



Email: info@vaccinechoicecanada.com
Mail: P.O. Box 169, Winlaw, BC, V0G 2J0
Web site: www.vaccinechoicecanada.com

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TVO
Box 200, Station Q
Toronto, Ontario M4T 2T1

To the Attention of: Steve Paikin, Host of The Agenda

Re: Science, Society and Politics – March 14, 2017

Dear Mr. Paikin

I'm writing in response to your March 14, 2017 interview with Dr. Timothy Caulfield pertaining to the topic of '**Science, Society, and Politics**'. You have failed to meet a number of the promises to viewers as stated on TVO's Journalistic Standards.

Specifically you have failed to be:

- Accurate
- Fair
- Transparent and ethical
- Engaged and civil

Dr. Caulfield stated in the interview - "*Doubling down on science is the answer in a time of alternative facts*". I couldn't agree more. The difference in our perspectives, however, is Caulfield believes he is on the side of science, when his position is more in alignment with scientism.

Science is a methodology and a quest for authentic understanding of the world. In reality, science is a perpetually unfinished quest. **Scientism**, on the other hand, is an ideology that has many similarities to fundamentalist forms of belief. The common denominator to all fundamentalist positions is the absolute certainty of the rightness of their claims. They leave no room for dissent or differences of opinion.

Science vs. Evocative Language

In your program of March 14, 2017, Caulfield presented as the antithesis of a scientist according to the very standard offered. I direct you to the quote you shared from James Hamblin in [The Atlantic](#) (February 11, 2015):

“People who are not scientists tend to be better at using evocative language and less married to conservative “may be related to” type caveats; the scientific establishment ends every statement with, ‘more studies are needed.’”

I invite you to review your discussion with Dr. Caulfield and assess whether the two of you explored the topic of vaccine safety like “*scientists*”, or rather like those who “*tend to be better at using evocative language*”. Your conversation was replete with the standard repertoire of adversarial and disdainful pro-vaccine patter:

“anti-vaxx”; “conspiracy theory”; “fake science”; “pseudo science”; “Jenny McCarthy”; “false balance”; “Wakefield’s study was a complete bogus - you can get autism from vaccines”; “vaccines are safe and effective”; “the evidence against it (the safety of vaccines) is either non-existent or very small”; “no evidence to support it”; “flat earth”.

Dr. Caulfield offered some important considerations when communicating about science:

*“If the science isn’t there to suggest they should be definitive, they shouldn’t. I don’t think we should play that game because **then eventually you’re going to lose trust**. We need to find a clever way to say what the state of the Science actually is, because **often it isn’t definitive, and I think we need to be transparent about that.**”*

My wish is Dr. Caulfield followed his own advice, particularly as it relates to the science of vaccines. I suggest the increasing mistrust of vaccine science is because it presents as definitive when it isn’t; and it lacks honesty and transparency. Much of what is offered as vaccine science is marketing propaganda masquerading as science. Caulfield and his vaccine proponents would be more worthy of trust if they were honest about the state of the science as pertains to vaccination.

The State of Vaccine Science

Below are 18 facts for your consideration about the state of the science as it relates to vaccines:

Fact #1: The **safety** of the current childhood vaccine schedule has **never been proven** in large, long-term clinical trials. ^{1 18 23}

Fact #2: Vaccines have **not been tested** for carcinogenicity (the ability to cause cancer), toxicity (the degree to which a substance can damage an organism), genotoxicity (the ability to damage genetic information), mutagenicity (the ability to change the genetic material), or for long-term adverse reactions.

Fact #3: The current vaccine schedule has **never been tested** for safety in the real world way in which the schedule is implemented. ³

Fact #4: No independent trials confirm the safety of giving multiple vaccinations at once. Research shows a dose-dependent association between the number of vaccines administered simultaneously and hospitalization or death. ²⁴

Fact #5: No long-term clinical evidence exists that show vaccinated children have **better overall health** than unvaccinated children. ^{2 4}

Fact #6: There is **no independent biological science** that shows injecting mercury into humans is safe. There is increasing evidence that the use of mercury in vaccines increases the risk of neuro-developmental disorders. ^{5 25}

Fact #7: 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 brain when the aluminum passes through the blood brain barrier. ⁶

Fact #8: The amount of aluminum used in vaccines **regularly exceeds** the maximum amount permitted by the FDA. ⁷

Fact #9: Most vaccine safety trials use control groups consisting of other vaccinated populations, or placebos containing aluminum and other vaccine ingredients. **These are not true placebos.** ⁶ The failure of the medical industry to use a neutral placebo undermines the integrity of vaccine safety claims as this does not adhere to good scientific practice. ⁸

Fact #10: The US Vaccine Court has **awarded more than \$ 3.3 billion dollars** in compensation for vaccine injuries and death since 1988. ⁹ This includes children who developed autism following vaccination. ²⁸

Fact #11: Vaccine safety trials are not conducted by the government. Vaccine safety trials are conducted by the vaccine producers. As of 1986 the US vaccine producers are no longer legally liable for the safety of their products.

Fact #12: Vaccine producers Merck and GlaxoSmithKline have paid billions in criminal penalties and settlements for research fraud, faking drug safety studies, failing to report safety problems, bribery, kickbacks, and false advertising. ^{17 22}

Fact #13: The disclosures by CDC senior 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 withheld the vaccine until the child was older. ^{11 12 13}

Fact #14: The rate of autism has increased from less than 1 in 10,000 prior to 1980 to more than **1 in 45 children** today. ¹⁴ Attention Deficit Hyperactivity Disorder (ADHD), a neurological condition, now affects 1 in 10 children. ¹⁵

Fact #15: Canada has one of the most aggressive vaccine schedules in the world. The number of recommended vaccines in Canada has more than **doubled** since 1980. Children can receive as many as 49 doses of 14 vaccines by age 6. ¹⁶

Fact #16: Artificially induced immunity from vaccines is not life long. Disease outbreaks regularly occur in fully vaccinated populations. ^{10 19} Vaccines do not confer long lasting immunity.

Fact #17: ALL vaccines in Canada are voluntary and cannot be made mandatory because of the rights guaranteed Canadians in the Canadian Constitution. ²⁹ Mandatory vaccination is a violation of the medical ethic of informed consent, the Nuremberg Code, and the Universal Declaration of Bioethics and Human Rights. ³⁰

Fact #18: Canada is the only G7 nation without a national no-fault vaccine injury compensation program. ^{20 21 26} If your child is vaccine injured in Canada, you are on your own.

"Facts do not cease to exist because they are ignored."
~ Aldous Huxley

False Statements About Dr. Wakefield

I would also like to address inaccurate and false statements made about Dr. Andrew Wakefield. In particular your statement: *"The Wakefields of the world - the study that was a complete bogus about how you can get autism from vaccines"*.

It is clear that you haven't read Dr. Wakefield's Lancet paper and are simply regurgitating false statements promulgated by a captured and compliant media. Had you actually read the Lancet paper you would have discovered that Dr. Wakefield never claimed the MMR vaccine causes autism. Mr. Paikin, you have not done your research on this matter and fact-checked your information.

Dr. Wakefield's paper was a case study that investigated a consecutive series of 12 children with chronic enterocolitis and regressive developmental disorder.

<http://www.wellwithin1.com/WakefieldOriginalPaper.pdf>

Dr. Wakefield's own statement in the Lancet paper is: *"We did not prove an association between measles, mumps, and rubella vaccine and the syndrome described."* Dr. Wakefield concluded that: *"Further investigations are needed to examine this syndrome and its possible relation to this vaccine."* It's ironic that Dr. Wakefield uses the exact language described by Hamblin as evidence of the deferential language of good science.

Dr. Wakefield did recommend parents use the single dose vaccines for measles, mumps and rubella rather than the triple virus shot, until the risk of injecting three live viruses at once was better understood. It was the UK government's decision to

withdraw the license for the single vaccines, and Merck's decision to stop producing single dose vaccines in the US and Canada that gave parents no choice but to accept the triple live virus vaccine or not vaccinate for measles, mumps and rubella.

Its clear the UK government's intention was the protection of the triple virus product rather than the protection of children. Any reduction in the rate of immunization for measles, mumps and rubella is the responsibility of the UK government and Merck. Blaming Dr. Wakefield is dishonest. Ironically, the UK government withdrew the license for this MMR vaccine in 1992 following evidence of increased risk of aseptic meningitis 15-35 days after vaccination.

<https://academic.oup.com/aje/article/165/6/704/63700/Risks-of-Convulsion-and-Aseptic-Meningitis>

The findings of Dr. Wakefield in the Lancet paper were never debunked as many media pundits claim, or "complete bogus" as you've stated. Dr. Wakefield's finding of a relationship between bowel disease and regressive developmental disorders has been replicated by dozens of laboratories around the world and this relationship is now accepted medical science.

http://pediatrics.aappublications.org/content/130/Supplement_2/S160

Vaccine – Autism Link

With regard to your statement that there is no link between vaccines and autism, it seems you are unaware or willfully choosing to ignore the following:

- A report in the [Pace Environmental Law Review Journal](#) reviewed 83 cases of vaccine-induced brain injury that resulted in an autism diagnosis, which were compensated by the U.S. Federal Vaccine Injury Compensation system <http://digitalcommons.pace.edu/pelr/vol28/iss2/6>
- There are now more than **128 independent studies** that show a relationship between vaccines and autism. <https://www.scribd.com/doc/220807175/128-Research-Papers-Supporting-the-Vaccine-Autism-Link>
- Dr. William Thompson, a Senior Scientist with the Vaccine Safety Division of the CDC took whistleblower status in 2014 and revealed CDC scientists **colluded to commit scientific fraud** in order to obscure the link between the MMR vaccine and autism. Dr. Thompson was the lead statistician and co-author of the 2004 CDC study that is used to deny a link between the MMR vaccine and autism.

Dr. Thompson claims the federal agency ordered him and his colleagues to destroy study findings showing a link between the MMR vaccine and autism. Representative Bill Posey read Dr. Thompson's statement into the Congressional record.

<https://www.c-span.org/video/?c4546421/rep-bill-posey-calling-investigation-cdcs-mmr-reasearch-fraud>

This alarming disclosure is the basis of the 2016 documentary Vaxxed: From Cover-Up to Catastrophe, which the media has actively tried to censor.

- Award-winning journalist, Sharyl Attkisson, has investigated the vaccine-autism link. Attkisson compiled an extensive list of studies that show a vaccine-autism link. (What the News Isn't Saying About Vaccine-Autism Studies – updated November 27, 2016). <https://sharylattkisson.com/what-the-news-isnt-saying-about-vaccine-autism-studies>

Attkisson concluded –

“The body of evidence on both sides is open to interpretation. People have every right to disbelieve the studies on one side. But it is disingenuous to pretend they do not exist.”

Ms. Attkisson’s comment applies directly to your statement denying any evidence of a vaccine – autism link and Caulfield’s implicit support of such a statement. The two of you have every right to disbelieve the studies on one side of the debate. But to state there is “no evidence showing a vaccine-autism link” is more than disingenuous. It would appear both yourself and Dr. Caulfield are intentionally withholding information with the express purpose of misleading the public. This is scientism, not science.

- Dr. Bernadine Healy, the former head of the National Institutes of Health, has stated that the vaccine-autism link was not a “myth”. Dr. Healy disclosed that her colleagues at the Institute of Medicine did not wish to investigate the possible link between vaccines and autism because they feared the impact it would have on the vaccination program. This failure to investigate is not science, it’s politics.

There is an abundance of evidence that a vaccine-autism link exists. It is dishonest to claim there is “no evidence”. Anyone who makes this claim is offering propaganda, not science.

Critical Thinking

Caulfield seems to recognize that science works because it allows for critical thinking, yet dismisses any evidence that the science of vaccine safety has more to learn. Science advances by being open to new information and evidence as it emerges. Caulfield seems more committed to preserving medical dogma than in knowing the truth about vaccine safety and effectiveness.

“Dogmas – religious, political, and scientific . . .

*are collective conceptual prisons. . . . people love their prison cells
because it gives them a sense of security and a false sense of "I know"."*
~ Eckhart Tolle

Caulfield shows willful blindness and callous disregard for those children whose lives have been destroyed by vaccine injury. He prefers to dismiss these life-altering experiences as simply "anecdotes", and insists on blaming increasing vaccine hesitancy on Hollywood celebrities and conspiracy theorists.

Vaccine Choice Canada has written an extensive report on Canada's dual reporting system on vaccine adverse events. This report, an analysis of Canadian government statistics, captures the grim reality of vaccine reactions and injuries. This report should be of concern to every journalist in this country:

<http://vaccinechoicecanada.com/wp-content/uploads/Vaccine-Safety-Report-2-20B29E.pdf>

I assume your intention, as well as Dr. Caulfield's, is to protect children from serious illness. This concern and compassion appears not to extend to children injured by vaccines. You both appear to be of the position that vaccine injured children either do not exist and are a figment of a parent's imagination, or are acceptable casualties in the 'war on disease' that we should willfully ignore for the 'greater good'.

This is not science. This is not responsible journalism. This is not honest. This is an immoral and an unscientific position that needs to end.

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."

~ Dr. Philip F. Incao MD

Responsible Journalism

Dr. Peter Doshi, Associate Editor for the **British Medical Journal**, makes the following statements about journalism as pertains to vaccinations (February 7, 2017):

<http://www.bmj.com/content/356/bmj.j661.full?ijkey=PLlsazuxmr6PVC1&keytype=ref>

Good journalism on this topic will require abandoning current practices of avoiding interviewing, understanding, and presenting critical voices out of fear that expressing any criticism amounts to presenting a "false balance" that will result in health scares.

*It does matter if the vast majority of doctors or scientists agree on something. But medical journalists should be among the first to realize that while evidence matters, **so too do the legitimate concerns of patients**. And if patients have concerns, doubts, or suspicions — for example, about the safety of vaccines, this **does not mean they are “anti-vaccine.”***

Doshi goes further in addressing those journalists who use the term “anti-vaccine”:

“approaches that label anybody and everybody who raises questions about the right headedness of current vaccine policies as “anti-vaccine” fail on several accounts.

Firstly, they fail to accurately characterize the nature of the concern. Many parents of children with developmental disorders who question the role of vaccines had their children vaccinated. Anti-vaccination is an ideology, and people who have their children vaccinated seem unlikely candidates for the title.

*Secondly, they lump all vaccines together as if the decision about risks and benefits **is the same irrespective of disease** — polio, pertussis, smallpox, mumps, diphtheria, hepatitis B, influenza, varicella, HPV, Japanese encephalitis — or vaccine type — live attenuated, inactivated whole cell, split virus, high dose, low dose, adjuvanted, monovalent, polyvalent, etc. This seems about as intelligent as categorizing people into “pro-drug” and “anti-drug” camps depending on whether they have ever voiced concern over the potential side effects of any drug.*

*Thirdly, labeling people concerned about the safety of vaccines as “anti-vaccine” risks entrenching positions. The label (or its derogatory derivative “anti-vaxxer”) **is a form of attack**. It stigmatizes the mere act of even asking an open question about what is known and unknown about the safety of vaccines.*

*Fourthly, the label too quickly assumes that there are “two sides” to every question, and that the “two sides” are polar opposites. This “you’re either with us or against us” thinking **is unfit for medicine**.*

Many parents who deliberate on decisions regarding their children’s health ultimately make decisions — such as to vaccinate or not vaccinate — with lingering uncertainty about whether they were right. And among those uncertainties are the known and unknown side effects that each vaccine carries.

Contrary to the suggestion — generally implicit — that vaccines are risk free (and therefore why would anyone ever resist official recommendations), the reality is that officially sanctioned written medical information on vaccines is

— just like drugs — filled with information about common, uncommon, and unconfirmed but possible harms.

Medical journalists have an obligation to the truth. But journalists must also ensure that patients come first, which means a fresh approach to covering vaccines. It's time to listen—seriously and respectfully—to patients' concerns, not demonize them.

Mr. Paikin, if you are sincere about being a **responsible journalist**, a retraction of the inaccurate statements made in your Science, Society and Politics program is in order, as is an apology to those whose lives and experiences you have denied, disrespected, and demonized.

If you are serious about the importance of **responsible science**, a good place to start is to advocate for a robust, long term 'vaccinated vs. non-vaccinated study' to provide the scientific evidence needed to determine whether the current vaccine schedule is, in fact, "safe and effective".

I look forward to your considered response.

Sincerely,



Ted Kuntz, parent of a vaccine injured child
Vice President – Vaccine Choice Canada

cc.

TVO Customer Relations
Box 200, Station Q
Toronto, Ontario M4T 2T1

Dr. Timothy Caulfield
c/o Health Law Institute
Office 468
Faculty of Law
University of Alberta
Edmonton AB T6G 2H5
caulfield@ualberta.ca

Vaccine Choice Canada
PO Box 169
Winlaw, BC V0G 2J0

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*“The secret of freedom lies in educating people,
whereas the secret of tyranny is in keeping them ignorant.”*
- Robespierre