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September 21, 2015

To The CMA Board of Directors
c/o Dr. Cindy Forbes, CMA President

Dear Doctor Forbes,

Enclosed please find a hard copy of the Comments Review from the No Vaccine Mandates in Canada Petition to the CMA that was hosted on-line by Vaccine Choice Canada (VCC) recently. An electronic copy of the Comments Review is available in the media section of our web site.

We sincerely hope you will find this review of 1,677 comments from the Canadian public of use as you ponder the role of physicians in orchestrating the various resolutions brought forward at your August convention.

While we realize that your organization took a step back from your original announcement on June 2, 2015 for a Board-sponsored resolution to mandate vaccinations without personal or religious exemptions for school entry in Canada, we believe it important that you come to terms with certain aspects of Canada's immunization program.

The first is that the Canadian public will not allow their Charter Rights to be abrogated in regard to informed consent to medical procedures. In this regard, The Public Health Agency of Canada's *2006 Report on Immunization* clearly stated that immunizations are not mandatory in Canada and **cannot be made mandatory**:

"Unlike some countries, immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution. Only three provinces have legislation or regulations under their health-protection acts to require proof of immunization for school entrance. Ontario and New Brunswick require proof for diphtheria, tetanus, polio, measles, mumps, and rubella immunization. In Manitoba, only measles vaccination is covered. It must be emphasized that, in these three provinces, exceptions are permitted for medical or religious grounds and reasons of conscience; legislation and regulations must not be interpreted to imply compulsory immunization. Requiring proof of immunization for school entrance serves two main purposes. First, parents who have forgotten to have their children properly immunized will be reminded and can rectify the situation. Second, parents who do not wish to have their children immunized must actively refuse and sign documents attesting to that fact. Also, all provinces and territories have regulations that allow for the exclusion of unvaccinated children from school during outbreaks of vaccine-preventable diseases. Currently, Quebec is the only jurisdiction in Canada to have a compensation plan for VAAEs."¹

The second is that vaccination does cause injury and harm to some recipients. The *2014 Q4 Quarterly Report on Adverse Events* from PHAC² shows 224 Serious Adverse Events (SAEs) cumulative for 2014. (See Table 2.) These reports come from physicians, public health nurses, pharmacists, RN's in pediatric hospitals and manufacturers and distributors of vaccines. This of course refers only to the *reported* SAEs, which at most represent (by PHAC's calculations) 10% of all SAEs occurring in Canada.

1 The link to this document is readily available in French or English on the VCC website at

<http://vaccinechoicecanada.com/exemptions/immunization-is-not-mandatory-in-canada/>

It is also archived here by the government of Canada: http://www.collectionscanada.gc.ca/webarchives/20071212103611/http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/97vol23/23s4/23s4b_e.html

2 Adverse Events Following Immunization (AEFI) Quarterly Report for 2014 - Q4

<http://www.phac-aspc.gc.ca/im/vs-sv/ae-fi-essi-2014-q4-eng.php>

That means *at a minimum* 2,240 individuals likely experienced Serious Adverse Events following Immunizations in 2014. If 35% of these SAEs were experienced by infants under 1 year of age (as reported in Table 2 of the *2014 Q4 Quarterly Report*²) and immunization dosage rates are approximately 400,000 immunizations per year for this age group, then the **serious injury rate for infants in 2014 was 196/100,000 doses of vaccines.**

As the CMA Board reconsiders the resolution for a Vaccine Injury Compensation Program in Canada, which was referred back to the Board at your August Convention, it is important to realize that without an injury compensation program, the causality of these adverse events cannot be established nor will they ever be recompensed. The comments in our Comments Review, especially the injury reports, may assist you in your deliberations on this matter.

VCC also asserts that the question of the effectiveness of vaccines must be addressed on an individual vaccine basis. The medical establishment has been remiss in not addressing the subject of *vaccine failure vs. failure to vaccinate*. Blaming the unvaccinated for outbreaks, rather than considering the always larger per cent of the population who experience primary vaccine failure (failure of a vaccinee to develop antigens), seriously affects the credibility of the medical establishment in the eyes of the public. Many are aware that even if the coverage rates rose to 100% there would still be outbreaks due to both primary and secondary vaccine failure. Furthermore, problems resulting from secondary vaccine failure (waning immunity especially in the adult population) will never be solved by vaccinating more babies and children who are not even the target of some communicable diseases, but are simply more accessible for vaccination. And finally vaccine virus shedding from attenuated live-virus vaccines pose as serious a risk to infants and the immunocompromised as do the unvaccinated. Yet this problem is not addressed publicly, nor have public health measures been taken in its regard.

The safety of the current vaccine schedule also needs to be investigated so doctors have evidence-based information for their patients. If scientific information were available as proof that the vaccine schedule is safe, it could greatly assist doctors. All they have now are unproven claims that it is safe.

The problems discussed above are becoming a growing burden to doctors in consultation with their patients. As the public becomes more educated and vaccine-related injuries mount, the time has arrived when the paradigm of “all vaccines are safe and effective and necessary” must shift.

The Board of Vaccine Choice Canada has confidence that this document will assist the CMA in coming to a more reasonable approach to immunization: one that respects patient rights, patient intelligence—both logical and intuitive—and patient suffering. We also believe the CMA can become enlightened through their current concern for “vaccine hesitancy” and recognize the need for a paradigm shift, from an authoritarian approach to one predicated on evidence-based science and human compassion.

Sincerely

Edda West, President
On behalf of the Vaccine Choice Canada Board of Directors