalties and settlements for research fraud, faking drug safety studies, failing to report safety problems, bribery, kickbacks and false advertising. Currently, there are two active whistleblower cases in the US Federal Court against Merck alleging scientific fraud with regard to their claims of the safety and effectiveness of the MMR vaccine.

The Need for Independent Oversight

We fully support Children First Canada's call for an independent office to enforce the rights and well-being of children and transparency on the resources spent on childcare so we can determine if our resources are going towards evidence-based solutions. But such an effort would be meaningless and even deceptive if we are unwilling to acknowledge and fully investigate the impact of vaccine ingredients on our children's declining health.

Insanity is doing the same and expecting a different outcome.

It is also important for Children First Canada to recognize that Canada is the only G7 Nation without a vaccine injury compensation plan. It is immoral and irresponsible for government agencies to actively encourage vaccine compliance and then fail to provide compensation when vaccine injury and death occur.

Finally, we concur with the public statement of Children First Canada – *"there are deeply worrisome trends that require immediate action"*.

Sincerely,



Ted Kuntz, Vice-President,
Vaccine Choice Canada

Distribution List

Trish Mongeon - Managing Director – Children First Canada

tmongeon@childrenfirstcanada.com

Sara Austin, Founder and Lead Director, Children First Canada

info@childrenfirstcanada.com

Gail MacKean PhD, Research Consultant, O'Brien Institute for Public Health

glmackea@ucalgary.ca

Tiffany Lee Doherty MA, Research Associate, W21C Research & Innovation Centre

iph@ucalgary.ca

Amy Metcalfe PhD, Assistant Professor

almetcal@ucalgary.ca

Rose Geransar PhD, Research Manager, W21C Research & Innovation Centre

rose.geransar@ucalgary.ca

Dr. William Ghali, Scientific Director

karen.green2@ucalgary.ca

Melanie Rock, PhD, Associate Scientific Director

lvaz@ucalgary.ca

Jamie Day, Administrative Director

dayj@ucalgary.ca

Pablo Fernandez, Communications Manager

pablo.fernandez@ucalgary.ca

Marilisa Racco, National Online Journalist, Global News

Marilisa.Racco@GlobalNews.ca

Justin Trudeau, Prime Minister of Canada

justin.trudeau@parl.gc.ca

Ginette Petitpas Taylor, Federal Minister of Health

hcmminister.ministresc@canada.ca

Bill Blair, Parliamentary Secretary

Bill.Blair@parl.gc.ca

Andrew Scheer, Leader of Opposition

Andrew.Scheer@parl.gc.ca

Marilyn Gladu, Health Critic

Marilyn.Gladu@parl.gc.ca

Don Davies, Health Critic

Don.Davies@parl.gc.ca

Vaccine Choice Canada

www.vaccinechoicecanada.com