

Vaccine Safety

Know the Facts and the Science



**VACCINE
CHOICE**
CANADA
FORMERLY VRAN

Presented by
Edda West



Overview

- Vaccination is NOT mandatory in Canada
- Vaccine resistance – history
- Vaccine refusal - What's driving it?
- Vaccine ingredients
- Vaccine risks and failures: suppressed science
- Adverse reactions hidden by Gov't
- Threats to vaccine exemptions
- Protecting our basic human right to refuse unwanted medical treatment



Robert Mendelson, *The People's Doctor*

- Warned that vaccination is a “**medical time bomb**”
- Spoke of the “*idolatrous church of modern medicine*” whose primary tool of indoctrination was the “***holy waters of vaccination***” which leads to “cradle to grave” dependency on drug based medicine.
- “**The best way to raise a healthy child is to keep him away from doctors**, except for emergency care in the case of an accident or an obviously serious illness.”
- “There is growing suspicion that immunization against relatively harmless childhood diseases may be responsible for the dramatic increase in autoimmune diseases since mass inoculations were introduced. **Have we traded mumps and measles for cancer and leukemia?**”
- “If this is preventive medicine, **I’ll take my chances with disease.**”

Archive of writings: <http://thepeoplesdoctor.net/>



Robert Mendelson, *The People's Doctor*



‘Because routine immunizations that bring parents back for repeated office calls are the bread and butter of their specialty, pediatricians continue to defend them to the death. The question parents should be asking is: ‘Whose death?’

~ Dr Robert Mendelsohn, M.D.



History of Vaccine Resistance

1850s to early 1900s Resistance to Smallpox Vaccination

- Where mandatory smallpox vaccination was enforced, smallpox epidemics increased
- Pervasive anxieties about integrity of the body
- Public protests & anger at mandatory vaccination policies
- Historical revisionism: Prevailing myth that smallpox vaccination eradicated the disease
- Mandatory smallpox vaccination remained the only source of smallpox-related deaths for 3 decades after the disease had disappeared
- Smallpox vaccination for infants was stopped in Canada in 1972 and for healthcare workers in 1977.



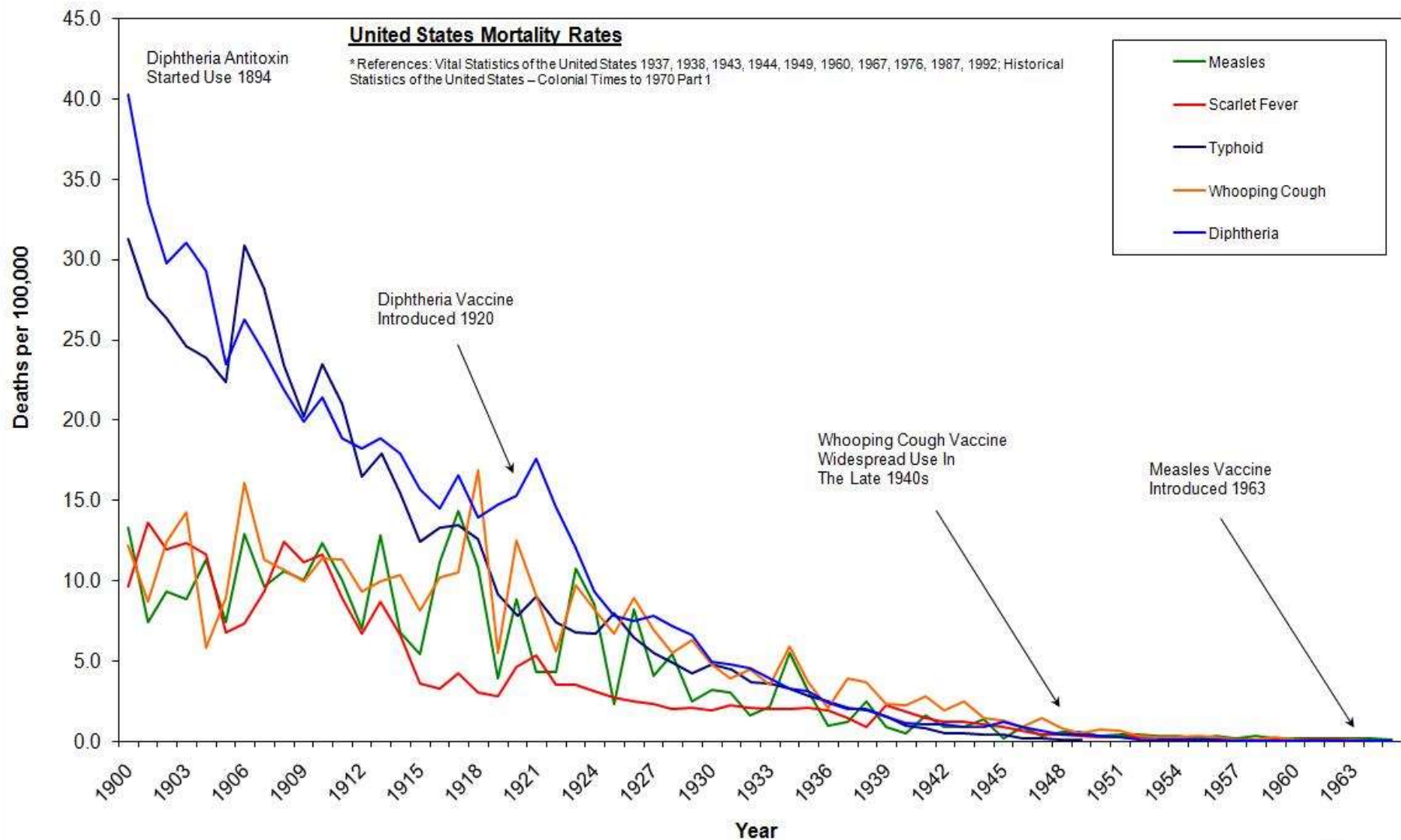
1919 Toronto City Hall





Sanitation & Nutrition

Saved Humanity, **NOT** Vaccines





Vaccine Refusal: What's driving it today?

Fundamental issue is the right to make personal choices about vaccination for ourselves and our children!

- Too many vaccines given too close together, too early in life
- Greatest number of vaccines in the first two years of life, during the most critical phases of brain and immune system development
- “One-size fits all” approach & inadequate safety testing of childhood vaccine schedule
- Toxicity of vaccine ingredients: aluminum, foreign proteins, polysorbate 80, DNA from animal & aborted fetal tissue
- Parents more vocal about their children's vaccine reactions & injuries
- Children's chronic health conditions parallel the increase in number of vaccines given
 - 1 in 6 children is learning disabled
 - 1 in 10 has a life threatening chronic disorder
 - 1 in 45 is on autism spectrum
- Informed consent NOT obtained prior to vaccination
- No compensation for vaccine injury
- No liability for doctors, government or vaccine manufacturers



Neither Safe Nor Effective



"Vaccination at its core is neither a safe nor an effective method of disease prevention."

Tetyana Obukhanych Ph.D
Immunologist



The Immune System & Brain

Vaccines are complex biochemical substances that by definition are drugs. Once injected, they can cross the blood brain barrier and cannot be deactivated or removed should something go wrong

“There is a significant connection between the immune system and the central nervous system. You cannot influence the immune system at the periphery without changing something in the brain.” Lucia Tomljenovic, PhD – Neuroscientist

“Too many vaccines are being given to children during the first two years, the brain's most rapid growth period. Excess vaccination disrupts this critical process and can result in a malformed brain, which manifests as either subtle impairment in thinking, concentration, attention, behavior or language, or serious problems with these processes.” - Russell Blaylock MD



Windows of Susceptibility

Critical phases in brain development

occur during fetal life & first two years of infancy

Overactivation of the brain's immune system will cause varying degrees of neurological damage to the highly-vulnerable developing brain.

Damage to the “wiring” process of the brain is thought to underlie cognitive disability, developmental language disorders, learning disabilities, motor disorders, effects on intelligence and behavioural disorders, attention deficits and sensory abnormalities.

Small doses of neurotoxins during critical periods of brain development can alter those crucial neural pathways & result in permanent damage

“One mistake early on, and the brain may be forever changed in subtle or serious ways.”

Dr. Landrigan – Mount Sinai School of Medicine



Protect the Developing Brain

Baby's immune system is programmed to remain in a **non-inflammatory state** to protect the developing brain.

Vaccines override this and force an **inflammatory** response:

“If you want your baby to have a chance to grow up to be healthy, with all of its ‘cogs’ functioning normally, you should make sure that nothing interferes with the immunologic programming, especially during the first 3 years of life. Anything injected, eaten, breathed, which creates damage or stress, has the potential to change the DNA instruction manual of protein synthesis and leads to system malfunction.” ~Suzanne Humphries MD

“To challenge an unborn or newborn infant's immune system in this manner requires a thorough scientific understanding of the potential long-term consequences and there is **no such understanding at this time.”**

Breastfeeding is the essential immunological bridge & first line of defense against infectious organisms.

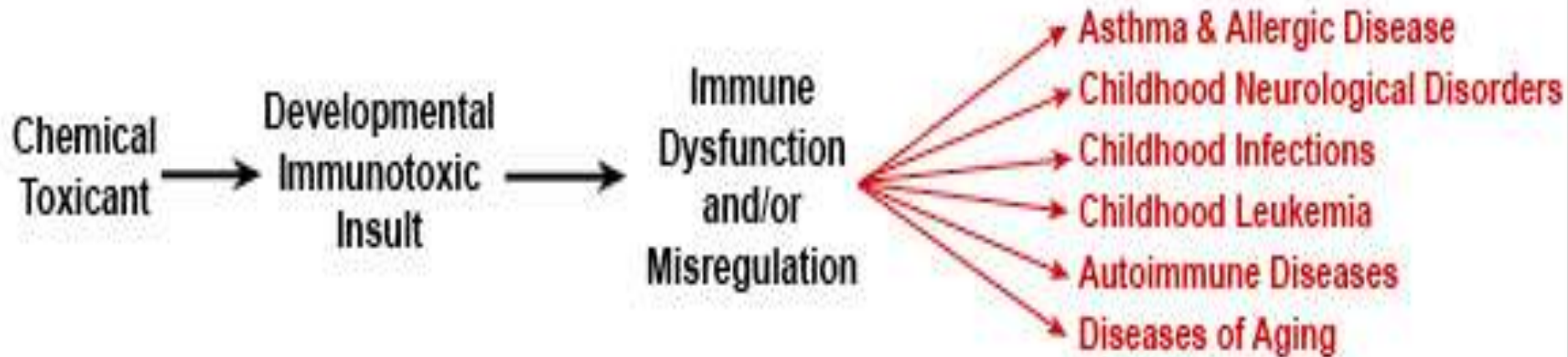


Breastmilk: the original vaccine





Developmental Immunotoxicology



- Scientific field that focuses on the effects of exposure to biological materials, drugs, medical devices, chemicals, and other environmental factors on the developing immune system in fetuses, infants and children.
- Research between these factors points to an increased risk of asthma, autism, diabetes, leukemia and other diseases.
- Many researchers in this field are concerned that children worldwide are being exposed to unrecognized toxic chemicals that are silently eroding intelligence, disrupting behaviors, truncating future achievements and damaging societies.



Self-Organized Criticality Theory of Autoimmunity Study

- Repeated immunization with antigens causes **systemic autoimmunity in mice** otherwise not prone to spontaneous autoimmune diseases.
- Systemic autoimmunity appears to be the inevitable consequence of **over-stimulating the host's immune 'system'** by repeated immunization with antigens, to the levels that **surpass system's self-organized criticality**.

In other words, they found that, **not only is vaccination a possible or even probable cause of autoimmune disorders, but also that:**

- **Autoimmune diseases are a modern plague**, causing untold suffering and early, painful death.
- This study clearly documents that vaccinations are a primary cause.

Chronic diseases are the inevitable result of vaccinations!

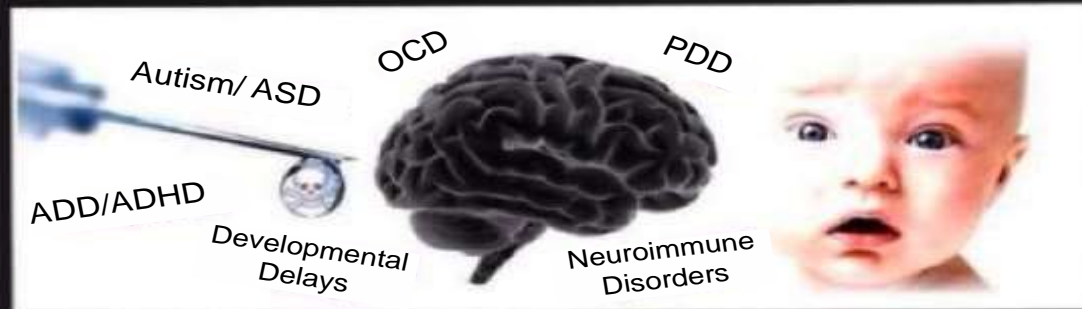


The New Normal

Once.....Measles, Mumps, Chicken pox
were considered normal.

Now we have a new normal

Autism, type-1 diabetes, seizures,
allergies, asthma, ADD, ADHD,
learning disabilities, cancer.



The old normal was short lived
and provided lifelong immunity

The new normal provides you with
A vaccine injured child for LIFE



7+ Vaccines Injected at Once

At 2, 4 & 6 months, a baby can receive upwards of 7-9 vaccines at each doctor's visit.

- 5 or 6 vaccines in one shot: DTaP+Polio+ Hib or DTaP+Polio+ Hib +HepB, + pneumococcal 13 + oral rotavirus.
- First flu shot starts at 6 months, again in 6 months, then every year.
- At 12 months 4 live virus vaccines MMR(measles, mumps, rubella) + Varicella injected along with meningococcal C and pneumococcal 13.
- DTaP + Hib are repeated again at 18 months + MMR + Varicella depending on region, or at age 4-6.

Children born today are the **most vaccinated** in history, yet have the **highest levels of chronic illnesses, allergies, anaphylaxis, autism and autoimmune diseases** than any other preceding generation

Assumption of safety – No long term studies comparing health of vaccinated vs. unvaccinated

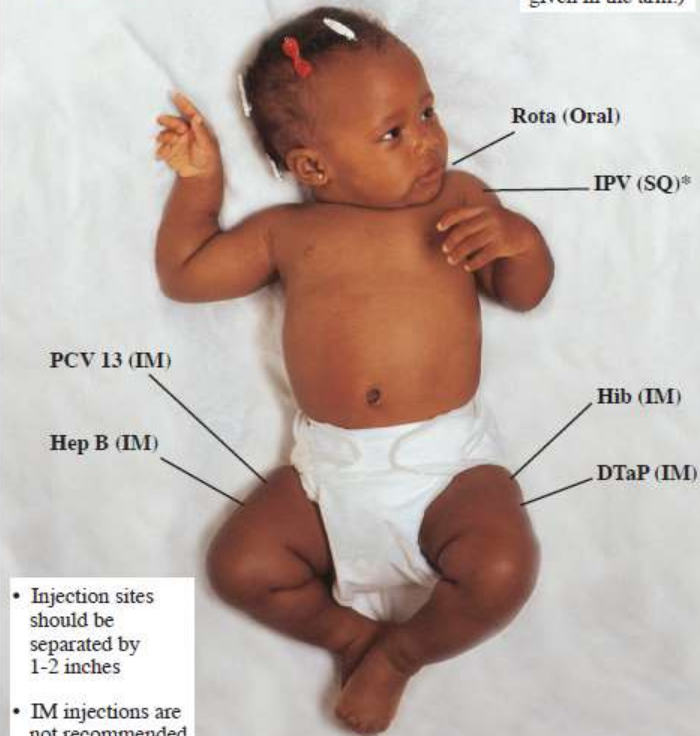


Doctor Guidelines

Giving All the Doses Younger than 12 Months of Age One way to give 5 doses at one visit

IM - Intramuscular
SQ - Subcutaneous

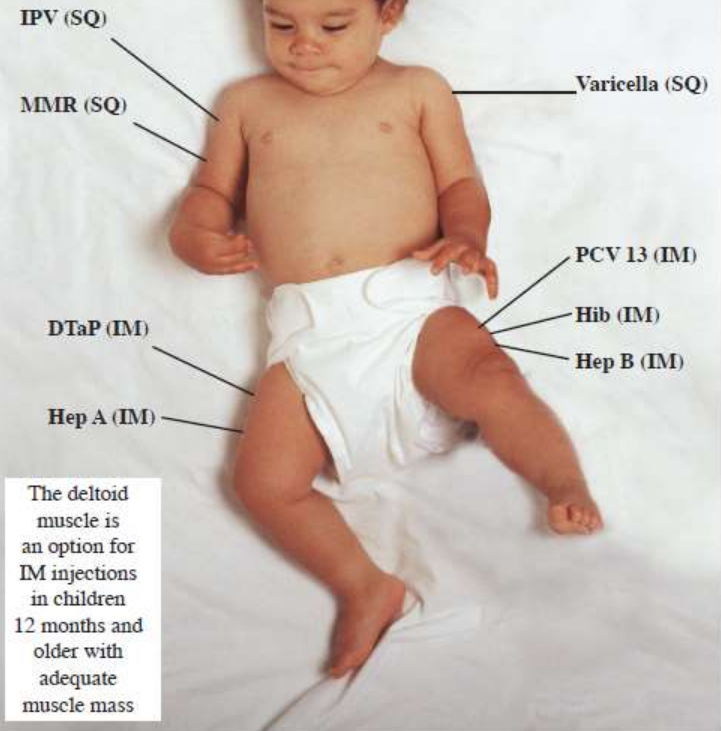
(*If necessary, SQ
injections may be
given in the arm.)



- Injection sites should be separated by 1-2 inches
- IM injections are not recommended in infant's arms

Giving All the Doses 12 Months of Age and Older One way to give 7 doses (if needed) at one visit

IM - Intramuscular
SQ - Subcutaneous



The deltoid
muscle is
an option for
IM injections
in children
12 months and
older with
adequate
muscle mass



Vaccine Schedule Past & Present

Highest number of vaccine doses are given in the first two years during critical phases of brain and immune system development.

Number of vaccines has quadrupled since 50s

- 1953 children received **4 vaccines in 15 doses** - one dose of smallpox and five doses of DPT between the ages of 2 months and 6 years.
- 1983 - (30 years later) children received **7 vaccines in 23 doses** - DPT, MMR & polio between the ages of 2 months and 6 years.
- 2016 - (33 years later) A child in Canada can receive **66-67 doses of 17 or 18 vaccines** from birth to age 18.



Maternal Instincts

Some mothers do 'ave 'em.
They have maternal instincts
That contradict what science thinks.
They stand up to the state;
A mother's love may be as great
As any new vaccine
That man has ever seen.





A few Vaccine Ingredients

- Aluminum adjuvants
Al is a known neurotoxin, yet used in a wide variety of vaccines
Safety of injecting Al unproven
- Polysorbate 80
- Antigens & Protein particles
effect of injecting into the body
- Human Fetal Cells (DNA) & Animal DNA
- Thimerosal (49.6% mercury) preservative.
Trace amounts still linger in some vaccines. Still used in some flu vaccines.



Aluminum Adjuvants

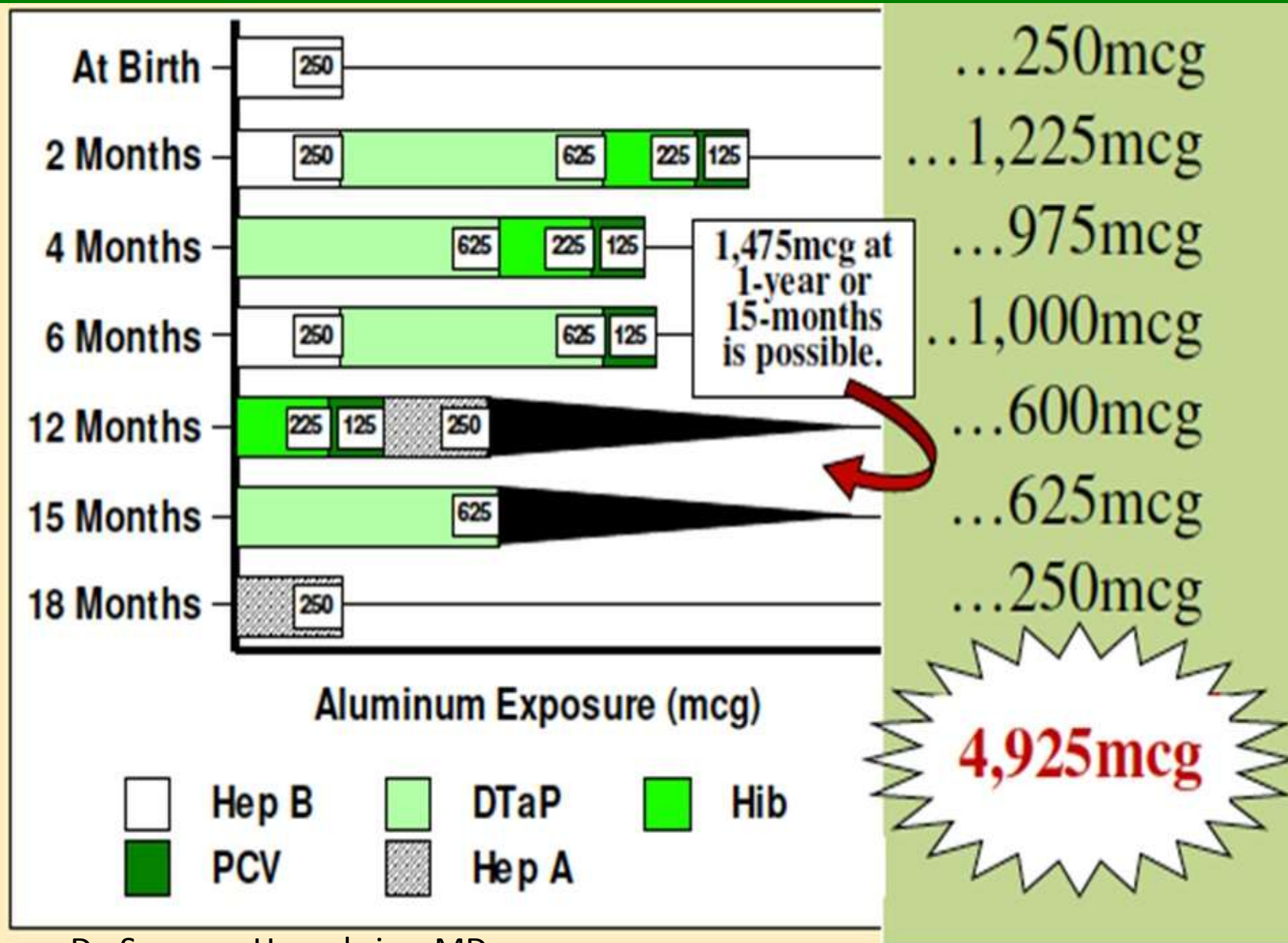
Aluminum (Al) is **toxic to all life forms. Why is it in vaccines?**

- Aluminum is a neurotoxin – Al activates brain inflammation (excitotoxicity), is pro-inflammatory, interferes with gene expression, impacts memory, cognition, psychomotor control, damages the blood brain barrier, depresses mitochondrial function and induces allergy. Strongly linked to chronic autoimmune diseases.
- Highest quantities of Al are injected into the infant's fragile micro-environment in the first two years of life—most rapid period of brain growth.
- FDA maximum '**safe limit**' of aluminum allowed in intravenous feeding solutions given to babies is less than **5 micrograms per kilogram of weight per day**:

8 pound, healthy baby	-	18.16 mcg
15 pound, healthy baby	-	34.05 mcg
30 pound, healthy toddler	-	68.1 mcg
50 pound, healthy child	-	113 mcg
- Two month old babies in Canada, the U.K., U.S and Australia are exposed **to 49 to 54 times the current "safe limit"** for aluminum exposure. **One dose of 5 in 1 vaccine Pediacel = 1500 micrograms**. It is injected 4 X in first 18 months of life.



Baby's Aluminum Exposure





ASIA & Autoimmune Diseases

Aluminum adjuvants used in vaccines to stimulate the immune system can trigger **Autoimmune/inflammatory Syndrome induced by Adjuvants or ASIA**

- Chronic fatigue syndrome, arthritis, lupus, diabetes, thrombocytopenia, vasculities, Guillain-Barre syndrome and demyelinating disorders can occur following injection with aluminum containing vaccines.
- Almost all types of vaccines have been associated with ASIA.
- Aluminum's neurotoxicity is well documented affecting memory, cognition, psychomotor control, damages blood brain barrier, activates brain inflammation, depresses mitochondrial function and induces allergy.



Ingested vs. Injected

Understanding the difference between **routes of entry**

- When you **eat** aluminum, you **absorb up to 1.5%**
Normally functioning kidneys will excrete it.
- When you **inject** aluminum intramuscular, you **absorb 100%**
It continues to circulate in the body
- **Ingested** substances are buffered by the digestive tract, the liver, kidneys etc. and can be neutralized and eliminated
- **Injected** substances are taken up by immune cells and can be transported into the brain where they trigger inflammation, excitotoxicity and damage to essential structures.
- Vaccine antigens are comprised of proteins. When you eat proteins, they are digested. When you inject them, they can derail the immune system, cause anaphylactic shock.
- In 1913, Nobel Prize winner Robert Richet explained that:
“We are so constituted that we can never receive other proteins into the blood than those that have been modified by digestive juices. Every time alien protein penetrates by effraction, the organism suffers and becomes resistant.”

What about vaccines and the epigenome?



❖ Made on animal tissue
Dog/monkey kidneys,
lung, caterpillars, pig
stomach, chick embryo
eg.

❖ Animal blood

❖ Animal albumin



Polysorbate-80

- Polysorbate-80 or Tween-80 is a “nonionic surfactant” used as a stabilizer in food products, vitamins & vaccines
- Surfactants may act as detergents – can cause cells to leak or explode.
- Injected detergents trespass on an immune process that holds life and death control over cells
- Polysorbate 80 can cause severe anaphylactic reactions
- Polysorbate-80 is used in pharmacology to assist in the delivery of certain drugs or chemotherapeutic agents across the blood-brain-barrier

No research has been done to determine if polysorbate 80 in vaccines also transports vaccine ingredients across the Blood Brain Barrier.



Blood Brain Barrier (BBB)

- Protects the brain from "foreign substances" in the blood that may injure the brain
- Protects the brain from hormones and neurotransmitters in the rest of the body.
- Maintains a constant environment for the brain.

Dr. Lawrence Palevsky MD asks:

“What viral, bacterial, yeast, heavy metal or other vaccine containing ingredient need to pass into the brains of our children? Do they belong in the brain? Is that part of the needed immune response to protect our children from disease? Do vaccine materials pass across the blood-brain barrier with the help of Polysorbate-80? If so, are there complications from being in the brains of our children?”

Is this why 1 in 45 children has ASD, or 1 in 6 children has developmental/learning disabilities today?



Vaccine Ingredients & Excipients

**Some substances used in the manufacturing process
including vaccine-production media**

While mostly removed from the final product, still present in **trace amounts**

- MRC-5 (human diploid) cells (from aborted fetal tissue)
- Madin Darby Canine Kidney (canine kidney cells)
- WI-38 human diploid lung fibroblasts
- Bovine calf serum
- Bovine muscle tissue
- Human embryonic lung cultures
- Human diploid cell cultures (WI-38)
- Insect cell
- Vero (monkey kidney) cells (have been known to contain viruses, such as SV-40)
- Aluminum hydroxide
- Ammonium sulfate (used in fertilizers and production of circuit boards)
- Formaldehyde
- Glutaraldehyde (toxic chemical that is used for cold sterilization of medical and dental equipment)
- Thimerosal (49.6% mercury)
- Phenol - (mildly acidic toxic white crystalline solid obtained from coal tar and used in chemical manufacture)



Deisher: Human Fetal Cell Lines



Theresa Deisher, PhD
Adult Stem Cell Research Pioneer
Discovered and Identified Adult Heart Stem Cells

The FDA has debated the safety of using human fetal cell lines for vaccine manufacture for over 50 years, yet actual safety studies have never been done.

There has never been an epidemiological study that has considered the relative risk of autism diagnosis based on receipt of fetal manufactured vaccines, which includes MMR II, Varivax, Vaqta, Havrix and Pentacel.

People who question the US vaccination schedule, which is very aggressive, and the very real dangers of adjuvants in vaccines, and the long term impact of a heavy vaccination schedule on natural immunity, have rational and sound scientific concerns. It is sad and perplexing that civil, complete, and rational discussions of these concerns are obstructed by pharma, by media, and unfortunately often by our elected officials, pediatricians and family physicians.

~ Dr. Theresa Deisher



Human Cell Lines Contaminate Vaccines

10 vaccines are produced using the human cell lines from
aborted fetal tissue—**WI-38 and MRC-5**

- All vaccines propagated or manufactured using the fetal cell line WI-38 are contaminated with HERV (human endogenous retroviruses)
- Many studies associate HERV with lymphoma—fifth most common with fastest rising incidence rate among young adults.
- ***“What we have found is that across continents, and across decades, change points in autism disorder are clearly associated with the introduction of vaccines produced using human fetal cell lines.”*** 1981, 1988 and 1996 were the ‘change point’ years [years introduced].
- ***“Each time we inject our children with one of these vaccines, we are also injecting them with residual fetal human DNA.”***
- Even more alarming, ***“Not only are the human fetal contaminated vaccines associated with autistic disorder throughout the world, but also with epidemic childhood leukemia and lymphomas.”***

Parents and physicians have a right to know this!



Vaccines Containing Human Fetal Cell Lines

- Adenovirus
- DTaP-IPV/Hib (Pentacel)
- Hep A (Havrix)
- Hep B (Engerix-B)
- Hep A/Hep B (Twinrix)
- MMR (MMR-II)
- MMRV (ProQuad)
- Rabies (Imovax)
- Varicella (Varivax)
- Zoster (Shingles – Zostavax)



Vaccine Risks & Failures

The Suppressed Science

- PENTA Scandal – led to Peanut Allergy epidemic
- Pertussis vaccine failure
- Whistleblowers
 - Mumps vaccine scandal – Merck
 - MMR vaccine & autism – CDC
- MMR vaccine: Canadian Study & Dr. G. Poland



PENTA

PENTA vaccine was first 5 in 1 vaccine used in Canada: 1994–1997

- PENTA had no DIN# or Notice of Compliance in Canada, therefore it was **unlicensed and its use illegal**.
- Over **11,000 adverse events** were reported including **15 deaths** following vaccination with PENTA.
- **No legal recourse** for affected families and **no known follow-up** on the health of the children who were harmed by this vaccine.
- Anaphylaxis has continued to increase to epidemic levels. According to the Sick Kids Foundation approx. **300,000 children in Canada now suffer from anaphylaxis**
- PENTA triggered **the epidemic of life threatening food allergies**
- The carrier proteins in different versions of Hib vaccines used in these 5 in 1 vaccine combos have corresponding allergens with the same molecular weight of 50 kDa include **peanut, almond, soybean and cashew**.

A pharmaceutical company with an unlicensed vaccine was allowed access to children by Health Canada.

Parents weren't informed their children were test subjects!

What does this say about Health Canada's dedication to public health interests?



Injecting Proteins

Here's a basic principle in immunology

“When a protein is injected into the body, like food proteins are injected into babies, children and adults every time they receive a vaccination, especially when they are bound to the adjuvant, aluminum, the body's immune system will mount an immune reaction AGAINST the food proteins, priming the immune system to see the food proteins as foreign enemies.

Once the body is re-exposed to any of these food proteins through the injection of the next vaccine, and/or through the ingestion in the diet, the immune system will mount a strong adverse reaction against the protein, causing what we know to be allergic symptoms. It's that simple.”

Quotes: Dr. Larry Palevsky, MD



MMR Canadian Study

**1 in 168 children end up in ER following MMR
& other vaccines given at 12 and 18 months.**

The 2011 case series analysis examined

- MMR injected at 12 months along with meningococcal C vaccine
- MMR injected at 18 months along with a pentavalent booster of DTAP-polio-Hib

Examined 3 years of Ontario ER records: **Total Records 413,957**

- **11,167 ER visits and 686 hospitalizations** following 12 month vaccination
- **4,288 ER visits and 269 hospitalizations** following 18 month vaccination

Study result: ***“significantly elevated risks of primarily emergency room visits approximately one to two weeks following 12 and 18 month vaccination.”***

No follow up of long term health outcome of ER children or those hospitalized

Acknowledged ***“five or fewer deaths”*** during both the “elevated risk interval and the control interval.”

Ontario has quietly changed the MMR schedule since this study and delayed the 2nd shot of MMR (+ varicella) to between 4-6 years



MMR Efficacy & Waning

Gregory A. Poland, MD, of the Mayo Clinic's Vaccine Research Group, makes the following points about **vaccine failure**

Multiple studies demonstrate that **2 – 10% of those immunized** with two doses of measles vaccine **fail to develop protective antibody levels**, and that **immunity can wane over time** and result in infection when the individual is exposed to measles.”

He cites the example of the 2011 measles outbreak in Quebec where **over 50% of the 98 students who contracted the disease were fully vaccinated with two doses of the MMR** vaccine. That Quebec outbreak started when a **fully vaccinated** high school teacher returning from the Caribbean developed measles & spread it to **fully vaccinated** students.

In a study of 763 healthy children who received two doses of the vaccine, Dr. Poland found that **“8.9% of 763 healthy children immunized a mean of 7.4 years earlier lacked protective levels of circulating measles-specific neutralizing antibodies[11], suggesting that even two doses of the current vaccine may be insufficient at the population level.”**



Pertussis Vaccine Failure

Pertussis (Whooping Cough) Reality Check

- 1949—First ‘whole cell’ DPT caused widespread reactions in up to **85%** of children.
 - **1 in 875 DPT shots caused seizures and collapse/shock reactions**
 - **1 in 110,000 shots caused Brain inflammation**
 - **1 in 310,000 DPT shots caused Brain damage**
- By **1970s parents were up in arms** over catastrophic neurological injuries caused by the vaccine – many law suits led to U.S. vaccine injury compensation system
- Mid 90’s - less reactive ‘acellular’ DTaP vaccine was licensed
- **Neither DTP nor DTaP prevents infection or transmission of disease**
- **Provides only 2 to 5 years immunity**
- Vaccinated people can get **silently infected and transmit disease without showing any symptoms** – even after 4 to 6 rounds of shots. Millions of silent and unreported pertussis cases in North America each year.

The **pertussis microbe has evolved** to evade both whole cell and acellular vaccines
New strains have emerged producing **more toxin & cause more serious disease**

Infants more vulnerable than pre-vaccine era

Vaccine acquired ‘herd immunity’ is an illusion



Vaccine Merry-Go-Round

The Vaccine Merry-Go-Round

DTaP mass vaccination campaigns
led to a rise in Hib meningitis

Hib mass vaccination campaigns led to a rise
in pneumococcal & meningococcal meningitis

Meningitis — Inflammation of the membranes surrounding the brain & spinal cord

Viral

Hib disease
Haemophilus Influenza

6 encapsulated Strains
a,b,c,d,e,f
+ unencapsulated strains

Hib Vaccines for strain b
Act-Hib® & Hiberix®
Usually administered to babies and children
with DTaP & Polio in
Pediacel® or Infanrix®
or with DTaP, Polio & Hep B in
Infanrix hexa®

Associated with Rise in
Type 1 diabetes, pneumococcal &
meningococcal disease, and other strains of
Haemophilus Influenza (a, c, d, etc)

Bacterial

Pneumococcal disease
Streptococcus pneumoniae

90 Strains
1, 2, 3, 4, 5, 6B, 7F, 8,
9N, etc

Pneumococcal vaccines
Pneumovax® adults
Prevnar 7® for babies & children
now replaced by
Prenar 13®
13 strains only

Associated with Rise in
Type 1 diabetes
May "increase carriage of and
diseases of the other strains"
Most reactogenic vaccine
Efficacy untested
Duration unknown

Meningococcal disease
Neisseria meningitidis

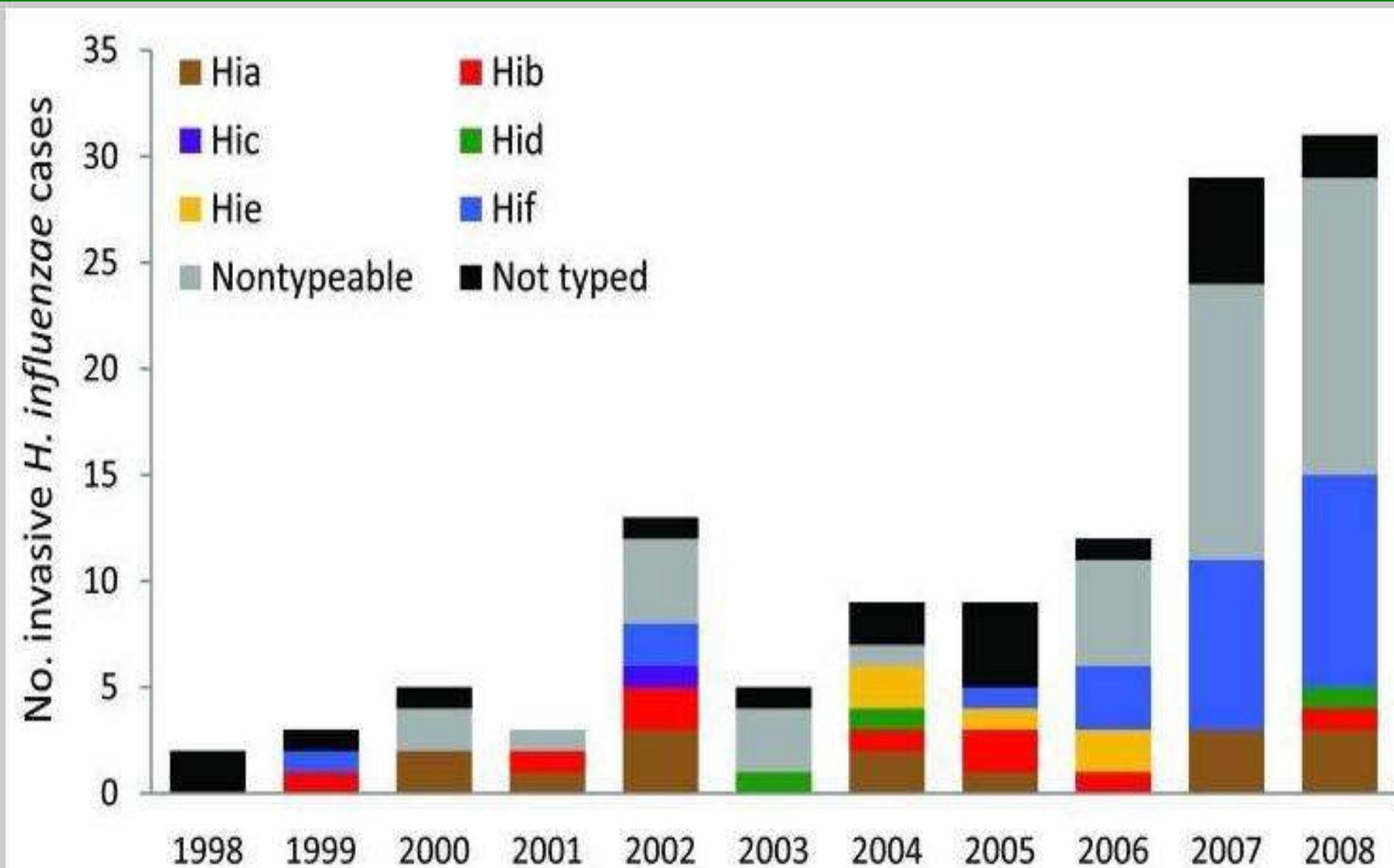
at least 13 Strains
A, B, C, Y, W-135,
29E, D, H, I, K, Z, etc

Meningococcal vaccines
Bexsero® strain B
Meningitec® strain C
Menjugate® strain C
NeisVac-C® strain C
Menactra® strains ACYW
Menomune® strains ACYW
Menveo® strains ACYW

Men C mass vaccination campaigns have led to
new and atypical C and B strains
B is the most virulent strain
Efficacy rates are unreliable and wane rapidly (3 years)



Incidence: Hib and Other Strains





Reporting Vaccine Injuries

Dual Reporting System: CV and CAEFISS

The Canada Vigilance (CV) Database

→ **No useable search functions**

**The Canadian Adverse Events Following Immunization
Surveillance System (CAEFISS)**

→ **Seriously under-reporting adverse events**

**Reports from both select only certain information
for public release**

**Informed consent to vaccination not possible with
released data on risks**



Rare Events or Rare Reporting?

Data on Reporting Rates – Hard to Find

“A total of 46,481,347 doses of vaccine were distributed in Canada in 2011 and 2012, giving **reporting rates per 100,000 doses distributed of 15.2 for all AEFI and 0.85 for SAE.**”

—from Dec. 2014 CAEFISS Annual

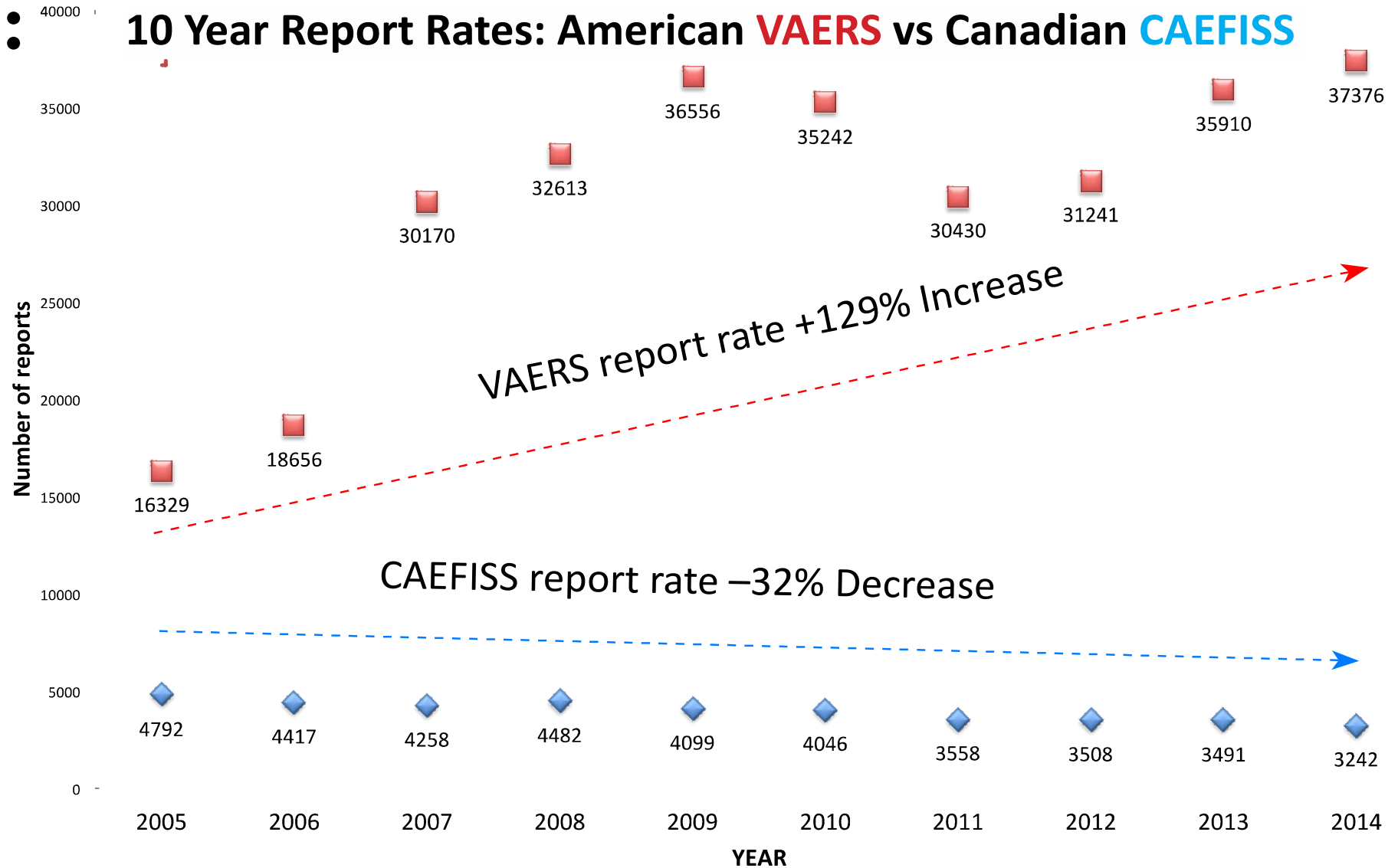
Report

per 100,000 doses of vaccines distributed		
	AEFI	SAE
Number of Reported Events	15.2	.85
Number of Actual Events @ 10% reporting rate	152	8.5
Number of Actual Events @ 1% reporting rate	1520	85



CAEFISS vs VAERS Reporting Rate

10 Year Report Rates: American **VAERS** vs Canadian **CAEFISS**





CAEFISS True Report Rate?

Number of vaccines and population have increased over the last 10 years

VAERS

- Reporting 1%–10% of actual adverse events (3–5% likely)
- Shows **129% increase** in reporting reports
- Injury events are increasing

CAEFISS

- Shows **32% decline** in reporting rates
- Not 10% reporting rate as PHAC and Health Canada claim
- The percent of adverse events being reported must be much lower (**1% or less?**)

CAEFISS Rate continues to decline



6 Months: Reported vs Actual Injuries

CV & CAEFISS Combined						
Q1 & Q2 2015: Injury Reports vs Actual Events						
	All # rpts	Serious # rpts	Actual All @1% @10%		Actual Serious @1% @10%	
CV	400	162	40,000	4000	16,200	1,620
CAEFISS	1240	117	124,000	12,400	11,700	1,170
6 month Totals	1640	279	164,000	16,400	27,900	2,790
Estimated 1 year Totals	3280	558	328,000	32,800	55,800	5,580
<i>For comparison: Annual</i> Traffic Collisions (2013)			All injuries 165,306		Serious injuries 10,315	

Actual Injuries are based on 1% and 10% reporting rates



Vaccination NOT Mandatory

“Unlike some countries, immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution. Three provinces require proof of immunization for school entrance: Ontario and New Brunswick for diphtheria, tetanus, polio, measles, mumps, and rubella immunization; Manitoba for measles[*Now rescinded*]. But, exceptions are permitted on medical or religious grounds and reasons of conscience; legislation and regulations must not be interpreted to imply compulsory immunization.”

Source: Health Canada publications: *Immunization in Canada*; May, 1997; Vol 23S4 and *Canadian National Report on Immunization*; 1996)



Ontario Vaccination Policies

- 1982—Ontario passes ‘mandatory’ *Immunization of School Pupils Act (ISPA)*
- Committee Against Compulsory Vaccination: 2 year lobby against ‘mandatory’ vaccination
- 1984—Win **Personal Belief Amendment** to the Act
- New Brunswick only other province requiring vaccination of school children
- 2016—Ontario government threatens to narrow vaccine exemptions – introduce **mandatory vaccine ‘education sessions’**
- Widespread concern about loss of health freedoms
- Informed Consent – Protecting our bodily integrity



Canadian Right to Exemptions

ISPA Amendment in Ontario

- What the amendment means: Narrows Availability of Exemptions
- Why it needs to be stopped
- What you can do
- Petition – please sign it at our booth

TRENDS ACROSS CANADA

- Mature minor ruling
- Personal medical records & the privacy act

You have the right to informed consent to reveal immunization records. This means you can say NO.

IT'S THE LAW

A medical officer of health cannot decide which sections of the Act he will accept.
He must accept 1(D): A statement of conscience or religious belief exemption affidavit.

Immunization of School Pupils Act: Section 6: Order for suspension re designated diseases
(Click undelined link to read the Act. Section 6, Subsection 2 has the same "reasons for this order" as listed below.

All 4 Reasons Apply! It's the Law!



Hastings Prince Edward Public Health
179 North Park Street
Belleville, ON K8P 4P1
Phone: (613) 966-5500 Fax: (613) 966-8145

Order for Suspension from Attendance at School

Pursuant to s.6 of the Immunization of School Pupils Act

To the Principal of [REDACTED] PUBLIC SCHOOL [REDACTED]

Serve the Parent/Guardian of:

Address:



Sex: [REDACTED]
DOB: [REDACTED]
School: [REDACTED]
PUBLIC SCHOOL -
[REDACTED]

I, Dr. Richard Schabas, Medical Officer of Health for Hastings Prince Edward Public Health,
order the suspension of the above named student for a period of twenty school days:

From: April 15, 2016

To: May 12, 2016

(Inclusive)

→ PLEASE NOTE THAT THIS ORDER WILL BE RESCINDED UPON RECEIPT OF 1(A),
OR 1(B), OR 1(C) AS INDICATED BELOW. [1(D) is NOT listed!]

The reasons for this order are:

1. I have not received one of the following for the above named student:
 - (a) A statement that the student has completed the prescribed program of immunization in relation to:



- (b) A statement of medical exemption,
- (c) A further medical exemption to replace one that has expired,
- (d) A statement of conscience or religious belief (commissioned affidavit required).



Ontario School Expulsion Letter

**Public Health Officers NOT
FOLLOWING THE LETTER OF THE LAW!**

Health Canada 1996:

“...immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution...legislation and regulations must not be interpreted to imply compulsory immunization.”



Conclusions

- Vaccination is an environmental issue.
- The immature immune system & brain can be “derailed” by anything that causes chronic inflammation.
- Vaccines are linked to increase of autoimmune and neurological disorders
- Vaccine immunity is temporary, unlike natural immunity acquired after illness
- Disconnect between Vaccine Dogma & emerging science
- The human immune system remains a ‘black box’ whose complexity has barely begun to be mapped

No – the science is NOT settled!

FASCIST EPIPHANY



The God of Science grants politicians
the divine right to enforce mass medication
upon babies and small children.

No Vaccine Mandates in Canada!

Petition to the Canadian Medical Association: Comments Review