



January 7, 2026

To: Ontario Government, Ministry of Health, Ministry of Education
New Brunswick Government, Ministry of Health, Ministry of Education

Re: It's Time to End Vaccine Mandates

Dear Premiers, Ministers and Elected Representatives

We are writing to bring to your attention urgent developments regarding vaccine safety oversight and to respectfully request decisive executive leadership to ensure that the people of Ontario and New Brunswick, most especially our children, are no longer subject to coercive vaccine mandates.

Four major disclosures have fundamentally shifted the vaccine conversation:

- The Centers for Disease Control in the United States announced on January 5, 2026 the end of universal recommendations for rotavirus, influenza, Hep A, Hep B, COVID, and Meningococcal A & B vaccines. The new recommendations reduce the number of vaccines recommended as routine for all children from 17 to 11. HHS said the change follows a directive instructing the agency and the CDC to review whether other developed nations protect children more effectively. U.S. Health Secretary Robert F. Kennedy Jr. said. *“After an exhaustive review of the evidence, we are aligning the U.S. childhood vaccine schedule with international consensus while strengthening transparency and informed consent.”*ⁱ

After reviewing peer-country schedules and the scientific evidence underlying them, federal health leadership acknowledged that the United States is hyper-vaccinating their children. Canada and the United States have the highest number of routine vaccines for children in the world. The result of the review of peer-country schedules is **cutting approximately 55 routine doses**. This marks the largest rollback of routine childhood vaccination in U.S. history. The President and Sec. Kennedy have said repeatedly that vaccines should only be provided on the basis of voluntary informed consent and that mandates are illegitimate public health measures.

- A 2020 study conducted by the Henry Ford Health System in Detroit, MI was recently disclosed after being withheld for five years. The study is the largest vaccine exposed vs. unexposed birth cohort study ever conducted in the United States. Its findings may be the most robust regarding the safety (or lack of safety) of the childhood vaccine schedule. The study's key findings revealed that children who were exposed to one or more vaccines had **200–500% higher rates of asthma, autoimmune disease, neurodevelopmental disorders, and speech delays.**ⁱⁱ

- The Center for Disease Control updated its “*Autism and Vaccines*” webpage in November 2025 to acknowledge that **there is no scientific evidence supporting the longstanding claim that “vaccines do not cause autism.”** The agency admitted that studies concerning a vaccine – autism link were ignored, not disproven, and that biologic mechanisms previously dismissed are now under investigation.
- An internal communication from Dr. Vinay Prasad, Director of the FDA’s Center for Biologics Evaluation and Research (CBER) **confirmed definitive pediatric deaths associated with COVID vaccination.** Dr. Prasad admitted: “*The FDA does not have reliable data estimating the absolute benefit (absolute risk reduction) regarding severe disease and death in healthy children from vaccine receipt. The FDA has never requested the manufacturers demonstrate in randomized fashion that vaccinating children improves these outcomes. The truth is we do not know if we saved lives on balance.*” He added: “*No amount of covid vaccines stops a person from getting covid.*”ⁱⁱⁱ

These are not minor clarifications. **They are historic admissions that contradict decades of official assurances in both the United States and Canada.** These revelations do not introduce a new problem. They expose the continuation of a reality acknowledged when the United States passed the National Childhood Vaccine Injury Act (NCVIA) nearly forty years ago.

During the NCVIA hearings, Congress, pediatric health organizations, and federal agencies stated plainly that **vaccines would seriously injure some children, permanently disable others, and in some cases, cause death.** Injury was described as *inevitable*, the price of mandates. Once manufacturers were shielded from liability, regulators were mandated to conduct ongoing safety research, upgrade surveillance systems, and submit regular safety reports to Congress.

None of this happened. For four decades, required oversight collapsed while the vaccine schedule expanded. While failed oversight, withheld data, and liability-free products make mandates dangerous, they do not make mandates wrong. **Mandates are wrong on their face.**

Coercing a medical procedure, any procedure, is unethical, unconstitutional, and incompatible with a free society. When the state conditions participation in public life on submitting to a medical intervention, it crosses from governance into coercion. That is not public health. It is an abuse of power.

Ontario and New Brunswick impose childhood vaccination mandates as a condition for public education. Ontario and New Brunswick are the outliers here - the only provinces in Canada with vaccine mandates for children.

Ontario and New Brunswick are also outliers amongst western nations. Seventeen (17) of 30 EU/EEA countries have no mandatory pediatric vaccinations, meaning uptake is voluntary, promoted through recommendation and education rather than legal obligation. Countries where childhood vaccination is voluntary include: Sweden, Denmark, Norway, Finland, Iceland, United Kingdom, Netherlands, Ireland, Japan, Spain, Portugal, Switzerland, Austria and New Zealand.

The significant reduction in the routine childhood vaccination schedule, the newly surfaced CDC and CBER admissions, and the Henry Ford Hospital System study merely highlight the consequences of violating an ethical principle **that should never have been breached in the first place.**

No government should allow the people, especially children, to be compelled, pressured, or threatened into medical decisions. That obligation stands regardless of what agencies reveal or fail to reveal.

In light of the CDC's and CBER's recent admissions and decisions, the Henry Ford study, and the long-standing acknowledgment of *unavoidable* vaccine injury, we respectfully urge you to:

1. Affirm that all medical mandates, including vaccine mandates for school attendance, **are unethical and will not be supported by your administration.**
2. Support or propose legislation ensuring **no medical intervention be required** for school attendance, employment, public access, licensure, or participation in civic life.
3. **Codify true informed consent in law**, guaranteeing that every medical decision remains voluntary and free from coercion, discrimination, or penalty, and punishing those who violate this provision.

This is not about opposing medical products. It is about upholding the most basic duty of government: to protect the rights and dignity of its people.

US agencies are now acknowledging what Congress stated openly in 1986: **injury, including death, is an expected outcome within the childhood vaccine program.** These revelations only reinforce a deeper truth: the state must never compel medical procedures.

We respectfully ask for your leadership to ensure that Ontario & New Brunswick undo their vaccine mandate legislation and become a national model for medical ethics, parental rights, and voluntary informed consent.

We welcome the opportunity to provide documentation or discuss this matter further at your convenience.

Sincerely,



Ted Kuntz, President
Vaccine Choice Canada

ⁱ <https://www.hhs.gov/press-room/cdc-acts-presidential-memorandum-update-childhood-immunization-schedule.html>

ⁱⁱ <https://www.hsgac.senate.gov/wp-content/uploads/Entered-into-hearing-record-Impact-of-Childhood-Vaccination-on-Short-and-Long-Term-Chronic-Health-Outcomes-in-Children-A-Birth-Cohort-Study.pdf>

ⁱⁱⁱ <https://static1.squarespace.com/static/61910a2d98732d54b73ef8fc/t/692b3b5b5ffe5d15bb6e6597/1764440924029/CBER-Email.pdf>