

Dear

It is my understanding that the BC government, under the direction of the Health Minister Adrian Dix, is intending to implement a system for tracking vaccine compliance, and possibly the mandating of 'vaccine education sessions' for parents who chose to vaccinate selectively or not at all.

This represents a significant change in the social contract between the BC government and the citizens of BC. These changes will also mean a significant ongoing expenditure for the taxpayers of BC. One would assume any changes to vaccination policy and practice in British Columbia is to increase the **overall health** of BC children. The impending vaccine policies are **unlikely to achieve this desired outcome** for the following reasons:

#1: The Safety of the Childhood Vaccine Program Has Not Been Established

The medical industry claims that the 'artificial stimulation of the immune system' with injected chemical ingredients (vaccination) is *"the safest, most effective and best way to protect our children and communities"*. **This opinion is not supported by scientific evidence.** The fact is that we don't really know the overall safety of the current childhood vaccination program because the science has not been done to the level that would produce an evidence-based conclusion.

The best way to determine whether injected vaccines are the *"safest, most effective and best way to protect our children"* is to conduct large, independent, vaccinated vs. unvaccinated studies. Health Canada has never conducted such a study. Instead, the medical industry *assumes* safety based on select epidemiological studies, and measures success based upon vaccine uptake. Vaccine uptake is an irrelevant and inadequate measurement of success.

In 2017 the *Journal of Translational Science* published the first independent, non-industry funded study comparing the **overall health** of vaccinated and unvaccinated 6 to 12-year old children in the United States. The results of the study revealed that while vaccinated children were significantly less likely to have chicken pox or whooping cough, they were **significantly more likely to have pneumonia, allergies, otitis media (ear infection), eczema, a learning disability, Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), neuro-developmental disorders, and chronic illness.**¹

The 2011 Institutes of Medicine reviewed 155 conditions associated with the Varicella, Tetanus, Hepatitis B & MMR vaccines. In only 5 cases did the scientific evidence reject causation. In 134 cases the IOM deemed there were **too few scientifically sound studies** published in the medical

¹ <https://www.cmsri.org/wp-content/uploads/2017/12/MawsonStudyHealthOutcomes5.8.2017.pdf>
http://www.mednat.org/Biblio_scientifica/Effetto-Gregge-e-una-balla/Confronto_vaccinati-NON_vaccinati-JTS-3-187.pdf

literature to determine whether more than 100 serious brain and immune system problems are or are not caused by the vaccines, including multiple sclerosis, arthritis, lupus, stroke, SIDS, autism and asthma. Clearly, the safety of the childhood vaccine program has not been established.

No Neutral Placebos

On examining the vaccine safety science, one discovers that **none of the vaccines** on BC's childhood vaccination schedule were tested against a neutral placebo. The reason this is critically important is because the safety profile of a medical product cannot be determined unless it has been tested against a control group given a neutral placebo. This standard of safety testing is required for all pharmaceutical products **excepting vaccines**.

This fact was recently confirmed by the **Informed Consent Action Network (ICAN)** who analyzed all the scientific evidence on which Health and Human Services (HHS) in the US rests its claim for vaccine safety. ICAN meticulously reviewed every single study provided by HHS that are the basis on which the FDA and (by extension) Health Canada licenses vaccines. These results should alarm everyone concerned about vaccine safety.²

Unacceptably Short Pre-Licensing Safety Testing

Another concern is the unacceptably short period for pre-licensing safety testing of vaccines. Most childhood vaccines undergo pre-licensing testing of **a few days to a maximum of a few weeks**. This brief pre-licensing testing is not able to reveal if the vaccine causes autoimmune, neurological or developmental disorders. These will only be apparent after the child is a few years of age.

No Legal Liability

I trust that the BC government is aware that the vaccine industry in the US (and effectively in Canada) is not legally liable for the harm, injuries or deaths caused by their products. The vaccine industry was granted legal immunity by an act of Congress in 1986. Vaccines are the only product, medical or otherwise, where the manufacturer is not legally responsible for harm or injury caused by their products.

The very real consequence of this legal immunity is that there is **no financial or legal incentive** for vaccine manufacturers **to improve their products or make them safer** once a vaccine has been accepted on the childhood vaccination schedule. Combine this reality with the growing efforts to take away the right of parents to voluntary and informed consent and you have a very dangerous situation.

² <https://icandecide.org/hhs/ICAN-Reply.pdf>

Vaccines given in the combinations recommended for our children today have **never been tested for safety**, which makes this practice an uncontrolled medical experiment. All vaccines should be carefully evaluated, both individually and in long-term studies, and then synergistically for toxicity with other vaccine combinations. This does not happen with vaccine products.

Systemic Under-Reporting of Vaccine Injury

You will also discover that there is a systemic under-reporting of adverse events following vaccination. A Harvard Pilgrim Hospital study revealed that **less than 1%** of vaccine injuries are reported.³ This means that **more than 99%** of vaccine adverse reactions are not reported or acknowledged.

A 2011 paper, **Adverse Events following 12- and 18-Month Vaccinations**, by Kumanan Wilson of the Ottawa Hospital Research Institute, found that 1 in 168 babies had emergency room visits within 4 – 12 days after their 12 months MMR vaccination ⁴ Several children died during the study period. The actual number of deaths was not disclosed.

According to the Canada Vigilance database, during the period 1965 - 2015 there have been **nine deaths** following administration of measles containing vaccines, and **237 severe adverse events** following the administration of measles containing vaccines during the period 1970 - 2011. ⁵ If we assume that less than 1% of vaccine injuries and deaths are reported, the number of deaths following administration of measles containing vaccines could be as high as 900, and the number of severe adverse events as high as 23,700.

The bottom line is that **we do not know how many children are permanently harmed or killed by the vaccine program**. It is unethical for the BC government to be seen as imposing medical products on citizens when the scientific evidence to support the safety of these products is so clearly inadequate. It is important that the BC Government ascertain whether their assumptions about vaccine safety are based on actual science or faith and hope.

#2: Outbreaks Due to Vaccine Failure

Dr. Bonnie Henry, BC's chief public health officer, and the mainstream media would have us believe that the recent outbreaks of measles in BC is due solely to '*a failure to vaccinate*', thus the need to impose coercive measures to increase vaccine uptake.

What is rarely reported is that many of the citizens who contract measles are fully vaccinated. Vaccine experts now recognize that the measles vaccine **does not and cannot eliminate**

³ <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

⁴ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0027897>

⁵ <https://vaccinechoiccanada.com/wp-content/uploads/vcc-mmr-deaths-9-1965-2015.pdf> and here: <https://vaccinechoiccanada.com/wp-content/uploads/vcc-mmr-237-sae-age-1-7.pdf>

measles outbreaks in the general population. This is because 2 - 10% of individuals are “non-responders”, and another 8 - 9% of individuals stop producing antibodies within 2 - 10 years.

When the measles vaccine was first introduced, Health officials announced that they would eradicate measles by 1967 based on a vaccination rate of over 55%. It is evident that herd immunity was not achieved with a rate of 55%.

According to Lawrence Solomon -

“When measles failed to be eradicated, public health experts decided that a 70% or 75% vaccination rate would secure herd immunity. When that proved wrong, the magic number rose to 80%, 83%, 85%, and then it became 90%, according to a 2001 Health Services Research report. Later health experts commonly cited 95%.

*But that too was insufficient — measles outbreaks occur even when the vaccinated population exceeds 95%, leading some to say a 98% or 99% vaccination rate is needed to protect the remaining 1% or 2% of the herd. But even that may fall short, since outbreaks occur in fully vaccinated populations.”*⁶

Further, there is no acknowledgement of how many of the measles cases are **vaccine strain measles**. In the 2015 Disneyland outbreak, it was revealed that 38% of the measles cases were ‘vaccine strain measles’, meaning that the source of the infection was the measles vaccine.

According to a March 2019 article –

“There’s less talk about measles eradication in 2019. In fact, projections about the future of measles are much more somber now than they were in the early aughts. More measles, not less, appear to be on the horizon, at least in the near term, experts glumly admit.”

- Dr. Art Reingold, a professor of infectious diseases epidemiology
in the school of public health at the University of California, Berkeley.⁷

Instead of eradicating measles as claimed, the measles vaccine has shifted the risk of measles **from children to adults** because of the waning protection of the vaccine. This has created a paradoxical situation whereby in highly vaccinated societies measles occurs primarily in the adult population.

A review of Canadian measles statistics by Nelle Maxey⁸ shows that during the period 2002 – 2016, children older than ten years of age and adults account for 70% of measles cases in Canada. In the pre-vaccine era, children 1 - 9 years old would have accounted for almost all

⁶ <https://business.financialpost.com/opinion/junk-science-week-vaccinating-the-herd>

⁷ <https://www.statnews.com/2019/03/26/measles-virus-comeback-outbreaks/>

⁸ <https://vaccinechoiccanada.com/wp-content/uploads/vcc-measles-report-2019.pdf>

cases of measles. The reason this is important is that the risk of measles morbidity and mortality is much higher in adults.

Dr. Gregory Poland made a call for a new measles vaccine in 2012 because of the recognized failure of the MMR vaccine to effectively and safely eliminate measles. **(The Re-Emergence of Measles in Developed Countries: Time to Develop the Next-Generation Measles Vaccines?)**⁹

“Even with two documented doses of measles vaccine, our laboratory demonstrated that 8.9% of 763 healthy children immunized a mean of 7.4 years earlier, lacked protective levels of circulating measles-specific neutralizing antibodies], suggesting that even two doses of the current vaccine may be insufficient at the population level.”

The MMR vaccine is also ineffective in eliminating mumps as can be seen with the recent mumps outbreaks. The MMR vaccine is the subject of an active US court case alleging Merck, the manufacturer of the MMR vaccine, committed scientific fraud in its testing.

While the measles vaccine appears to have succeeded in stopping the cyclical rounds of measles in children, it did so at a big cost. By preventing measles at the safest and most appropriate age, the measles vaccine has eliminated the broad population-based natural herd immunity that protected infants and adults.

The primary cause of the current measles outbreak is a result of **vaccine failure**, not a failure to vaccinate. Holding unvaccinated children and their parents responsible for measles outbreaks is **dishonest and divisive** to a community.

#3. No Medical Justification to Impose Mandates

Dr. Henry, Health Canada, and the mainstream media would have you believe that measles is a dangerous childhood infection. Dr. Henry stated recently: *“This serious disease (measles) continues to cause illness and sometimes death — primarily in children — in countries around the world.”* While this statement is factually accurate, it is misleading. The health conditions in countries around the world, particularly in third world countries, is not relevant to the assessment of measles risk in Canada. The fact is measles is a **benign childhood infection** in Canada. There have been no deaths or permanent injury associated with the BC outbreak.

According to **Physicians for Informed Consent**, measles is a self-limiting childhood viral infection. In developed countries, measles may be inconvenient for 4 – 6 days, but the risk of permanent injury or death of children from measles is exceedingly rare.¹⁰ In fact, public health officials in Canada removed measles as a notifiable disease in 1958 because measles was no longer considered a public health threat. You are more likely to be struck by lightning than to die from a measles infection in Canada. There would be no fear of our children contracting

⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3905323/>

¹⁰ <https://physiciansforinformedconsent.org/measles/>

measles if the medical industry and mainstream media were honest about the risk of permanent injury or mortality from measles infection.

During the ten-year period 2007 - 2016 there were only **3 measles related deaths** in Canada, one adolescent (age 15 - 19 years) and two adults. No children under 15 years old have died from measles in Canada during the last 10 years, whether vaccinated or unvaccinated.

We have been **seriously misled** by the for-profit medical industry and the corporate controlled mainstream media into believing the narrative that contracting measles in childhood is dangerous and justifies vaccine mandates and the denial of informed consent. There is **no medical justification** to impose vaccine mandates based upon the level of risk to nutritionally healthy children from contracting measles.

In an open letter to legislators considering vaccine legislation, immunologist Dr. Tetyana Obukhanych, PhD addresses the question: '*Do unvaccinated children pose a higher threat to the public than the vaccinated?*'¹¹ Dr. Obukhanych states:

"It is often stated that those who choose not to vaccinate their children for reasons of conscience endanger the rest of the public . . . 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."

The Association of American Physicians and Surgeons (AAPS) sent a statement on federal vaccine mandates to the Senate Committee on Health, Education, Labor and Pensions on February 26, 2019, saying **forced vaccinations are unnecessary and violate human rights**, and that the AAPS "*strongly opposes federal interference in medical decisions, including mandated vaccines.*"

A vaccine tracking system is inviting **discrimination based on medical choice and is not based on health risk**. For example, children with Hep B infection are permitted to attend schools and daycares, while healthy, unvaccinated children with no active infections are not. We would not accept this kind of discrimination with any other health condition.

#4. Vaccine Education Sessions Do Not Work

According to a recent article by Postmedia reporter, Sharon Kirkey, (**Ontario's mandatory class for parents seeking vaccine exemptions has 'zero conversions'**, March 13, 2019) some public health officials have reported that there has been a "*zero percent conversion rate*" since mandatory education sessions were introduced in Ontario in 2017.¹²

¹¹ <https://vaccinechoicecanada.com/in-the-news/an-open-letter-to-legislators-currently-considering-vaccine-legislation-from-tetyana-obukhanych-phd/>

¹² <https://nationalpost.com/news/ontarios-mandatory-class-for-parents-seeking-vaccine-exemptions-has-zero-conversions>

Parents who were forced to attend a “vaccine education session” were not swayed by the public health presentation. This is not surprising as many parents who have chosen to vaccinate selectively or not at all are parents of vaccine injured children. Once your child has been injured or killed by a vaccine, no amount of coercion or public health cheerleading will convince these parents that vaccination is safe.

More and more parents are doing their due diligence. They have researched the scientific literature on the risk/benefit of vaccination and are aware of the limitations of vaccine safety testing. As a result, they have consciously chosen to vaccinate selectively or not at all, **as is their legal right.**

Wise Use of Health Resources

The BC government needs to be pragmatic and recognize that their intention to impose mandatory education sessions **will not result** in a meaningful increase in vaccine uptake or a decline in measles outbreaks. Some health policy experts have warned that the tracking of vaccine compliance and mandating of an education session is “*a colossal waste of time and money*” and may actually entrench resistance among parents and resentment of government.

*“The solution to under-vaccination lies not in getting the right kind of information and messaging to the “vaccine-hesitant” but in **changing the politics of health care.** Political agreement is unlikely among partners who do not trust each other, and near impossible when one side is explicitly profiting from the other. The American health-care system is ill-suited to protect public health, because **a profit-driven industry cannot serve as the guardian of public good.**”*

- Masha Gessen, New Yorker, March 2, 2019

Considering the millions of dollars needed to develop, implement, and maintain a vaccine tracking system, develop and implement education sessions throughout the province, identify students and enforce school suspensions (as well as the impact of suspensions on student education), and adjudicate appeals, it would be prudent for the BC government to determine whether the millions of dollars in expenditure is a wise and effective use of our health care resources and taxpayer dollars. This expenditure would come at a time when the rate of autism spectrum disorder, seizure, life-threatening allergies, and other autoimmune diseases are exploding in BC.

Requirements of the BC Government:

The following actions are urgently required to protect our legal and moral right to informed consent, to increase the safety of vaccine products, and to reduce the risk of injury to BC citizens:

#1: Protect Voluntary and Informed Consent

Voluntary and informed consent is an ethical and legal requirement of medical intervention in a modern and free society. Efforts to coerce families to vaccinate using mandatory “education sessions” is a risky pursuit by the BC government. These efforts bring us one step closer to removing medical choice in British Columbia. To see where such mandates can take us, one only need look to California and New York where all exemptions, including medical exemptions, have been virtually extinguished. Once our right to informed consent and bodily sovereignty has been eliminated, **we are at the mercy of the ideological dictates of any future government** going forward.

The BC Government needs to publicly affirm their legal obligation to safeguard our basic human, legal and ethical right to voluntary and informed consent as articulated in Article 6 of the **Universal Declaration of Bioethics and Human Rights** to which Canada is a signatory.¹³ Where there is risk, there must be choice.

#2: Conduct Vaccinated vs. Unvaccinated Research

No amount of shaming and coercion will convince parents to vaccinate if the research to prove safety and effectiveness has not been conducted. Without the scientific evidence, claims of safety and effectiveness are simply the opinions or assumptions of a financially conflicted medical industry. Parents today insist that vaccine policies be based on solid, independent science.

Until the results of the vaccinated vs. unvaccinated research is completed, the BC government must honor the ‘*precautionary principle*’ and vaccines must remain voluntary. Any efforts to coerce families, individuals, college and university students, and employees to vaccinate must cease. I demand the BC government immediately undertake to conduct independent, vaccinated vs. unvaccinated studies to determine the impact of injected vaccine ingredients on global health.

In order for such research to have integrity:

- a. The raw data needs to be made freely available to researchers.
- b. There needs to be mandatory reporting/documenting of all adverse health effects following vaccination, whether these adverse health effects are deemed to be vaccine related or not.
- c. Pre-vaccine health status needs to be fully documented.
- d. A list of reportable adverse events needs to be made known to both health practitioners and parents.
- e. Parents need to have easy access to the adverse events reports.

#3. Implement a Vaccine Injury Compensation Program

¹³ http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html

Canada is the only G7 Nation *without* a vaccine injury compensation program. Currently Quebec is the only province in Canada that provides compensation for vaccine injury and death. If the BC Government is intent on coercing families to vaccinate, surely there is a moral obligation to provide financial compensation when vaccine injury and death occur. A system of vaccine injury compensation needs to be established in British Columbia prior to any consideration of such policies.

#4. Immediately Discontinue Vaccines for Pregnant Women.

The Ministry of Health recommends the Tdap and the influenza vaccines for pregnant women even though the product inserts state there are no long-term safety studies to justify this practice. Mothers are reporting miscarriage, pre-term labor and health issues for themselves and their children following these vaccines. A recent CDC study found that pregnant women vaccinated with the influenza vaccine had two times greater odds of miscarrying their babies compared to women who did not receive the influenza vaccine.

These vaccines were approved following a limited “literature review” by the National Advisory Committee on Immunization (NACI). This is not acceptable oversight and the practice of vaccinating pregnant women needs to end. Until proper safety studies are conducted on pregnant women and their fetuses, such medical practices are unethical.^{14 15 16 17}

“Adequate human data on use during pregnancy
are not available.”
~ DTP product insert

#5. Establish an independent committee to review the research on the vaccine-autism connection.

In spite of the claims of the medical industry to the contrary, a considerable number of studies exist supporting a causal connection between childhood vaccines and autism. The impact of the Autism Spectrum Disorder epidemic in BC (more than 1 in 50) can no longer be ignored, and the contributing causes must be determined regardless of what industries, authorities, and institutions are implicated in this growing epidemic.

¹⁴ <https://vaccinechoiccanada.com/health-risks/pregnancy-risks-to-the-foetus/ontario-parent-questions-tdap-vaccines-in-pregnancy>

¹⁵ <https://vaccinechoiccanada.com/health-risks/pregnancy-risks-to-the-foetus/ontario-parent-questions-tdap-vaccines-in-pregnancy/>

¹⁶ Video lecture on the infant immune system; <https://www.youtube.com/watch?v=KDN6-iqdNEY>

¹⁷ Maternal Immune Activation Alters Fetal Brain Development through Interleukin-6
<http://www.jneurosci.org/content/jneuro/27/40/10695.full.pdf>

There are now more than 157 independent studies that show a relationship between vaccines and autism.¹⁸ The vaccine-autism connection has not been debunked as claimed. The connection has been suppressed. At the current rate of growth, autism is projected to affect 1 in 2 children by 2032. The vaccine-autism connection is **the most biologically plausible explanation** for the increase in autism as the autism epidemic parallels the massive expansion of the childhood vaccine schedule starting in the 1980s.

In a recent affidavit, Dr. Andrew Zimmerman, considered the world's leading authority on autism spectrum disorder stated: *"in a subset of children with an underlying mitochondrial dysfunction vaccine induced fever and immune stimulation that exceeds metabolic energy reserves ... could and did cause regressive encephalopathy with features of autism spectrum disorder."*¹⁹

The BC government must initiate an official committee of non-industry, non-governmental members to do an independent review of all the vaccine-autism science and make recommendations based on this review.²⁰

#6. Enforce Legislated Requirements for Informed Consent

The BC government must provide complete, accurate, and verifiable risk versus benefit information, including the manufacturer's insert, plus inform the consenting person on the importance of immediately reporting to a health care provider any reaction that might be a reportable event.

Enact and enforce legislation forbidding any employer to coerce, harass, or otherwise demand employees submit to vaccination with penalties such as terminating employment, or otherwise disciplining employees who refuse vaccination.

Conclusion:

Given the declining health of our children today as fully documented in the **Raising Canada** report (2018),²¹ I believe the increasing demand upon healthcare resources means we need to be **cautious, pragmatic, and thoughtful** to ensure that our health care resources are spent wisely and responsibly.

¹⁸ <https://www.scribd.com/doc/220807175/157-Research-Papers-Supporting-the-Vaccine-Autism-Link>

¹⁹ <https://namelyliberty.com/dr-andrew-zimmermans-full-affidavit-on-alleged-link-between-vaccines-and-autism-that-u-s-govt-covered-up/>

²⁰ <http://vaccinepapers.org/wp-content/uploads/Autism-and-aluminum-adjuvants-in-vaccines.pdf>
<http://vaccinepapers.org/high-aluminum-content-autistic-brains/>

²¹ <https://obrieniph.ucalgary.ca/files/iph/raising-canada-report.pdf>

The BC government needs to make thoughtful and evidenced-based decisions, or they will be held responsible for vaccine injuries to BC's children going forward. When it comes to protecting our children, we need **free speech, not censorship; more dialogue, not less; and more scientific evidence, not less.** Suppressing public debate and increasing coercion will inevitably undermine the public's trust in government and public health even further. Those who seek to suppress debate in the name of the 'public good' are the true threats to public health. Implementing coercive vaccine policies is not the answer.

I look forward to your support to protect our rights and freedoms in British Columbia.

Sincerely,

Attachments:

How to Reduce Vaccine Hesitancy

Questions for Dr. Tam

An Open Letter to Legislators Currently Considering Vaccine Legislation from Tetyana Obukhanych, PhD