Healthcare Workers' Right to Informed Consent & Freedom From Forced Influenza Vaccination

Summary

Forced influenza vaccine mandates violate basic human rights protections set out in the Canadian Charter of Rights and Freedoms and Canadian Medical Law. Independent reviews of studies provide compelling evidence that annual influenza vaccines offer little benefit to healthcare workers, their patients or the public at large and cannot be used to justify forced influenza vaccination. Studies used by health officials to justify influenza vaccine mandates are inadequate in design and conduct, biased, and unreliable. Influenza vaccines cannot prevent the majority of influenza-like illness (ILI) caused by over 200 viruses which produce the same symptoms. At best, vaccines might be effective against only influenza A and B, which represent approximately 10-12% of all circulating viruses. Influenza vaccines increase health risks, have caused serious injuries and contain numerous risky ingredients. Government policy makers cannot guarantee that a vaccine will not cause harm to the recipient.

"The right to determine what shall, or shall not, be done with one's own body, and to be free from non-consensual medical treatment, is a right deeply rooted in our common law. This right underlies the doctrine of informed consent. With very limited exceptions, every person's body is considered inviolate, and, accordingly, every competent adult has the right to be free from unwanted medical treatment" – Ontario Court of Appeal decision 1991, Fleming v. Reid, Charter Challenge.(1)

The forced influenza vaccination of healthcare workers (HCW) is an ominous trend sweeping across Canada and the U.S. Recent exhaustive reviews of the flu vaccine literature fail to support any meaningful benefit to HCWs or their patients. In the absence of 'evidence', health officials rely on a few highly flawed studies to justify the coercion of nurses and other workers. *"Influenza prevention has become an industry fuelled by poor science and propelled by conflicted decision makers,"* said Tom Jefferson in a CBC investigation of influenza death science.

It is a basic human right to be able to make voluntary and informed decisions when considering invasive medical treatments (such as vaccines) which carry risks of injury and death. The individual's right to personal autonomy, freedom of conscience and religion, and the right to security of the person is inviolable and not subject to the whims of policies spun by medical bureaucrats. Forced influenza vaccine mandates violate basic human rights protections set out in the Canadian Charter of Rights and Freedoms and Canadian Medical Law. Such violations are intolerable in a free society.

Adding insult to injury is the deliberate deception cultivated by health officials that "the flu" is influenza. It is well known in the medical community that influenza symptoms are mimicked by hundreds of other viruses against which the vaccine is completely ineffective. As noted by influenza

vaccine research analyst Dr. Peter Doshi, *"Public health experts are routinely misleading the public as to the strength of the science in support of its statements about vaccine effectiveness, safety, and the threat of influenza..... Most flu is not influenza, and marketing influenza vaccine as a "flu shot" misleads the public into holding overoptimistic views of vaccine benefit."*

Health officials manipulate and misrepresent the existing flu vaccine science in order to increase influenza vaccine uptake. As such, they violate their own creed of "evidence-based medicine". At the very least they are guilty of false advertising – at worst, they are perpetrating an elaborate fraud on both healthcare workers and the public at large.

Flu Vaccine Benefit Unsupported by Science

Since 2005, a number of important reviews of flu vaccine studies have concluded that effectiveness of flu vaccines is unproven in the vulnerable elderly and that arguments for uniform vaccination of healthcare workers (HCW) are not supported by the existing literature. These landmark studies show that most flu vaccine studies are of poor quality, are prone to substantial conflicts of interest, and frequently misrepresent data. Often the conclusions drawn are unreliable. As well, many studies are prone to bias and exaggerate the prevalence and risks of influenza. These independent reviews provide compelling evidence that annual flu vaccines offer little benefit to healthcare workers, their patients or the public at large and cannot be used to justify forced flu vaccination.

Over a decade of rigorous science undertaken by the Cochrane Collaboration has demonstrated that there is no basis for mandating flu shots for healthcare workers.

The 2012 CIDRAP article, An Analysis of the Influenza Vaccine Enterprise, is one of the most exhaustive reviews of vaccine science done to date. Out of 5,707 human influenza vaccine efficacy and effectiveness studies published in English in the PubMed database between Jan 1, 1967 and Feb 15, 2011, the authors found only 31 satisfied their stringent criteria for "adequate study design and conduct." A review of the study can be found here.

Another 2012 review of influenza vaccine studies by Dr. Zev Howard Abramson published in the International Journal of Family Medicine found that the arguments in favor of HCW influenza vaccination are not supported by existing literature and ***"the evidence base supporting vaccination is unsound and prejudiced".*** In summary he found that:

- Vaccination did not have a statistically significant effect on hospitalization or complications, and no evidence was found that vaccines prevent viral transmissions.
- The studies aiming to prove the widespread belief that healthcare worker vaccination decreases patient morbidity and mortality are heavily flawed and the recommendations for vaccination biased.
- No reliable published evidence shows that healthcare workers' vaccination has substantial benefit for their patients—not in reducing patient morbidity or mortality and not even in increasing patient vaccination rates.
- No reliable date could be found on influenza rates in HCWs (or their families) or comparisons to the general population
- The repeated conclusion that staff vaccination had preventive value for elderly patients in nursing homes appears to be the result of major "methodological errors and wishful thinking".

Dr. Abramson also expressed concern that "crux of the proof" presented by health authorities supporting vaccination of HCWs is gleaned from severely biased conclusions of very flawed research. He writes, *"It is somewhat depressing to see the prejudiced manner in which the literature can be presented"*. Health officials cherry pick these flawed studies to justify forced vaccination of healthcare workers while ignoring the findings of large independent meta-analyses that conclude otherwise.

As already noted, Cochrane's systematic reviews of the flu vaccine literature have found no benefit in vaccinating HCWs to protect elderly patients and healthcare workers. Cochrane researchers found that, *"The identified studies are at high risk of bias …* ***We conclude there is no evidence that vaccinating HCWs prevents influenza in elderly patients in long term care facilities."*** Dr. Abramson notes that, ***"This important and unambiguous conclusion was disregarded by the CDC committee in their recommendations, published six months later, favoring HCW vaccination."***

Many of those working in the health field know that the effectiveness of influenza vaccine is wildly overestimated and that the majority of influenza-like illnesses (ILI) are caused NOT by the influenza virus, but by other viruses (85% or more) against which the vaccine is completely ineffective. It's also well known that the 70%-90% "efficacy" ascribed to the vaccine is a meaningless number which has nothing to do with actual protection from influenza viruses. Rather, it refers to sero-conversion or the antibody response elicited by the vaccine which may or may not result in prevention of influenza. Immunologists have known for years that a high antibody count is not synonymous with protection from infectious disease. People can have zero antibodies yet remain disease free during seasonal or epidemic disease occurrences.

Referring to the frequently cited 70-90% flu vaccine efficacy, the Executive Summary of the 2012 CIDRAP analysis found that, *"the preponderance of the available influenza vaccine efficacy and effectiveness data is derived from studies with suboptimal methodology, poorly defined end points, or end points not proven to be associated with influenza infection.* ***Studies using optimal methodology have not found the level of protection often attributed to the current vaccines."***

A number of unions representing healthcare personnel have objected strenuously to coercion of employees to submit to influenza vaccines. VRAN agrees with many of the statements made by the Canadian Federation of Nurses Unions, the BC Nurses Union and the Ontario Nurses' Association. These unions have demanded that the Canadian Nurses' Association withdraw its Position Paper endorsing flu vaccine mandates for nurses. VRAN has urged the CNA to do the right thing.

U.S. and Canadian labour unions which represent workers in the healthcare sector and other fields are alarmed by the aggressive push for mandatory annual flu vaccination of workers as a condition of employment. In a 2002 case involving suspension of hospital workers for refusing flu vaccination, an Arbitration ruling in Ontario found that *"Treating someone without their consent was common assault and suspending them for refusing to undergo that medical treatment was a violation of their common law s. 7 Charter rights."* Arbitrator Charney went on to say, ***"Virtually all the court cases, including Supreme Court of Canada and Ontario Court of Appeal, find that enforced medical treatment, and I point out that this is not a medical examination but treatment, is an assault if there is no consent."***

Citing their irrational claims of credible scientific data supporting influenza vaccine mandates, health officials use intimidation tactics on captive HCWs. They indulge in massive propaganda campaigns using false advertising to flog a coercive vaccine agenda spun somewhere in the bowels of the unholy alliance between multinational pharmaceutical conglomerates and government health agencies. As has been the case throughout history when one powerful group seeks to exert control and domination over its lesser brethren, the people seek means to overthrow their oppressors.

VRAN maintains that the decision whether or not to submit to yearly flu shots must remain with the individual healthcare worker, without legal or institutional coercion.

Health Officials Suppress Basic Facts

Health officials suppress basic facts about seasonal influenza-like-illnesses (ILI) with the result that healthcare workers and the public at large are disempowered from making informed vaccine decisions. What is never revealed by health officials nor reported in the media, is the fact that most cases (80-90%) of 'the flu' are NOT caused by influenza virus types A or B, but are associated with many other viruses known to cause identical symptoms against which the vaccine is completely ineffective.

After decades as an influenza expert, Tom Jefferson MD sums it up. *"Over 200 viruses cause influenza and influenza-like illness which produce the same symptoms (fever, headache, aches and pains, cough and runny noses). Without laboratory tests, doctors cannot tell the two illnesses apart. Both last for days and rarely lead to death or serious illness. At best, vaccines might be effective against only influenza A and B, which* ***represent about 10% of all circulating viruses."***

Laboratory analyses compiled by the Public Health Agency of Canada (PHAC) each year confirm that 80%-90% of ILI samples tested are associated with other respiratory viruses. On average, Influenza A & B accounts for approximately 10-12% of confirmed respiratory illnesses reported to the PHAC. During infrequent 'pandemic' years, influenza A & B may account for up to 20% of ILI. The majority of people stricken with "the flu" have succumbed to non-influenza viruses which cannot be prevented by the influenza vaccine.

The Cochrane Acute Respiratory Infections Group corroborates the facts we present in this commentary. Lead researcher, Dr. Tom Jefferson affirms that, ***"Cochrane reviews show that vaccines could only affect at the most (i.e. if they had 100% efficacy) some 7-15% of the annual flu burden, since this is the proportion of people with the flu who truly have influenza. Effectively what we are saying is we aim to control a major health problem, influenza-like-illness ("the flu"), with a series of preventive interventions which can in the best case scenario prevent only 15% of that problem, while making people believe we can deal with the lot".***

A revealing article by Peter Doshi in the British Medical Journal suggests that influenza is yet one more case of *"disease mongering"* and *"medicalising ordinary life to expand flu vaccine markets".* He writes that *"here the salesmen are public health officials, worried little about which brand of vaccine you get as long as they can convince you to take influenza seriously. But perhaps the cleverest aspect of the influenza marketing strategy surrounds the claim that "flu" and "influenza" are the same".* He concludes, *"All influenza is "flu", but only one in six "flus" might be influenza. It's no wonder so many people feel that "flu shots" don't work for most "flus" – they can't."*

Health officials remain silent about these basic facts. Complicit in the deceit is mainstream media which prefers to parrot public health propaganda rather than present thoroughly researched information about influenza vaccine and the massive influenza vaccine industry. As well as feeding the pharmaceutical profit maw, it's an industry which garners wealth, influence and even accolades for those charged with protecting our health – public health employees, careerists, researchers, statisticians, and institutions including the ultimate public health authority, the World Health Organization.

More Evidence that 'Evidence Based Medicine' Doesn't Apply to Influenza Vaccines

The Cochrane Collaboration, independent reviewers of influenza vaccine studies, have found a large *"gap between policy and evidence"*, and that confusion over ILI and influenza, *"leads to a gross overestimation of the impact of influenza, unrealistic expectations of the performance of vaccines, and spurious certainty of our ability to predict viral circulation and impact."*

Cochrane's lead influenza vaccine researcher Dr. Tom Jefferson writes, *"The Cochrane Collaboration has been doing systematic reviews of the effects of vaccines and antiviral drugs against influenza since the late 1990s. Vaccines and antivirals are useless against the majority of cases of influenza-like illness/flu, as one would expect. Their effects could only be against those cases caused by the influenza virus itself. No one disagrees on this point. And, in fact, vaccines and antivirals have a weak or non existent evidence base against influenza. The quality of influenza vaccine studies is so bad that our systematic review of 274 vaccines studies which had been published between 1948 and 2007 found major discrepancies between data presented, conclusions and the recommendations made by the authors of these studies."*

"Conclusions favourable to the use of influenza vaccines were associated with lower quality studies, with the authors making claims and drawing conclusions unsupported by the data they presented. In addition, industry funded studies were more likely to have favourable conclusions, be published in significantly higher impact factor journals (ie the more prestigious journals) and have higher citation rates than non-industry funded studies. … So, we have little reliable evidence on the effects of influenza vaccines. What we do have is evidence of widespread manipulation of conclusions and spurious notoriety of the studies."

"What troubled us is that [shots] had no effect on laboratory-confirmed influenza," said Dr. Roger Thomas of the University of Calgary, lead author of a 2010 paper on the effect of vaccination for healthcare workers who work with the elderly. The review of five studies found that immunizing nursing-home workers does nothing to prevent confirmed influenza cases among the homes' elderly residents. ***"What we were looking for is proof that influenza is decreased. Didn't find it. We looked for proof that pneumonia is reduced. Didn't find it. We looked for proof deaths from pneumonia are reduced. Didn't find it"***, said Dr. Rogers in an interview with the National Post.

Health officials are loath to concede that the science does NOT support influenza vaccine's ability to reduce morbidity and mortality in vulnerable populations and that there is *"no evidence that only vaccinating healthcare workers prevents laboratory-proven influenza, pneumonia and death from pneumonia in elderly residents in long-term care facilities."*

Sumit Majumdar, a physician researcher at the University of Alberta, offered this historical perspective in an interview with Atlantic Magazine: ***"rising rates of vaccination of the elderly over the past two decades have not coincided with a lower overall mortality rate. In 1989, only 15 percent of people over age 65 in the U.S. and Canada were vaccinated against flu. Today, more than 65 percent are immunized.*** *Yet death rates among the elderly during flu season have* ***increased rather than decreased****."*

Researchers looking at the effectiveness of influenza vaccine in the community and the household found that influenza vaccines do NOT prevent transmission of disease. The study found, *"no evidence that vaccination prevented household transmission once influenza was introduced; adults were at particular risk despite vaccination. The unexpected findings of lower effectiveness with repeated*

vaccination and no protection given household exposure require further study. Substantially lower effectiveness was noted among subjects who were vaccinated in both the current and prior season"

Some researchers are questioning previous studies that found a substantial benefit from influenza vaccines. They argue that the mortality benefits of influenza vaccines are illusory and may have been largely overestimated because of a **"healthy user effect"** that confounded test results. Peter Doshi explains that *"healthy people are more likely to be vaccinated than less healthy people and as a side effect of being healthy and potentially more careful, are less likely to suffer death or illness."* Factors likely to increase risk of influenza deaths are low socioeconomic status and frailty which also contribute to poor natural immunity. It is the latter that is the main reason for influenza deaths, not lack of vaccination. According to Dr. Doshi, *"Healthy user bias threatens to render the observational studies, on which officials' scientific case rests, not credible"*.

Dr. Tom Jefferson and his colleague Carlo Di Pietrantoni, Ph.D. both of the Cochrane Vaccines Field said these "cherished" vaccination policies may need to be revisited. *"We must never again allow layers of poor research to mask substantial uncertainty about the effects of a public-health intervention and present a falsely optimistic view of policy."*

Influenza Vaccines Increase Health Risks

Healthcare workers are wary of yearly influenza vaccine mandates because they know the vaccine is notorious for being ineffective and for causing debilitating side-effects. Neurological complications that have been described after influenza vaccination, include Guillain-Barre syndrome, chronic inflammatory demyelinating polyneuropathy (CIDP), acute disseminated encephalomyelitis, acute transverse myelitis, optic neuritis, cerebellar ataxia, giant cell arteritis, dermatomyositis, hypoglossal palsy, peripheral facial palsy, vasculitic ulnar mononeuropathy and oculomotor mononeuropathy.

During the 2012-2013 influenza season, there were eight seasonal trivalent influenza vaccines authorized for use in Canada. Depending on the injection and the manufacturer, a 'flu shot' may contain the following substances: *"Avian proteins/DNA; avian (stealth) viruses, antibiotics, beta-propriolactone, formaldehyde, a detergent (Triton X-100), hydrocortisone, MSG, polysorbate 80, sucrose, synthetic Vitamin E (highly inflammatory), gelatin and eight different chemical buffers. Some flu shots have traces of latex (from the stopper) and the multi-dose flu vials still contain thimerosal (mercury)."* A known neurotoxin, the scientific literature offers abundant evidence of mercury's deleterious effects on the immune, metabolic and nervous system of humans and other life forms.

Several items on this list are known to cause anaphylaxis (polysorbate 80 and gelatin); formaldehyde was recently added to the list of known carcinogens. In the U.S. the FDA has recently approved several new vaccines. Some include four vaccine strains while others use caterpillar cells instead of chicken eggs or use MDCK (dog kidney) cells and recombinant DNA technology for production. *"These new influenza vaccines using novel cell substrates may be opening the door to a whole host of potential unknown health effects, both short- and long-term"*, say concerned health care analysts.

Not only is there an absence of evidence of effectiveness, evidence now suggests that annual flu vaccination actually increases susceptibility to pandemic type viruses. Six studies from Canada found that vaccination in 2008/09 for seasonal influenza was associated with a 1.4- to 2.5-fold increased risk for hospitalization for H1N1 infection the following year.

With justification, many healthcare workers worry about the immediate and long term impact repeated annual influenza vaccines will have on their health. This study found a substantially increased risk of non-influenza respiratory virus infections associated with receipt of inactivated influenza vaccine; the

trivalent vaccine resulted in 5.5 times more incidents of respiratory illness. An analysis of the study demonstrates that influenza vaccines provide no benefit, cause a hugely increased number of respiratory illnesses, and very likely harm the innate cell-mediated immune response, which results in a significant increase in infectious disease incidents.

The Canadian press recently reported on research calling for caution on the development of "universal" flu vaccines. The study describes a *"phenomenon in which one strain of flu actually seems to raise the risk of severe infection following exposure to a related but different strain, an effect called vaccine-associated enhanced respiratory disease."* Another commentary on the mad rush to develop new flu vaccines raises cautions about the *"utter lack of concern for the precautionary principle. Where there's money to be made in the massive antigen quantities that recombinant DNA can produce, the approach is to go full-steam ahead."*

Consumer advocate Meryl Nass MD reports that, *"Dutch researchers found that after being vaccinated for swine flu, antibody against swine flu persisted in 72% of health care workers who did not receive annual flu vaccinations, but in only 44% of those who got yearly flu shots."*

In her report, she also includes a summary of a recently published meta-analysis from Hong Kong in which vaccinated healthcare workers failed to show any benefit. *"No evidence can be found of influenza vaccinations significantly reducing the incidence of influenza, number of ILI [influenza-like illness] episodes, days with ILI symptoms, or amount of sick leave taken among vaccinated HCWs."*

Furthermore, concerning the impact of flu vaccines on healthcare workers, she reports, *"A Japanese study of HCW receiving swine flu vaccine found that 1.3% had a severe adverse event within 7 days of vaccination, and 23% reported some type of systemic reaction. In Thailand, fatigue and malaise affected 24% of HCW after swine flu vaccination."*

Consumer health advocate Heidi Stevenson shines a spotlight on a new generation of vaccine adjuvants being rolled out. *"They're touted as safe, but share a dirty secret: They're oil-based, which could make them the most dangerous yet in a product line that is, by definition, toxic."* When injected, fats and oils are known to cause autoimmune disorders. Fluad®, restricted for use in those 65 yrs and older, contains a powerful squalene-containing adjuvant, MF59, and is similar to the controversial adjuvant which was used in the 2009-10 'pandemic'.

The heartbreaking story of a former professor of nursing at a Connecticut university drives home the risks inherent in flu shots. Her story is a wakeup call to all who believe that flu vaccines are without risk.

According to the National Vaccine Information Center (NVIC) in the U.S., *"as of July 2012, there have been more than 84,000 reports of reactions, hospitalizations, injuries and deaths following influenza vaccinations made to the federal Vaccine Adverse Events Reporting System (VAERS), including over 1,000 related deaths and over 1,600 cases of Guillain-Barre Syndrome (GBS). Adult influenza vaccine injury claims are now the leading claim submitted to the U.S.federal Vaccine Injury Compensation Program."* In Canada, there is no public access to vaccine injury reports nor a compensation program for those injured by vaccines. Canadian vaccine injury victims have no recourse through the courts or the government.

Human Rights Violations

Healthcare workers object to influenza vaccine mandates because forced medication violates their basic human rights as articulated in the Canadian Charter of Rights and Freedoms. The Charter guarantees

the right to life, liberty and security of the person. This implies the freedom to make health care choices that could profoundly affect one's health and wellbeing and the right to protect oneself from elements that threaten one's security, such as forced medication. Furthermore the Charter guarantee of the right to freedom of conscience and religion upholds the individual's right to practice one's deeply held convictions which is certainly violated by forced medication policies.

A 1991 decision by the Ontario Court of Appeal, stated the following:

> **The common law right to bodily integrity and personal autonomy is so entrenched in the traditions of our law as to be ranked as fundamental and deserving of the highest order of protection. This right forms an essential part of an individual's security of the person and must be included in the liberty interests protected by s. 7. Indeed, in my view, the common law right to determine what shall be done with one's own body and the constitutional right to security of the person, both of which are founded on the belief in the dignity and autonomy of each individual, can be treated as co-extensive.**
> Fleming v. Reid, a Canadian Charter, section 7 challenge to involuntary mental health treatment(1)

Governments that impose forced medication policies on its citizens violate Charter guarantees and Informed Consent protections set out in Canadian Medical Law (2) as well as interpretations of the Informed Consent ethic articulated in provincial health Acts. In so doing, they negate the most basic tenet of human rights, the right to uphold the individual's security as inviolable and not subject to the whims of government policies.

Forced medication violates the most fundamental medical ethics rooted in the common law right to "bodily integrity and personal autonomy" on which the Informed Consent principle is founded. Canadian Medical Law (2) stipulates that forcing a medical procedure on a person against their will violates the Informed Consent ethic, is **fraudulent and constitutes a "battery" against that person**. Ontario's Health Care Consent Act is an example of provincial legislation that clarifies and upholds the basic tenets of Informed Consent:

- The consent must be informed
- The consent must be given voluntarily
- The consent must not be obtained through misrepresentation or fraud

Commenting on the province's attempt to force flu vaccination or masks on HCWs, an outraged nurse in British Columbia said, ***"In that way they are apparently giving us an "alternative'. Meanwhile, we see it for what it is, a shaming tactic to manipulate us to receive the vaccine. The act of injecting a vaccine against our will naturally violates consent but I don't see how a consent obtained under duress and manipulation of a public "outing" is legal either. Imagine if we went around shaming patients into consent for procedures under threat of exposure of "bad" behaviour. Disgusting! … think pink triangles of nazi germany or the scarlett letter of old to identify reprobates who don't "fit in" the window of tolerance…"***

Labour unions in the U.S. oppose influenza vaccine mandates for health professionals. They view such coercion as a human rights violation and fear that, ***"if health care professionals can be bullied and coerced into vaccination against their will, then what profession is next? Teachers, daycare workers, government employees and public transit employees?"*** One labour union stated, ***"it is not consistent with our national values – openness, respect, and informed consent around medical treatments we receive."***

The American Association of Physicians & Surgeons (AAPS), a large group of medical professionals from all specialties objects strenuously to any coercion of healthcare personnel to receive influenza immunization: *"It is a fundamental human right not to be subjected to medical interventions without fully informed consent"*.

Government policy makers cannot guarantee that a vaccine or any other drug will not cause harm to the recipient. The right to make an informed, voluntary vaccination decision must be upheld as an inalienable human right because it involves medical risk-taking that could result in health injury or death.

Healthcare workers like every other citizen, have the right to accurate information about influenza and its vaccines. As citizens of this country, they have a right to exercise voluntary, informed consent to vaccination and not be subjected to harassment, coercion, intimidation or threats of job loss for refusing influenza vaccine. Employment contracts should include flexible medical, religious and conscientious belief exemption to vaccine requirements.

From a scientific perspective, influenza vaccines have NOT been proven effective in reducing mortality in the most fragile members of our society, nor has it been shown scientifically that vaccination of healthcare workers reduces transmission of influenza to patients. From an ethical perspective, forced medication of citizens violates the most fundamental traditions of common law and medical ethics. Such coercive policies have no place in a free society.

"That mandatory vaccination programs for health care workers (HCW) are rapidly sweeping the nation is further evidence of a society in serious decline", writes cardiologist Daniel O'Roark. *"Until very recently, it has been considered completely unethical to mandate medical treatments of any kind for competent persons capable of giving voluntary, informed consent (or from their legally designated surrogate if a minor or mentally incompetent). This is so because all medical treatments expose the recipient to varying degrees of risk. If society accepts the notion that third parties (which now include various governing bodies) can force medical treatments on individuals without their voluntary consent, we risk being subjected to almost anything in the future — and probably will be. History has borne this out."*

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VRAN – Vaccination Risk Awareness Network

Vaccination Risk Awareness Network Inc (VRAN) is an independent, not-for-profit Canadian volunteer organization which advocates non-coerced, fully informed consent to vaccination