

Mandating Vaccines: A Cause for Concern



City of Toronto Archives, Fonds 1244, Item 2517

Toronto City Hall 1919

"We and our children have been and are the victims of a carefully orchestrated, programmed propaganda campaign in which maximum publicity is repeatedly given to rare complications from one of the childhood diseases while actively suppressing the cases of morbidity and death caused by vaccines.

This active suppression is used to quietly terrorize any professional who does honest research and reports negative or adverse effects from mandated vaccines."

~ Dr. Thomas Stone, MD Pediatrician

Member of Parliament Information Package

Prepared by



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*For a successful technology, reality must take precedence over public relations,
for Nature cannot be fooled.*

~ Richard P. Feynman, Ph.D. physicist, educator & Nobel Prize recipient

Dear Member of Canada's Parliament,

We need your informed help to protect and preserve our rights and freedoms as citizens of Canada in the face of a significant challenge.

Legislation and other coercive measures are being introduced by various levels of government, educational institutions, and employers to impose an invasive medical procedure upon unwilling and non-consenting Canadians.

These actions deprive Canadians of their Charter Rights to fundamental freedoms of conscience and religion, their legal right to security of the person, and their medical right to informed consent.

This challenge is a well organized and carefully orchestrated effort that will lead to the imposition of mandatory vaccinations upon all citizens. We believe this challenge is potentially THE most serious and controversial action to ever occur in Canada.

A decision of such significance and impact

should require thoughtful dialogue supported by extensive and rigorous verifiable evidence. This is not occurring. Instead we have a one-sided conversation that is fear-based and adversarial, rather than evidence-based and thoughtful.

Many, including government agents, medical practitioners, parents, as well as the media are intimidated into silence by the actions of the medical/pharmaceutical industry and government organizations as they move to impose mandatory artificial immunization upon all citizens, both children and adults, with or without consent.

Any physician, scientist, nurse, public health advocate, politician, academic, journalist, or parent who questions the long-term safety and efficacy of artificial immunization is immediately attacked, ridiculed, and bullied into silence.

But what if the artificial immunization paradigm is not as solid and evidence-based as we have been led to believe? What if, in our efforts to protect children from infectious diseases, we

*"The fatal tendency of mankind to leave off thinking about a thing
when it is no longer doubtful, is the cause of half their errors."*

~ John Stuart Mill, 1859

have inadvertently created serious and chronic illnesses? What if the public good is not being served? What if the science is not settled? More importantly, should science ever be considered settled?

Included in this package is information that has been carefully collected and documented by scientists, researchers, physicians, and concerned citizens. These individuals have no profit motive. Rather, their motive is to ensure children and adults, both today and in the future, have the greatest opportunity to live long and

healthy lives and continue to enjoy the rights and freedoms we have come to expect as citizens of Canada.

It is our belief that if our Members of Parliament were better informed about the growing concerns on the safety and effectiveness of vaccination, they would encourage debate and demand industry and government accountability for their claims. Therefore, we thank you in advance for your thoughtful consideration of the information contained in this package.

"Be scrupulously truthful, even when truth is inconvenient, for it is more inconvenient when you try to conceal it."

~ Bertrand Russell

The Status of Vaccine Discourse

Well Intended and Uninformed

Our assumption is Canada's Members of Parliament are well intended in their efforts to improve the health of Canadians. We assume there is no individual financial or political conflict of interest that would bias your ability to participate in a fair and thorough exploration of claims of vaccine safety and effectiveness.

We also assume that our Members of Parliament are no more informed than most Canadians on the issues of the safety and effectiveness of artificial immunization. Unless a family member has been personally affected by vaccine injury, most Canadians simply accept the promotional messages developed by the medical/pharmaceutical industry and delivered by Health Canada.

The pharmaceutical industry is the largest lobby group in North America, spending twice as much as the oil and gas industry, and four times the amount spent by the military-industrial complex. Additionally, the pharmaceutical industry is one of the largest sources of advertising revenue for our media. These advertising revenues and the capacity of the medical establishment

to influence politicians, researchers and academia create the potential for significant bias and distortion.

A Story Without Scientific Verification

There is a cultural story that the world is safer because of artificial immunization. We are told: *"Millions of lives have been saved. Vaccines are safe and effective. The benefits far outweigh the risk."* While this is a wonderful story, this story has not been substantiated by clinical evidence and biological science.^{1,2,3}

What is missing in the push for more and more vaccines is the thoughtful and thorough exploration of the assumptions made by the industry, as well as sound clinical evidence to substantiate their claims.

Unfortunately, a censorship exists that precludes Canadians from having a thoughtful discourse on this important issue. There is active suppression of concern about the safety of vaccines. The media has been intimidated into silence and is captured by the promotional efforts of the medical/pharmaceutical industry. As a result most Canadians are seriously uninformed or misinformed about vaccine safety and effectiveness.

"In spite of the widespread notion that vaccines are largely safe and serious adverse complications are extremely rare, a close scrutiny of the scientific literature does not support this view."

~ Lucija Tomljenovic, PhD. Immunologist⁵¹

The Status of Our Children's Health

We have a medical crisis today. The amount of chronic childhood illness is increasing at a dramatic rate. According to the Prime Minister of Canada (2008), 1 in 10 Canadian children have life threatening afflictions. In the last 25 years there have been huge increases in the following childhood illnesses:

- Allergies – increased 6 times since 1980 ⁴
- Anaphylactic Food Allergies – doubled in the last decade⁴
- Asthma – 1 in 8 children affected
- Autism – increased more than one thousand fold in less than a generation
- Attention Deficit Hyperactivity Disorder (ADHD)– affects 1 in 10 children ⁴
- Autism spectrum disorders (ASD)–now affects more than 1 in 50 children. ⁴
- Developmental Delay–Over 27% of Canadian children fall short on at least one measure of physical, emotional or cognitive development by age 5
- Eczema – 1 in 5 children affected
- Juvenile Diabetes – more than 100% increase since 1980
- Learning Disabilities – 1 in 6 children affected
- Obesity – tripled since 1980 with 25% of Canadian children overweight
- Severe Mood Dysregulation – 1 in 30 children affected

At the same time Canadian children are among the

most vaccinated in the developed world. Since 1980 Canadian vaccine schedules have more than doubled the types of vaccines given. Public health authorities now recommend 32 to 41 doses of 13 to 16 different vaccines in the first 18 months alone. Some provinces start injecting babies at birth. By the time a child is six years old they will receive approximately 49 doses of vaccines in an attempt to artificially boost immunity.⁵ Health Canada is now recommending vaccines be given to pregnant women though no evidence exists on the safety to the fetus.

What role do vaccinations play in the substantial increase in chronic illness in our children? Without properly designed clinical trials that compare a vaccinated population with an unvaccinated population we may never know the answer.

The medical establishment considers vaccines effective if they suppress a few targeted illnesses, but at what expense? An emerging body of evidence indicates that over-stimulating a child's immune system can damage a child's developing immune system and brain leading to life-threatening or debilitating disorders like ASD, ADHD, asthma, allergies, juvenile diabetes, and death.

"For the first time in history...children are sicker than the generation before them. They're not just a little worse off, they are precipitously worse off, physically, emotionally, educationally and developmentally" ⁴

~ Judy Converse, MPH, RD, LD
Why Do Pediatricians Deny the Obvious?

A Silent Epidemic

There is a major epidemic today. However, contrary to government and media reports, the epidemic is not measles, influenza, polio, or whooping cough. Rather it is neurological and immune system disorders such as autism spectrum disorders, ADD and ADHD, learning disabilities, life threatening allergies, juvenile diabetes, and autoimmune diseases like arthritis and Parkinson's and Autoimmune inflammatory Syndrome Induced by Adjuvants (ASIA).

Polio was considered a major concern when 1 in 10,000 children developed symptoms of a paralytic condition. Today, 1 in 42 boys will develop autism spectrum disorders⁶ and 1 in 10 children will have severe allergies, asthma, diabetes, epilepsy, and other

life threatening conditions.⁷ The estimated lifetime cost of autism is \$5 million per child. Despite the severity of the current state of our children's health, Health Canada claim they have no idea what causes autism.

Do vaccines cause autism? The truth is we don't know. We should know. Neither government regulations nor corporate responsibility is doing a very good job in protecting our children from autism.

The vaccine industry claims there is no link between vaccines and autism. At the same time, more than 123 independent studies have found a link between vaccines and autism.⁸ Is the failure of the vaccine industry to find a vaccine-autism link because there is no link or is the research designed not to find a link?

"We've missed ten years of research because the CDC is so paralyzed right now by anything related to autism. They're not doing what they should be doing because they're afraid to look for things that might be associated."
~ Dr. William Thompson, CDC Senior Scientist

Two Different Responses

If a child develops a serious illness or dies from a tainted food product, governments take immediate action. Food processing facilities are closed, products are recalled, health inspectors begin testing products and equipment, media make public announcements, medical treatments are provided, and compensation is offered.

Compare this response to the response when a child develops a serious injury or dies as a result of a vaccine. No government inspectors are called. No vaccine manufacturing is suspended. No products are identified and recalled. No public announcements are made. No medical treatment is provided. No compensation is offered. Instead there is silence and denial.

No Independent Safety Testing or Oversight

The system as it is currently constructed has no independent oversight, no independent evaluation of risk, and no effective counter balance to the drive for more and more vaccines to be "recommended" by the medical/pharmaceutical industry. Witness the doubling of the number of vaccines recommended since 1980 from 23 doses by age eighteen to more than 50 doses today. And there are 271 more vaccines under development by the pharmaceutical industry.⁹

No Legal Liability: The vaccine industry in the US is exempt from legal liability for the safety of their products. In Canada, the vaccine industry enjoys *de facto* exemption due to the requirement that both 'negligence' and 'causation' be proven in a court of law.

No Independent Government Oversight: There is no independent government oversight monitoring vaccine safety. Vaccine safety trials are conducted by the vaccine manufacturers.

No Media Oversight: The media has been told the "science on vaccines is settled" and giving voice to vaccine safety concerns is considered irresponsible journalism.

The Result:

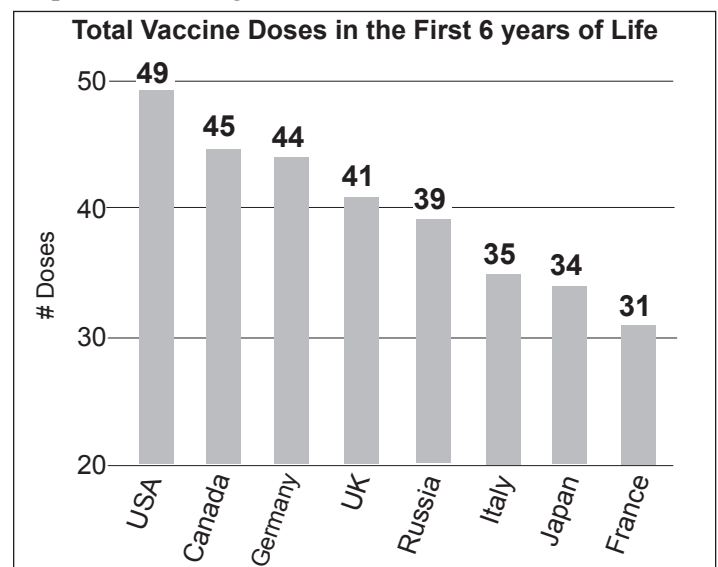
- NO industry accountability.
- NO independent government oversight.
- NO legal accountability.
- NO media scrutiny or oversight.

The system is perfectly designed to encourage and enable an unlimited number of vaccines to be "recommended" and ultimately mandated without informed consent.

The information in the chart below is adapted from the [interactive graphic](#) titled, *Visualising childhood vaccination schedules across G8 countries*, published in the British Medical Journal in November 2015 (BMJ 2015;351:h5966). Total doses is the total number of vaccine doses given in the first 6 years of life in each country. Details are accessible at <http://www.bmj.com/content/351/bmj.h5966/infographic>.

According to the latest Conference Board of Canada Report on [Infant Mortality Rates](#), the USA at 6.5 and Canada at 5.1 per 1,000 live births have the highest infant mortality rates of the countries on the chart (except Russia which is not compared).

Also of note is the fact that Italy, Japan and France are not overrun with outbreaks of childhood communicable diseases despite lower dosage rates.



"I never imagined myself in this position, least so in the very beginning of my Ph.D. research training in immunology. In fact, at that time, I was very enthusiastic about the concept of vaccination, just like any typical immunologist.

*However, after years of doing research in immunology, observing scientific activities of my superiors, and analyzing vaccine issues, I realized that vaccination is **one of the most deceptive inventions** that science could ever convince the world to accept."*

~ Tetyana Obukhanych, Ph.D.

The Unvaccinated & the Risk to Others

Medical authorities and the media love to scapegoat the unvaccinated. They accuse those who choose not to vaccinate or to delay vaccinations of being responsible for the spread of disease. This is the justification given for the removal of personal exemptions to vaccines.¹⁰

The idea that the only plausible reason people contract infectious disease is because some parents don't get their children vaccinated is a powerful marketing strategy but scientifically flawed.

The facts are:

- The protection conferred by vaccines is temporary and wears off after a few months or years. Vaccines do not eliminate susceptibility to disease.
- Not all vaccines are designed to prevent the transmission of disease. Some vaccines are only designed to mitigate symptoms of the disease. Not being vaccinated for these diseases does not alter the safety of public spaces.¹¹
- Influenza vaccines are known to increase the risk of susceptibility to contracting pandemic strains of influenza viruses.¹²
- Many vaccines contain live viruses and these live viruses can be transmitted to others due to viral shedding. Viral shedding can occur up to six weeks post vaccination.
- Rather than quarantine children receiving live viruses, we quarantine healthy, unvaccinated children who pose no risk to others.

- Herd immunity is a theoretical concept based on populations with natural immunity. There is no evidence herd immunity can be achieved with artificial immunization.
- The decline in life long immunity due of the widespread use of vaccines actually increases the likelihood of disease outbreaks in the future.
- An unintended consequence of the vaccination program is it creates a new generation of children who are even more vulnerable to disease.^{13, 14}

In an open letter to US legislators, immunologist Tetyana Obukhanych Ph.D addressed the question of whether unvaccinated children pose a higher risk to the public than vaccinated children. Dr. Obukhanych explained:

“It is often stated that those who choose not to vaccinate their children for reasons of conscience endanger the rest of the public, and this is the rationale behind most of the legislation to end vaccine exemptions currently being considered by federal and state legislators country-wide.

“You should be aware that the nature of protection afforded by many modern vaccines—and that includes most of the vaccines recommended by the CDC for children—is not consistent with such a statement...

Discrimination against children who are not vaccinated is completely unwarranted as (they) pose no undue public health risk.”⁵⁰

A Longterm Prospective

Vaccines have been given the credit for the decline in mortality from major infectious diseases. Historical epidemiological data, however, shows that major declines in disease mortality took place in the western world **before** the introduction and common use of specific vaccines. (See chart on next page.)

Note that scarlet fever mortality rates had similar major decline as the other diseases on the chart, despite the fact no vaccine was ever developed for scarlet fever.

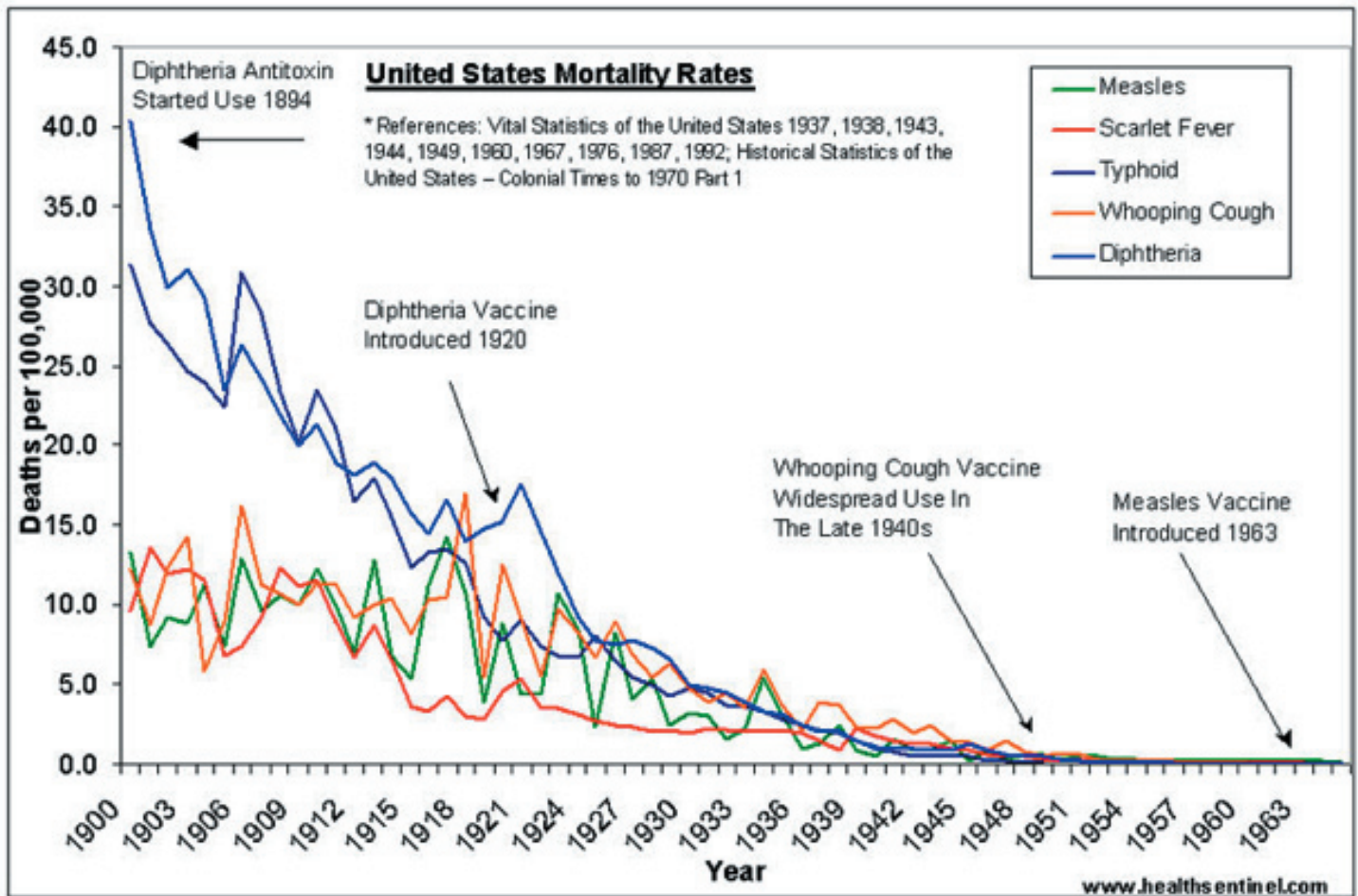
“The decline in diphtheria, whooping cough and typhoid fever began fully fifty years prior to the inception of artificial immunization and followed an almost even grade before and after the adoption of these control measures.

*Claims about the historical life-saving impact of immunization programs appear to be **assumptive and not factual.**”*

~ McCormick, W.J., Archives of Pediatrics

*"The best evidence offered by those promoting (vaccines) is that there has been a reduction in the incidence of certain diseases against which vaccination is now commonplace. **This is not evidence.**"*

~ Dr. Vernon Coleman



"There is not a single disease on the planet that vaccines have wiped out. Some infectious diseases persist...at even higher levels now than before vaccines. Nutritional status, not vaccination, has the most profound impact on illness severity."

~ Dr. Judy Converse, MPH, RD, LD

Vaccines and Immunology Are Complex

Not all vaccines are made the same, contain the same ingredients, are made by the same manufacturers, or are given to children at the same age. Not all children have the same immune response or tolerance.

Yet the medical establishment and the media routinely describe vaccines as if they are one drug and that "one size fits all". They act as if all vaccines have the same

effectiveness and safety and as if all children have the same level of immune capacity. This is obviously untrue.

Saying, "All vaccines are safe and effective" is like saying "All prescription drugs are safe and effective". Such statements are without scientific integrity and are meaningless.

*"One size fits all approach for all vaccines and all persons **should be abandoned.**"*

~ Dr. G. A. Poland, MD, MACP, Editor in Chief of the Journal, *Vaccine*

"All vaccines are not created equal. Discussion of both the benefits and the risks of individual vaccines is needed. The authoritative medical bodies must end their arrogant stance and take an honest look at the literature they have suppressed. The public deserves better. Negative effects must be honestly brought to light. Legislative bodies need to do their homework and reject any thought of mandating vaccinations."

~ Dr. Ralph Campbell, MD, a now-retired board-certified pediatrician

Being Concerned About Vaccine Safety Is Not Anti-Science

Not trusting Health Canada and the vaccine industry is not anti-science. Rather, demanding clinical evidence of vaccine safety and effectiveness is pro-science as well as being a stance of responsible parents and health consumers.

The failure of the vaccine industry to provide clinical and biological evidence of long-term vaccine safety is anti-science. Saying there is no need to conduct long-term safety trials because "everyone knows vaccines are safe and effective" is irresponsible and unacceptable. It is time the vaccine industry was held accountable.



Consensus Science

The argument made for suppressing discussion about the safety and effectiveness of vaccination is that there is "consensus" in the scientific community. But is there consensus? And is consensus the business of science or of politics?

Anyone who states the science regarding vaccinations is clear is either not a scientist or is not being honest. This is a promotional statement, not a science statement.

The truth is the mass vaccination program is an uncontrolled experiment. This is not good science. This

is not ethical science. This is not responsible science. In fact, this is not science. Vaccination has become a political matter rather than a scientific matter.⁵²

The biomedical literature relative to causes of disease contains a mix of 1) honest research, 2) shoddy research, and 3) 'manufactured' research. There are unknown numbers of articles 'manufactured' to show there are no links between products being studied and serious disease.¹⁵

"Let's be clear: the work of science has nothing whatever to do with consensus. Consensus is the business of politics. Science, on the contrary, requires only one investigator who happens to be right, which means that he or she has results that are verifiable by reference to the real world."

In science consensus is irrelevant. What is relevant is reproducible results.

The greatest scientists in history are great precisely because they broke with the consensus.

There is no such thing as consensus science.

If it's consensus, it isn't science.

If it's science, it isn't consensus.

Period.

I regard consensus science as an extremely pernicious development that ought to be stopped cold in its tracks.

Historically, the claim of consensus has been the first refuge of scoundrels; it is a way to avoid debate by claiming that the matter is already settled."

~ Dr. Michael Crichton, M.D. and writer

The Science is Not Settled

1. The safety of the current childhood vaccine schedule has never been proven in large, long-term clinical trials.¹⁶ Most safety trials are limited to a few weeks.¹⁷ Combined vaccines have not been tested for carcinogenicity, toxicity, genotoxicity, mutagenicity, or for long-term adverse reactions.
2. Most effectiveness trials are limited to the measurement of anti-bodies/titers in the blood rather than producing verifiable evidence that the vaccine actually prevented the targeted disease.^{1, 18}
3. The current vaccine schedule has never been tested for safety in the real world way in which the schedule is implemented. No independent trials exist that confirm the safety of giving multiple vaccinations at once.¹⁹
4. No large safety trials have been undertaken that use an unvaccinated population as the control group.
5. There is no long-term clinical evidence that vaccinated children have better overall health than unvaccinated children. There is a growing body of evidence that the opposite is true.^{20, 48}
6. No clinical proof exists to support the claim that artificial immunization is solely responsible for the decline in infectious diseases, let alone the claim of millions of lives saved.²
7. There is no independent biological science that shows injecting mercury into humans is safe in any amount.⁴⁶
8. No clinical studies have been conducted to establish the safety of using aluminum in vaccines. The neurotoxicity of aluminum is well documented, affecting memory, cognition, psychomotor control, and damage to the blood brain barrier.²¹ The amount of aluminum used in vaccines regularly exceeds the maximum amount permitted by the FDA.⁴⁷
9. Most vaccine safety trials use control groups consisting of other vaccinated populations or “placebos” containing aluminum and other vaccine ingredients. These are not placebos. A true placebo is a substance that is known to be harmless or neutral.²¹
10. The failure to use a neutral placebo undermines the integrity of vaccine safety claims.
11. The US Vaccine Court has awarded more than \$ 3.2 billion dollars in compensation for vaccine injuries and death since 1988.
12. The US Vaccine Court has awarded compensation to more than 83 families whose children developed autism following vaccination.¹⁹
13. Artificial immunity is not life long. Infectious disease outbreaks regularly occur in fully vaccinated populations. Recent outbreaks of whooping cough are the result of vaccine failure, not a failure to vaccinate.⁴⁹
14. A 2014 report released by the Council on Foreign Relations revealed that the most highly vaccinated populations are also those with the greatest number of outbreaks for those same infectious diseases.²⁰
15. The Office of Medical and Scientific Justice offers several possibilities to explain the findings of the Council on Foreign Relations:
 - 1) Vaccines are becoming ineffective and causing ‘immune dysfunction’.
 - 2) ‘Vaccine antigen responses’ may be reprogramming viruses while weakening the immune systems of the most vaccinated individuals.²⁰
16. Just as the overuse of antibiotics has caused an increase in antibiotic resistant organisms, a similar phenomenon is occurring with viruses and bacteria targeted by vaccines.¹⁴
17. The 2012 Cochrane Collaboration Report, after reviewing more than 65 clinical trials/studies on the MMR vaccine determined: “The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, are largely inadequate.”²²
18. There is no independent government oversight monitoring vaccine safety. Vaccine safety trials are conducted primarily by the vaccine manufacturer.
19. A 2011 Canadian study showed that 1 in 168 children needed hospital Emergency care after receiving the MMR vaccine. Several children died during the study.²³
20. The disclosures by CDC scientist, Dr. William Thompson, reveal the CDC has known for more than a decade that children receiving the MMR vaccine on schedule are significantly more likely to regress into autism compared with children whose parents decided to withhold the vaccine until the child was older. The risk was even higher amongst African American boys.²⁴
21. The 2013-14 influenza vaccine accounted for over 93,000 adverse reactions, including 8,888 hospitalizations and 1,080 deaths according to VAERS, the US Vaccine Adverse Events Reporting System.²⁵

Unanswered Questions

There are a number of questions we ought to be asking and demanding answers for with regards to artificial immunization:

1. Is it reasonable or responsible to continue to inject human beings, particularly pregnant women, with mercury when mercury is a known neurotoxin? Mercury has never been tested for safety by the FDA.
2. Why is it that we don't hold those individuals recently vaccinated with a live virus (chicken pox, measles, mumps, rubella, intranasal influenza, shingles) responsible for the spread of diseases due to viral shedding?
3. Should the U.S. Center for Disease Control be trusted on issues of MMR vaccine safety given one of their own senior scientists, Dr. William Thompson, has come forth as a federal whistleblower alleging scientific fraud and the destruction of data on the MMR vaccine-autism connection?²⁴
4. Should vaccine manufacturer Merck be trusted given two of their own employees have come forth as federal whistleblowers alleging scientific fraud on MMR vaccine effectiveness studies?²⁶
5. Is the breadth and depth of the studies done on the safety of the current vaccine schedule adequate given the research is done by those with a conflict of interest – those who either profit from the sale of vaccines or are responsible for increasing vaccine uptake?
6. Have the children who have gotten sick, disabled, or died from vaccine reactions been studied to identify their vulnerabilities or the vaccine's defects so that we can identify other vulnerable children or the vaccine's limitations and prevent further tragedies and loss of life in the future?
7. Do we have a responsibility to those children, their families, and potential vaccine victims to conduct independent vaccine safety studies?
8. How many children are we willing to sacrifice in pursuit of the theory of 'herd immunity' or 'the common good'. Who decides?
9. Why have no long-term clinical studies been conducted to compare the health of vaccinated vs. never vaccinated individuals?
10. Why is the low incidence of autism in non-vaccinated children rarely reported by the media?

The Co-Opting of Science

Science once offered us a high degree of confidence that a statement, fact, or conclusion was true because it was based upon a rigorous and verifiable process using the scientific method. Unfortunately the scientific method has been corrupted for economic and political gain and is no longer a valid seal of inquiry.

Science is no longer in service to the truth. It is in service to those with enough money or power to determine the outcome of "scientific research". Research is plagued with dogma, politics, corporate interests, and other biases. These pressures restrict scientists to certain areas of study and limit publicly held "beliefs".

As Bruce Stillman, President of Cold Spring Harbor Lab puts it: "Science cannot have an agenda, and it appears that this science does."

Consider the following disclosures from the editors of prestigious medical journals.

Dr. Marcia Angell, Editor, *NEJM*:

"It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines.

"I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of the *New England Journal of Medicine*." ²⁷

Richard Horton, Editor in Chief, *Lancet*

"The case against science is straightforward: much of the scientific literature, perhaps half may simply be untrue. Scientists too often sculpt data to fit their preferred theory of the world. Or they retrofit hypotheses to fit their data. Science has taken a turn toward darkness." ²⁸

"In every age those who wish to be our master, if they have any sense, secure our obedience by offering deliverance from our dominant fear.

When we fear wizards the Medicine Man can rule the whole tribe. When we fear a stronger tribe our best warrior becomes King. When all the world fears Hell the Church becomes a theocracy.

'Give up your freedom and I will make you safe' is, age after age, the terrible offer."

~ C.S. Lewis, Vol. III Collected Letters

The Co-Opting of the Media

Dr. Philip F. Incao, MD, makes the case very well for the co-option of the media in relation to vaccines:

“Severe constraints are placed on the media in the name of ‘responsible journalism’ with the result that the American public very seldom hears both sides of the vaccination story, and comes to have an unquestioning faith in vaccinations as our greatest hope against future imagined disease plagues.

“In this fear-based scenario, the questioning voice of reason is drowned out amid the hysteria surrounding the emerging ‘killer infections,’ which are such a favorite media topic.

“The propagation of fear by the media and by its sources in the public health industry has resulted in a growth of power in this industry far beyond the usual checks and balances of our democracy.”

The Assumptions of Artificial Immunization

1. Artificial immunity is better than natural immunity.
2. Temporary immunity is better than life long immunity.
3. Vaccines are one uniform, homogenous group of drugs.
4. All vaccines are considered safe and effective regardless of the manufacturer, manufacturing process, or ingredients.
5. You are either ‘pro-vaccine’ or ‘anti- vaccine’.
6. Expressing concern about vaccine safety is considered ‘anti-vaccine’.
7. Heavy metals such as mercury & aluminum do not accumulate in the human body or cause neurological damage.
8. Evidence of the safety of mercury and aluminum is not required.
9. Conferring immunity through the placenta and breastfeeding is not sufficient. Babies need to be immunized at birth.
10. One uniform vaccine schedule is appropriate for every child.
11. Every child has the same immune response capacity regardless of age, gender, or weight.
12. A developed immune system is not required for vaccines to be effective.
13. The benefits of vaccination far outweigh the risks and no clinical evidence is needed to substantiate this claim.
14. All Governments can be trusted to make the right decisions for our children’s health and well-being.
15. The medical / pharmaceutical industry can be trusted to make the right decisions for our children’s health and well being.
16. The motive of profit does not affect the integrity of vaccine decisions.
17. Although the US Supreme Court has deemed vaccines “unavoidably unsafe”, there shall be no product liability against vaccine manufacturers even if there is evidence that vaccines can be made safer.
18. Parents can’t be trusted to make the best decision for their children’s health and well-being.
19. An individual’s body does not belong to them. An individual has no right to decide what is injected into his/her body.
20. Vaccinations are a unique medical intervention and the medical ethic of informed consent does not apply.

“The great tragedy of science—the slaying of a beautiful hypothesis by an ugly fact.”

~ T.H. Huxley

The Consequences of Mandating Vaccines

While the media often uses the phrase *mandated vaccines*, there are **no mandatory vaccines in Canada**. Only two provinces, Ontario and New Brunswick ‘require’ proof of vaccination for school children and provide legal exemption from vaccination for reasons of personal belief or religion.

However, intense efforts are underway to eliminate the voluntary and informed consent status of vaccinations and make some or all vaccinations mandatory for

children and adults.⁴⁵ Mandating vaccinations would be a violation of the Canadian Charter of Rights and Freedoms as well as our medical laws that ensure the right to informed consent. This fact is rarely acknowledged.

It is important we be fully aware of the impact mandating vaccines would have on our rights and freedoms. It is also important to identify appropriate safeguards that ought to be in place prior to any

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The Consequences of Mandating Vaccines con't

consideration of the mandating of vaccines.

Loss of Personal Self-Determination

Mandatory vaccinations would mean that individuals no longer have self-determination over their own body or that of their children. Instead industry and government agents would have the authority to forcibly impose medical interventions upon healthy citizens.

This action would establish a very dangerous precedent. While the context of the current debate is about vaccines, the potential impact is more significant. This decision would extinguish the right of Canadians to decide what goes into their own body or the bodies of their children. It would declare that one's own body does not belong to oneself.

A Significant Change in Medical Ethics

Mandatory vaccination would also mean a significant change in how medicine is practiced. Presently every physician embraces the ethic, 'First do no harm'. Also

as a community we uphold the principle: If there is risk, there must be choice. Forced vaccinations would disregard these principles and ethics.

Vaccination is an invasive medical treatment with known risks including death. In 2011 the Supreme Court in the United States deemed vaccinations "unavoidably unsafe",⁴² meaning that even when used as directed an unknown number of individuals will be injured or killed by vaccines.

Medical ethics state that no one can be forced to undergo an invasive medical procedure without his or her informed consent. Historically, we condemned the forced sterilization of individuals with developmental disabilities, the Tuskegee experiments that infected black inmates without their knowledge or consent, and Nazi practices that included involuntary euthanasia, experimentation, and sterilization. Today we are considering medical practices and ethics similar to those we previously condemned.

Necessary Safeguards

Prior to any consideration of making the injection of any vaccine mandatory, a number of safeguards ought to be in place. These safeguards include the following:

1. Mandatory Reporting of All Adverse Events Following Vaccinations

Much of the data we have about the frequency of adverse effects of vaccinations comes from the Vaccine Adverse Event Reporting System (VAERS) in the United States. VAERS is "a passive reporting system"²⁹. This means there is no enforcement or penalties for failure to comply with the vaccine safety informing, reporting, and recording provisions when there is a vaccine injury.³¹ It is roughly estimated that only one to ten percent of actual vaccine injury incidences are reported.^{31, 32}

In Canada reports of vaccine injury are documented under two reporting systems—the Canada Vigilance Database (CV) and the Canadian Adverse Events Following Immunization Surveillance System (CAEFISS). Unfortunately the partially publicly accessible CV Database contains only a small fraction of the data on vaccine injury, while the more complete CAEFISS database is not available for public scrutiny.³³

- *A rigorous system with unfettered public access needs to be implemented to ensure the documentation of all adverse reactions to vaccines.*

2. Mandatory Training of Physicians to Diagnose and Treat Vaccine Injury

Currently physicians receive no formal training on how to diagnose or treat vaccine injury.^{32, 34} How can citizens trust vaccine injury data when they know medical practitioners have not been trained to recognize vaccine injury? Is it ethical to subject our children to the risk of vaccine injury and then not be able to treat the injury?

- *Physicians must be formally trained in the diagnosis and treatment of vaccine injury.*

3. Mandatory Compensation for All Vaccine Injury

Currently there is no national vaccine injury compensation program in Canada.³⁵ Canada and Russia are the only countries in the western world without a vaccine injury compensation plan.^{35, 36} Is it acceptable to force families to expose their children to the risk of vaccine injury or death and then fail to compensate families when injury or death occurs?

While the United States has had a Vaccine Injury Compensation Program since 1986, the US Vaccine Court has been criticized for its reluctance to acknowledge vaccine injury and provide compensation, and for the lack of transparency and accountability in its vaccine court decisions.³⁷

- *A Canadian compensation system needs to be developed that is not only just, but provides easily*

accessible compensation for all vaccine injuries.

4. Evidence of Long-term Vaccine Safety and Effectiveness

Currently there are no long-term clinical trials that demonstrate vaccine safety.¹⁶ Most safety trials are limited to a few weeks.¹⁷ Most effectiveness trials are limited to the measurement of anti-bodies/titers in the blood rather than producing verifiable evidence that the vaccine actually prevented the targeted disease.¹⁸

No safety trials exist that prove the safety of giving multiple vaccinations at once.¹⁹ No large safety trials exist that use an unvaccinated population as the control group.³⁸ Evidence is growing that vaccines actually increase the risk of contracting the diseases they target at a later date.^{13, 14}

Most safety trials use control groups consisting of other vaccinated populations or placebos containing aluminum and other vaccine ingredients. The failure to use a true (neutral) placebo undermines the integrity of vaccine safety claims. Without adequate safety trials how can we accurately assess benefit/risk?

- *The long-term safety and effectiveness of vaccines needs to be demonstrated using a never vaccinated population as the control group.*

5. Hold Vaccine Manufacturers Liable

The ability to take legal action in Canada against vaccine manufacturers for producing unsafe products is severely compromised due to the legal requirement that both ‘causation’ and ‘negligence’ be proven. This is an unnecessary barrier which prevents vaccine manufacturers being held accountable for making unsafe products.

In the United States vaccines manufacturers were exempted from vaccine injury liability by the Federal government in 1986 due to the substantial number of liability cases against vaccine manufacturers. The vaccine industry is the only industry, other than the nuclear industry, that is not legally liable for the safety of their products.

Without the risk of product liability vaccine manufacturers have no incentive to make the safest products possible and the public has no means to

hold manufacturers accountable when making unsafe products.

- *Hold vaccine manufacturers to the same level of product liability as the producers of other drugs and pharmaceutical products.*

6. Oversight by An Independent Body

A judicial body needs to be established to provide independent evaluation of product safety claims, as well as evaluate the justification for imposing medical treatments upon unwilling citizens. This body ought to be independent of both industry and government influence and have the investigative powers of the judiciary.

- *Develop an independent judicial body to evaluate the validity of safety and effectiveness claims and the justification for removing a citizen’s right to informed consent.*

7. Mandatory Reporting of All Research Trials and Outcomes

Currently, pharmaceutical manufacturers are able to withhold evidence of research trials and outcomes that produce undesirable outcomes.^{2, 43, 27} How can we make informed decisions of benefit/risk when important research data is being withheld?

Efforts are underway internationally to require pharmaceutical companies to disclose all research trials and outcomes.³⁹ This same level of transparency is needed in Canada.

- *Register all research trials and outcomes.*

8. Mandatory Quarantine of All Individuals Receiving Live Viruses

Individuals vaccinated with live viruses have the ability to transmit these viruses to the general population for up to six weeks following vaccination due to viral shedding.^{30, 40} If we are genuinely serious about stopping the transmission of viruses, individuals vaccinated with live/attenuated viruses (chicken pox, measles, mumps, rubella, intranasal influenza, shingles) must be quarantined following vaccination.

- *Quarantine individuals receiving live attenuated viruses.*

*“Any possible doubts, whether or not well founded,
about the safety of the vaccine cannot be allowed to exist.”*

~ Federal Register. Vol 49, No 107

June 1, 1984

We Need to Be Thoughtful and Vigilant

We need to be thoughtful and vigilant when considering the idea of mandating an invasive medical procedure without informed consent. This is especially true where the motive of profit can distort the value and benefit of such medical procedures.

Vaccination Is a For-Profit Business

Vaccine manufacturers operate as for-profit businesses. Their goal is to have the highest financial return possible, eliminate competition, use advertising and propaganda to promote their products. Further, they employ lobbyists to influence governments to provide them a favorable position in the market. The vaccine industry is not accountable to the public. It is accountable to shareholders.

Vaccines are the fastest growing sector of the pharmaceutical industry with 271 vaccines under development.⁹ The vaccine industry is enjoying spectacular growth. The global vaccine market tripled in value from \$5 billion in 2000 to almost \$24 billion in 2013, and is projected to rise to \$100 billion by 2025.

We ought to be extremely careful when a for-profit business is given influence to decide what goes into our

bodies. We also ought to be extremely vigilant to ensure governments are not being co-opted by industry money. Currently no significant separation exists between the vaccine industry and government policy makers.

More is Needed, Not Less

A decision of the significance of mandatory vaccinations and the loss of informed consent requires:

- More conversation, not less.
- More information, not less.
- More evidence and scrutiny, not less.
- More caution, not less.
- More oversight, not less.

Unfortunately the opposite is occurring. This is why we need your help as a legislator. You have a responsibility to the Canadian people to get this right. Short-circuiting the dialogue on vaccinations won't serve anyone well. Forcing vaccinations upon unwilling citizens will undermine our democracy. Taking away personal rights and freedoms will change Canada forever.

What will you say to your children and grandchildren when they ask: "Where were you when the government took away our rights and freedoms?"

Who is Vaccine Choice Canada

Vaccine Choice Canada is a federally registered not-for-profit educational society solely supported by donations from its members. VCC was founded by families whose loved ones have suffered severe vaccine reactions which have resulted in brain and immune system injuries, chronic debilitating diseases, and death.

VCC formed in response to the growing concern about the safety of the current vaccination program. As a public information and resource group we are committed to protecting children's health by informing parents of the existing and emerging scientific literature evaluating the risks, side effects, and potential long-term health effects of vaccination.

VCC works to protect the right of all people to make fully informed and voluntary vaccine decisions for themselves and their children. Our mission is to empower individuals to make informed health care choices and to defend the medical ethic of Informed Consent.



**VACCINE
CHOICE
CANADA**
FORMERLY VRAN

VCC maintains that everyone has the right to know and understand what they are putting in their bodies, and to refuse unwanted medical treatments, whether 'preventive' or 'therapeutic', as articulated by the Universal Declaration on Bioethics and Human Rights, Article 6 Consent:⁴⁴

"Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be expressed and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice."

Vaccine Choice Canada continues the work of Vaccination Risk Awareness Network (VRAN) and the Committee Against Compulsory Vaccination, which in 1984 won the right to the personal belief exemption, an exemption for reasons of conscience from vaccines required by Ontario's 'Immunization of School Pupils Act'.

Our Mandate is to:

- Empower families to make voluntary and informed health care decisions
- Support individuals in their right to health freedom
- Protect and further the individual's freedom from enforced medication

Contrary to government and media statements, vaccination is NOT mandatory in Canada. Our goal is to keep it this way.

Vaccine Choice Canada maintains a website to provide a national and international overview of the vaccine issue with links to the many vaccine information consumer groups around the world. Our extensive Science page provides access to scientific articles on this topic.⁴¹ We also publish an acclaimed member newsletter with articles and research on this subject from international sources.

We Are Passionate Amateurs

"Passionate amateurs are motivated by necessity and inspired by love. Someone or something they care about is vulnerable, under siege or in trouble, and they have no choice but to respond.

Passionate amateurs don't quit. They can't quit. They are prepared to pour their life's energy into resolving a challenge. Their commitment is freely given.

They are on the front lines, spotting and dealing with injustice years and sometimes decades before the issue seeps into the consciousness of organizations and institutions.

They experience or witness the barriers and system failures first-hand.

They know that slow, incremental change isn't good enough for the people, places and creatures they love"

~ Al Etmsanski, Author of *Impact*

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Note: A pdf version of this document is available on our website. It has all references hyperlinked for quick internet access.

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