

To the Ontario College of Teachers Disciplinary Panel

Re: Considerations for Discipline of Timothy Cyril Sullivan

Dear Members of the Ontario College of Teacher's Disciplinary Panel

In response to my having been found guilty of "professional misconduct" resulting from events that occurred on March 9 2015, I will address a number of points I wish for you to consider in deciding my discipline.

The two allegations that stand out as most egregious are that I:

- a) "abused" students by frightening them about vaccine risks
- b) 'harassed' public health nurses during an in school vaccination day

Allegations of Abuse of Students

Ms. Swick testified under oath that I approached the students and shouted, *"Do you know what is in the vaccines? Of course you don't. Don't do it. Don't get the vaccine."* Had I in fact shouted at students and chastised them for their decision, the allegation of student abuse would be appropriate. However, this is not what occurred that day.

I direct you to Ms. Swick's testimony as provided in a written affidavit on March 9th and 13th (exhibit 8). In her written affidavit Ms. Swick describes my interaction with the students in the following way: *"Four students were in line to receive vaccinations and he asked them "Do you know.....".* This description was repeated in both statements. There is no mention of 'shouting or raised voice' or chastising students anywhere in her written statements at the time of the event.

I would also invite you to reread the affidavit of the two students of the events of that day. They were recorded on March 23 2015 (exhibit 20). One of the students states that I had a brief conversation with the nurse asking for the missing product information insert and then states: *"Then he asked me if I knew what chemicals were in the vaccinations and I said no, and asked if he did and he said yes. I wouldn't let them pump chemicals into my body without knowing what was in them."*

This is a very different conversation in both tone and content than the description provided by Ms. Swick's sworn testimony during the hearing. There is no indication in either student's affidavits that I 'shouted at them or even raised my voice'.

That morning there were four nurses in the room, the four students mentioned who were in line, and six or eight more students scattered around working at lunch tables. I ask the panel to recognize that the prosecution failed to provide even one other statement to support Ms. Swick's claim that I shouted at the students.

I have further questions for the panel's consideration:

1. How is it considered "abuse of students" for a teacher to initiate a discussion about the published risks disclosed in the vaccine manufacturer's product monograph for pharmaceutical products students are receiving in the school setting?
2. How is discussing the concept of informed consent with students considered abuse of students?

Allegations of Harassment

With regard to these allegations of "harassment" :

How is it "harassment" for a teacher to ask medical professionals working in the school setting if they obtained informed consent from students prior to injecting them with a complex biochemical pharmaceutical product that carries a risk of injury and death for some?

As a teacher I get asked many questions every day. On more than one occasion in my career someone has asked me a question that made me feel "uneasy". As a professional working in the public, if this happens to me I realize I need to sit down and contemplate how a question could make me feel this way.

What I usually found was that I was working under an assumption that could not stand under examination, and this has led to changes in my teaching practice. I would like to thank the people that asked those questions.

The charge of harassment of Ms. Swick seems to be as a consequence of her feeling "*uneasy*" when being questioned whether she was honouring her professional code of ethics. If she was comfortable with her behaviour, there should be nothing to be uneasy about. I was not vexatious in my questioning of Ms. Swick. I simply asked her if she was following the proper process for informed consent. Her testimony reveals that she and the other nurses were in fact not following a proper process for informed consent that day.

The following are the elements required for consent to treatment:

1. The consent must relate to the treatment.
2. The consent must be informed.

3. The consent must be given voluntarily.
4. The consent must not be obtained through misrepresentation or fraud.

A consent to treatment is informed if, before giving it,

- (a) the person received the information about the matters that a reasonable person in the same circumstances would require in order to make a decision about the treatment; and
- (b) the person received responses to his or her requests for additional information about those matters.

The matters referred to for informed consent are:

1. The nature of the treatment.
2. The expected benefits of the treatment.
3. The material risks of the treatment.
4. The material side effects of the treatment.
5. Alternative courses of action.
6. The likely consequences of not having the treatment.

Ms. Swick admitted in her testimony that the routine at the vaccination clinic that day was to have students sign the consent form before providing them with information on material risks of the treatment. Ms. Swick also admitted that rare but serious side effects of vaccination, including death, was not disclosed to the students even though these effects are reported in the product monograph provided by the vaccine manufacturers. Ms. Swick also admitted that students were not provided, either verbally or in writing, the list of adverse events that legislation identifies as “reportable events”.

Ontario laws that govern doctors and nurses are very clear on Informed Consent (Health Care Consent Act, 1996). The Charter of Rights and Freedom’s is also very clear on this point. Our government and the medical industry is not allowed to perform medical procedures on its citizens without informing them of the benefits and the risks associated with any given procedure. Failure to do so in this case is nothing less than institutionalized assault and battery of minors.

I have every expectation that professionals who come into contact with students in the educational setting will follow the laws of Ontario and Canada as well as their code of ethics. The admitted failure by these nurses on March 9, 2015 to secure fully informed consent of students puts me and other teachers in a very difficult position.

Your decision implies that I am not to give the same respect and protection to students in my school and class as I would give to my own daughters. I would hope that this duty to protect students and honour laws is not mine alone but the responsibility of all teachers and administrators in the education system.

In regards to my rehabilitation, I assume the goal is to ensure that a similar event does not happen in the future. I also would like to avoid a similar circumstance. It would seem what is needed is for the Ontario College of Teachers to give me and other members of the teaching profession clear direction on how we ought to address matters like this when a student's rights, both medical and Charter, are not being respected.

It has been my goal my entire career to be the best teacher possible to my students. I take my role as teacher and my responsibility to students very seriously. What I witnessed on March 9, 2015 was an egregious violation of our student's medical right to informed consent as well as an erosion of parental rights to determine what medical treatments their children will be subjected to.

I look forward to your serious consideration, not only of my discipline in this matter, but to identifying actions that will protect our students going forward.

Thank You Very Much

Timothy Cyril Sullivan BSc BEd O.C.T.

P.S. Please send me a copy of the hearing record.