

**Standing Committee on Law Amendments
Comité permanent de modification des lois**

August 28, 2019

Not finalized / Non finalisé

le 28 août 2019

004

10:03

(The third meeting of the Standing Committee on Law Amendments was held in the Legislative Council Chamber on Wednesday, August 28, 2019, at 10:03 a.m.)

Members of the committee are:

Hon. Mrs. Anderson-Mason, chairperson, Mr. Northrup, Hon. Mr. Stewart, Mr. Fitch, Mr. K. Chiasson, Mr. D. Landry, Mrs. F. Landry, Mr. McKee, Ms. Mitton, Mr. DeSaulniers.

Substitutions: Ms. Rogers for Mr. D. Landry, Mr. Savoie for Hon. Mr. Stewart.)

Madam Chairperson: I wish to call this meeting to order.

This is the second day of the public hearing on Bill 39. Starting this morning, we have Monica St-Amand.

Before I begin, I want to remind everyone that there are interpretation services available. It also may assist the people who are listening, because I understand that it is a bit challenging sometimes to hear all of us. If you do use the devices, it may help you to hear. I would also remind people to turn off their electronic devices. No recording or photographs, please.

Ms. St-Amand, if you would like to provide an introduction for the record and who you have attending with you today, it would be greatly appreciated. Then you can commence your presentation. I will remind you that we have reserved 30 minutes in total. You can divide your presentation accordingly. I would recommend that you allow time for questions so that we can learn more about your position and the information that you are providing. Thank you very much.

Monica St-Amand

M^{me} St-Amand : Merci. Bonjour, mon nom est Monica St-Amand. Aujourd'hui, je suis avec Sheri et Melany, ma belle-sœur et une de mes amies. Merci de m'accorder le privilège de venir partager mes préoccupations, ce matin, en ce qui concerne ce projet de loi. Je m'appelle Monica St-Amand et je suis mère de deux beaux enfants en bonne santé, soit un petit garçon de 3 ans et une petite fille de 10 mois. Je suis fière résidente du Nouveau-Brunswick et je fais également partie de deux groupes minoritaires : Je suis francophone et je suis un parent qui refuse le vaccin.

005

10:05

Je pensais être en sécurité au Canada et je pensais que nous avions des libertés. Je pensais que défendre notre droit de refuser un produit serait toujours respecté. Actuellement, je me sens comme dans un cauchemar. Comment protéger mes enfants d'une entreprise qui a convaincu des gens de supprimer nos droits?

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Je regarde autour de moi et je vois tellement d'enfants malades. Aucun d'entre eux n'est victime de discrimination. Mes enfants, qui sont en bonne santé, sont victimes d'intimidation et de discrimination de la part des adultes d'aujourd'hui. Mes enfants sont en bonne santé et ils sont traités comme si la peste était revenue.

Vivre au Canada, en particulier au Nouveau-Brunswick, m'inquiète énormément. Le Canada respecte la loi du consentement éclairé. En aucun cas n'est-il acceptable que quelqu'un me dise : Je vous donne la permission de dire non. Cela ne constitue pas un consentement. C'est le pouvoir, le contrôle et la dictature.

Nous vivons dans une génération où nous avons le droit de faire des recherches en ce qui concerne un produit que nous envisageons utiliser. Que ce soit la nourriture transformée, la crème ou même le savon que j'utilise sur mes enfants, je fais des recherches sur tout ce qui se trouve dans ces produits, soit sur chaque petit ingrédient. Si je juge que ce n'est pas sain pour mes enfants, j'ai le droit de ne pas l'utiliser. Pourquoi? Parce que nous voulons ce qui est mieux pour nous, pour nos enfants et pour notre santé. J'ai fait la même chose il y a quelques années lorsque nous pensions avoir des enfants. Plusieurs heures, plusieurs jours et même plusieurs années ont été passées à faire des recherches et des investigations avant de prendre notre décision de ne pas vacciner nos enfants.

Permettez-moi d'ajouter que, lorsque je prononce les mots « recherches » et « enquêtes », je ne parle pas de blogues de mamans ou de sites Web de produits naturels sans aucune référence ou source pour leur information. Je parle de recherches scientifiques publiées et d'articles provenant de revues médicales. Je parle de données et d'enregistrements du site Web du CDC. Vous devez fouiller pour les trouver. Je parle d'informations importantes sur les épidémies et sur la façon de traiter la rougeole et la coqueluche, qui ne font pas les nouvelles locales ou nationales. Je parle d'archives historiques et d'articles archivés. Une grande partie de cette information est cachée. Elle n'est pas facile à trouver ou à accéder, à moins que vous appreniez à connaître ce que vous devez rechercher.

La raison pour laquelle je suis ici aujourd'hui est d'ordre légal. La législation en vigueur ne respecte pas la loi sur le consentement éclairé et devrait être mise à jour pour la respecter. Ce projet de loi est une violation flagrante du droit des patients du Service public d'éducation et d'information juridiques du Nouveau-Brunswick ; de la Déclaration universelle des droits de l'homme ; de la Charte canadienne des droits et libertés, dans la Constitution canadienne ; de la Déclaration universelle sur la bioéthique et les droits de l'homme ; du consentement éclairé de l'Association canadienne de protection médicale, et du code de Nuremberg.

En ce qui concerne le droit des patients du Service public d'éducation et d'information juridiques du Nouveau-Brunswick, ce dernier parle de tout traitement médical, incluant la prévention — ce qui inclut aussi l'immunisation. Mes droits en tant que patient sont d'être informé par les professionnels de la santé sur le traitement médical, incluant l'immunisation ; d'être informé sur les risques, les effets secondaires et les avantages habituels du traitement médical, incluant l'immunisation ; d'obtenir un deuxième avis et de refuser un traitement médical, incluant l'immunisation, et même de fournir un consentement éclairé et volontaire à ce traitement

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médical. Il est aussi dit que, pour que le consentement à un traitement soit valide, il doit être volontaire. Vous devez accepter votre traitement sans aucune influence ou intimidation de la part d'autres personnes.

Il y a aussi la Déclaration universelle des droits de l'homme, aux articles 26 et 27.

Il y a la Charte canadienne des droits et libertés, dans la Constitution canadienne. L'article 7 de celle-ci dit :

7. Chacun a droit à la vie, à la liberté et à la sécurité de sa personne; il ne peut être porté atteinte à ce droit qu'en conformité avec les principes de justice fondamentale.

L'article 10 stipule ce qui suit :

10. Toute personne a droit à la reconnaissance et à l'exercice, en pleine égalité, des droits et libertés de la personne, sans distinction, exclusion ou préférence fondée sur la race, la couleur, le sexe, l'identité ou l'expression de genre, la grossesse, l'orientation sexuelle, l'état civil, l'âge sauf dans la mesure prévue par la loi, la religion, les convictions politiques, la langue, l'origine ethnique ou nationale, la condition sociale, le handicap ou l'utilisation d'un moyen pour pallier ce handicap.

Il y a discrimination lorsqu'une telle distinction, exclusion ou préférence a pour effet de détruire ou de compromettre ce droit.

006

10:10

L'article 11 dit ceci :

11. Nul ne peut diffuser, publier ou exposer en public un avis, un symbole ou un signe comportant discrimination ni donner une autorisation à cet effet.

L'article 40 dit ceci :

40. Toute personne a droit, dans la mesure et suivant les normes prévues par la loi, à l'instruction publique gratuite.

L'article 6 de la Déclaration universelle sur la bioéthique et les droits de l'homme concerne le consentement. Cet article dit ceci :

1. Toute intervention médicale de caractère préventif—comme nous l'avons vu, cela inclut l'immunisation—, diagnostique ou thérapeutique ne doit être mise en œuvre qu'avec le consentement préalable, libre et éclairé de la personne concernée, fondé sur des informations suffisantes. Le cas échéant, le consentement devrait être exprès et la personne concernée peut le retirer à tout moment et pour toute raison sans qu'il en résulte pour elle aucun désavantage ni préjudice.

La partie 3 de l'article 6 dit ce qui suit :

3. Dans les cas pertinents de recherches menées sur un groupe de personnes ou une communauté, l'accord des représentants légaux du groupe ou de la communauté concerné peut devoir aussi être sollicité. En aucun cas, l'accord collectif ou le consentement d'un dirigeant de la communauté ou d'une autre autorité ne devrait se substituer au consentement éclairé de l'individu.

Il y a aussi l'article 10 qui parle de l'égalité, de la justice et de l'équité. Cet article se lit comme suit :

L'égalité fondamentale de tous les êtres humains en dignité et en droit doit être respectée de manière à ce qu'ils soient traités de façon juste et équitable.

À l'article 11, on parle de la non-discrimination et de la non-stigmatisation. L'article dit ceci :

Aucun individu ou groupe ne devrait être soumis, en violation de la dignité humaine, des droits de l'homme et des libertés fondamentales, à une discrimination ou à une stigmatisation pour quelque motif que ce soit.

Il y a le consentement éclairé de l'Association canadienne de protection médicale. Au sujet du consentement volontaire, l'association dit que le patient doit être libre de consentir au traitement ou de le refuser et que le consentement doit être obtenu sans contrainte ni coercition. J'ajoute également que nos tribunaux ont maintes fois réaffirmé le droit du patient de refuser un traitement. Par exemple, le juge Robins, de la Cour d'appel de l'Ontario, a affirmé ce qui suit :

Le droit de décider de ce qu'on pourra faire subir à son corps et de ne se voir imposer aucun traitement médical auquel on n'aura pas donné son consentement est fermement ancré dans notre common law. Ce droit sous-tend la doctrine du consentement éclairé. Sous réserve d'un nombre très restreint d'exceptions, le corps de toute personne est considéré inviolable et, par conséquent, chaque adulte qui est apte a le droit de ne pas subir de traitement médical non désiré. Les risques ou les conséquences graves que peut entraîner le refus d'un traitement médical ne permettent aucunement de porter atteinte au droit au libre choix en matière médicale. La doctrine du consentement éclairé garantit aux personnes la liberté de faire des choix sur les soins de santé qu'elles reçoivent. C'est au patient, et non pas au médecin—ou aux personnes d'autorité—, qu'il appartient en dernière analyse de décider si un traitement – peu importe lequel – sera administré.

Le code Nuremberg stipule sur le consentement individuel. Il dit qu'un vaccin contient des ingrédients qui interagissent à différents niveaux avec chaque personne individuellement. Cela signifie que seule la personne qui reçoit le vaccin est en mesure de l'accepter et de prendre ce risque.

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À ce stade, c'est primordial de vous aider à comprendre les études que nous supposons être terminées. Où se trouve l'étude démontrant que le calendrier de vaccination existant est sûr et efficace? Si nous avons eu une étude, celle-ci n'est plus exacte lorsqu'un nouveau vaccin est ajouté à la liste. À quand remonte la dernière fois qu'un vaccin a été ajouté et quel âge à cet horaire? Avons-nous constaté une augmentation des maladies chroniques depuis ce temps? Où est la base de données comparant les effets à long terme sur la santé des enfants non vaccinés par rapport aux enfants vaccinés? Il n'y a jamais eu de base utilisée. Nous avons continuellement ajouté des vaccins en utilisant des théories ou des croyances. C'est irresponsable et dangereux.

007

10:15

Pourquoi n'avons-nous pas appris quand nous devons nous battre pour éliminer le mercure dans les vaccins? Pourquoi Santé Canada a-t-il approuvé l'utilisation d'un autre métal, en se basant sur des quantités sécuritaires ingérées et non injectées? Où est la preuve de la sécurité chez les enfants trop jeunes pour parler? Comment prouvez-vous la sécurité? Sont-ils capables de décrire quand ils sont étourdis, lorsqu'ils ont des maux de tête, lorsqu'ils ont des douleurs articulaires, lorsqu'ils ont des démangeaisons, lorsqu'ils ont des nausées, lorsqu'ils ont des douleurs rénales, lorsqu'ils ont des douleurs au foie et lorsqu'ils ont des engourdissements aux membres? Comment Santé Canada et les fabricants prouvent-ils que cela ne se produit pas à la naissance et aux âges de 2, 4, 6, 12 et 18 mois? Comment prouvent-ils combien de temps cela dure s'ils ont expérimenté? Un enfant apprendra-t-il à reconnaître un symptôme non désiré ou s'agira-t-il d'une partie de lui-même qu'il ne pourra jamais verbaliser ou même remettre en question?

Saviez-vous que, en 1950, il y avait 14 doses de 5 vaccins? En 1983, cela a augmenté à 22 doses de 7 vaccins. Maintenant, en 2019, nous sommes rendus à 60 doses de 16 vaccins. D'après les autorités, plusieurs vaccins seront ajoutés au cours des prochaines années.

Les vaccins sont administrés pendant la grossesse. La première chose éliminée de l'étude utilisée par Santé Canada et le CDC, c'est toute naissance qui n'était pas une naissance vivante. Donc, 30 % des cas ont été retirés de cette étude en raison d'enfants mort-nés ou de fausses couches. Quel est pourcentage des cas où cela se produit chez les femmes qui refusent les vaccins pendant la grossesse? Quel est le pourcentage des cas où cela se produit chez les femmes qui n'ont jamais été vaccinées? C'est extrêmement important au Canada, vu que le taux de stérilité est passé de 5 % à 15 % depuis l'augmentation du nombre de vaccins, dans le milieu des années 1980.

Le CDC dit de ne pas donner plus d'un vaccin à virus vivant par jour. Comment est-il sécuritaire d'avoir des vaccins vivants combinés? Combien de vaccins à virus vivant faut-il pour créer une réponse égale à un virus sauvage? Nous avons des données qui prouvent que le vaccin n'a pas eu l'effet attendu lorsqu'un individu entièrement vacciné se retrouve avec le virus ou la bactérie contre lequel il a été vacciné. Au lieu d'admettre le fait que le vaccin ne s'est pas révélé efficace, les firmes de marketing disent que le vaccin a échoué. Comment faites-vous la promotion d'un produit défaillant? À qui la responsabilité incombe-t-elle lorsque le produit n'a pas répondu à ces attentes? Pourquoi se procurer un plus grand nombre de ces produits au taux d'échec élevé? Je parle d'un taux d'échec élevé parce que vous n'avez aucune idée du nombre exact de personnes qui ont réellement été exposées. Vous ne connaissez que celles qui ont fini avec la maladie.

Le CDC dit qu'un individu immunodéprimé peut avoir une croissance incontrôlée à partir d'un vaccin vivant. Combien de personnes non vaccinées à 100 % sont immunodéprimées? Combien de personnes immunodéprimées ont reçu des vaccins? Combien de personnes sont à risque de leurs propres vaccins?

Tout ce que vous allez lire au cours des prochains instants fait référence à un document qui vous a été remis.

Saviez-vous que Merck est en cour pour la partie de la rubéole de son vaccin M-M-R pour avoir falsifié et omis des informations? La compagnie est également en cour pour fraude dans la fabrication de GARDASIL, le vaccin contre le PVH. Saviez-vous que la drogue Vioxx, de Merck, a tué 38 000 Américains lorsque la compagnie a omis le fait que cette prescription pouvait être la cause d'une crise de cœur? Elle a également créé un faux journal médical, dans lequel elle a publié ses informations.

Saviez-vous que GlaxoSmithKline, une autre compagnie de vaccins, a eu à payer une amende de plus de 3 milliards de dollars après avoir été associée à de la fraude pour avoir soudoyé les médecins en Chine avec de l'argent?

Saviez-vous que Sanofi, une autre compagnie de vaccins, a été reconnue pour de la fraude dans plusieurs pays après avoir soudoyé les gouvernements et les établissements de la santé?

Saviez-vous que les scientifiques du CDC ont déclaré que frauder les recherches scientifiques au CDC est la norme?

Saviez-vous que le FDA détruit régulièrement les preuves de fraude médicale?

Saviez-vous que les compagnies de vaccins font environ 60 milliards par année et qu'elles dépensent plus d'argent dans la promotion de leurs produits que dans la recherche? Ces fabricants de vaccins font tellement d'argent que même une amende de 3 milliards n'est pas assez punitive.

Saviez-vous que, entre 2004 et 2014, aux États-Unis, aucune personne n'est morte de la rougeole, mais que, en même temps, 108 personnes sont mortes du vaccin M-M-R?

Saviez-vous que, d'après une étude faite par l'hôpital de recherche d'Ottawa, 1 bébé sur 168 a eu une visite d'urgence à l'hôpital entre 4 et 12 jours suivant leur vaccin M-M-R de 12 mois, et que, par la suite, plusieurs d'entre eux sont morts?

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10:20

C'est 1 bébé sur 168 ; c'est beaucoup plus élevé que ce qui est mentionné aux parents, soit de 1 sur 1 million de risque.

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Saviez-vous que le CDC a 50 brevets sur les vaccins et qu'il vend des vaccins pour une valeur de 5 milliards chaque année?

Saviez-vous que le dépliant informatif du vaccin M-M-R, de Merck, parle de plusieurs effets secondaires, incluant la mort?

Saviez-vous que les études de la sécurité des vaccins sont presque toujours faites par les compagnies de vaccin et qu'aucun vaccin sur l'horaire de vaccination n'a été testé sur un placebo pur? Ces vaccins ont seulement été testés en comparaison avec un vieux vaccin ou avec un adjuvant comme l'aluminium.

Saviez-vous que les drogues pharmaceutiques sous la supervision du FDA sont testées en moyenne 4,5 ans avant d'être approuvées et homologuées mais que les vaccins sont testés en moyenne 4,5 jours avant d'être homologués?

Saviez-vous que l'étude de l'hôpital Harvard Pilgrim, qui a été financée par l'organisme responsable des services de santé aux humains aux États-Unis, révèle que moins de 1 % des blessures liées aux vaccins sont rapportées. Cela veut dire que 99 % des réactions négatives aux vaccins ne sont pas rapportées ou reconnues.

Saviez-vous que le programme d'indemnisation pour les blessures liées aux vaccins aux États-Unis a payé plus de 4 milliards aux citoyens pour les blessures et la mort causées par les vaccins? Si les vaccins sont tellement sécuritaires, pourquoi un montant si élevé a été défrayé?

Saviez-vous que le Canada est la seule nation du G7 qui n'a pas de programme d'indemnisation pour les blessures liées aux vaccins?

Combien de ces questions vous concerne? Pensez-vous que je suis un parent qui ne protège pas son enfant? Ou bien, pensez-vous que je suis un parent qui se préoccupe en voyant des données flagrantes comme celles-ci?

D'après toutes les études qui n'ont pas été effectuées et toutes les données non enregistrées, non étudiées ou non comparées, comment assurons-nous la sécurité chez nos enfants? N'oubliez pas que, à un moment donné, l'utilisation du plomb, de l'amiante, du DDT, des cigarettes, du glyphosate et de la poudre pour bébé, pour n'en nommer que quelques-uns, a été approuvée.

Les vaccins provoquent des réactions indésirables graves. La seule façon de prouver ce qui est lié à un vaccin, c'est d'enregistrer chaque symptôme ou diagnostic après un vaccin afin de pouvoir voir clairement s'il y a une tendance. Notre système médical dispose-t-il de cette base de données essentielle? Sinon, comment pouvez-vous discuter de la sécurité des vaccins? Où est votre preuve que les vaccins ne conduisent pas à une augmentation du diabète ou des allergies au cours de l'année suivant un vaccin donné?

Si vous administrez plus d'un vaccin le même jour, comment savoir quel vaccin est le résultat de quelle réaction, afin de l'éviter la prochaine fois? Étant donné les mélanges des préparations

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vaccinales, comment savez-vous quel ingrédient a provoqué une réaction allergique? Les allergies ne sont-elles pas une cause de décès? Pourquoi disons-nous que les vaccins sauvent des vies quand nous savons qu'ils provoquent des réactions allergiques susceptibles de provoquer la mort?

Comment le choix des vaccins n'expose-t-il pas un enfant à un risque immédiat de décès dû à une allergie inconnue? Pourquoi ma famille est-elle victime de discrimination parce qu'elle n'a pas accepté ce risque parmi tant d'autres? Pourquoi accepter ce risque pour d'autres familles? Laisseriez-vous votre enfant au milieu de la rue dans l'espoir de ne pas se faire frapper? C'est la même chose.

Lorsque votre médecin vous prescrit un antibiotique et qu'il vous explique les effets indésirables liés à celui-ci, ce qui permet un consentement éclairé, vous avez le choix de le prendre ou non en connaissant le risque. Le même raisonnement s'applique aux vaccins.

Je m'oppose à la loi en vigueur au Nouveau-Brunswick. Je m'oppose au projet de loi 39, qui a des impacts négatifs directs sur ma famille et sur plusieurs autres familles dans notre propre province.

La discrimination et le harcèlement sur les médias sociaux m'ont certainement vexée. Certains semblent croire que je suis une abuseuse d'enfant, mais ce n'est pas le cas. Non, je ne suis pas une adepte des théories de conspiration. Non, je ne suis pas mal informée ou mal intentionnée. Non, je ne suis pas dangereuse et je ne devrais pas être condamnée. Non, je ne suis pas :

Profoundly deluded.

Non, je ne suis pas une menace publique en ce qui concerne la santé de mes enfants ou des autres. Et, non, je ne recherche pas l'attention et je ne cherche pas à devenir célèbre. Croyez-moi, cela m'a tout pris pour venir ici aujourd'hui afin de partager avec vous mes préoccupations. Je suis une excellente maman qui se préoccupe énormément de la santé et du bien-être de son enfant.

009

10:25

Si ce projet de loi est adopté, cela obligera-t-il ma famille à quitter le Nouveau-Brunswick pour s'installer dans une province davantage sensibilisée aux vaccins? Qu'en est-il de la politique 322, qui stipule que tous les élèves du Nouveau-Brunswick ont droit à une éducation appropriée et que le service éducatif doit être fourni sur une base d'égalité pour tous les élèves, quels que soient leurs antécédents ou leurs caractéristiques? Ces principes sont inscrits dans la *Loi sur l'éducation* et dans le Code des droits de la personne et non pas dans un groupe ou dans une catégorie en particulier, comme le groupe des vaccinés et celui des non-vaccinés.

Ma famille paie ses impôts, et mes enfants ont le droit d'avoir accès aux services que nos impôts contribuent à payer. Si ce projet de loi est accepté, qui soutiendra ma famille dans sa perte de revenus parce qu'elle sera forcée à faire l'enseignement à domicile? Qui paiera pour des groupes

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sociaux quotidiens pour mes enfants? Qui couvrira à 100 % le coût de toutes les ressources liées à l'éducation auxquelles ils auraient accès dans une école? Il y a les ordinateurs, les programmes informatiques, les professeurs de musique ou les professeurs d'art, pour n'en nommer que quelques-uns.

En prenant une décision quant à ce projet de loi, n'oubliez pas que l'enseignement à domicile est une option forcée. Ce n'était pas un choix pour ma famille. Il n'y a pas de droit lorsque vous dites : C'est la vaccination ou l'école. Car, l'une est une réponse liée à la santé et l'autre est une réponse éducative. Je ne mettrai pas la santé de mes enfants après l'éducation.

Du fond de mon cœur, merci d'avoir écouté mes préoccupations aujourd'hui. Veuillez suivre la loi du consentement éclairé. Je demande simplement le même respect pour notre choix et pour les nombreux parents qui ont vu leur famille souffrir, mais qui se font constamment dire qu'ils ne savent pas de quoi ils parlent. Pardonnez-moi d'être franche, mais vous n'avez pas marché dans leurs chaussures et vous n'avez aucune idée de ce qui a conduit à cette décision.

Les personnes qui me connaissent personnellement savent que je recherche tout et que je suis une maniaque de la santé. Je ne ferais jamais rien qui puisse compromettre ma santé, celle de mon enfant et celle de quiconque autour de nous. Il y a toujours deux côtés à un débat, surtout à celui lié aux vaccins, car l'immunisation est considérée comme un traitement préventif comportant plusieurs risques. Donc, seule la personne touchée a le droit au consentement.

Science is not settled. One size does fit all.

Mon corps, mon choix. Merci.

Madam Chairperson: I will caution the public that applause will cut into the time, so simply be cognizant. We are going to make great efforts to stay on time today.

Madame, je m'excuse, car mon français est...

M^{me} St-Amand : C'est bien, c'est correct. Tu peux parler en anglais, car je comprends l'anglais.

La présidente : Où habitez-vous?

M^{me} St-Amand : Pardon.

La présidente : Où habitez-vous?

M^{me} St-Amand : À Saint John.

Madam Chairperson: What prompted you to be here today?

M^{me} St-Amand : Pardon?

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Madam Chairperson: What prompted you to be here today?

M^{me} St-Amand : Me demandez-vous pour quelle raison je suis ici? Je suis ici pour mes enfants, parce que je suis maman et que j'ai beaucoup de préoccupations en ce qui concerne non seulement ce qui se passe présentement mais aussi l'avenir. Je me sens comme, si cette loi est adoptée, cela fera tout basculer ce que j'avais en tête pour mon avenir. Qu'on le veuille ou non, je devrai rester à la maison pour éduquer mes enfants, parce que la vaccination de mes enfants n'est pas une option pour moi.

Je parle à partir de mon cœur. Cela fait depuis mai que je ressens beaucoup de pression et de stress. Il y a même des nuits où j'ai beaucoup de difficulté à dormir, parce que j'ai toujours ce problème en tête. C'est à un point tel que nous sommes en train d'envisager de, peut-être, éventuellement, déménager, et ce, même si j'adore énormément notre province. Cependant, il y a beaucoup trop de risques pour que je fasse vacciner mes enfants. Donc, ce n'est pas une option pour nous.

La présidente : Y a-t-il d'autres questions?

M^{me} Rogers : Tout d'abord, merci beaucoup pour votre présence ici.

It was a very articulate, very heartfelt presentation. I know that it is not easy, so I thank you.

Ms. St-Amand: Thank you.

010

10:30

Ms. Rogers: One of my first questions, because we did not know what perspective you were going to come from, was to ask why you are here, but I think you made that very clear. Thank you.

I just want to try to paraphrase what I think is your position. Can you correct me if I have something wrong? You are primarily against mandatory vaccines because you believe that you are properly informed with the peer-reviewed quality research data and you made an informed choice with consent according to your right that you can choose to avoid taking this preventive, recommended treatment as a vaccine. Primarily, because you have done the research, you think that making this mandatory without allowance for informed consent to deny is wrong. Is that right?

Ms. St-Amand: Yes.

Ms. Rogers: Are there any other ways? I know, from your position—and it is kind of hard to even ask this—it seems as though, even though many people are saying the more people who are vaccinated, the better and the more people who are vaccinated, the more healthy the population . . . If you do not believe that assumption, it is hard to go forward and be part of that.

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What could be done for a society to be on the same understanding? What is a barrier, from your perspective, to adequate research that informs a common understanding?

M^{me} St-Amand : Honnêtement, c'est difficile de donner une réponse exacte, parce qu'il y a tellement d'enjeux à considérer ; c'est tellement un gros dossier. C'est même tellement un sujet délicat, qui est presque tabou. Souvent, je me sens comme si je suis jugée en fonction de mon choix, donc je préfère ne pas en parler. Je suis ici... Cela m'a tout pris pour être ici aujourd'hui. C'est la même chose qui se passe avec d'autres personnes. Je ne suis pas seule ; je connais beaucoup de gens qui auraient aimé être ici aujourd'hui, mais, en raison de la peur, du préjudice et de la discrimination, ils ont refusé de venir parler.

Donc, c'est un peu triste de se rendre compte que nous sommes rendus au point où les gens ont peur de venir pour essayer de régler un problème et pour trouver des solutions ensemble. C'est comme s'il y avait vraiment une ligne claire entre les deux parties, et c'est difficile de pouvoir s'entendre sur les mêmes résolutions. Je ne peux pas parler pour les autres, mais je me sens comme si c'est quelque chose qui sera imposé.

Je me demande ce qui viendra ensuite. Quelles seront les prochaines personnes sur la liste? Nous savons tous que les prochaines personnes sur la liste seront celles dans le secteur de l'éducation. Ensuite, qui sera sur la liste? En viendrons-nous au point où toute la population devra avoir été vaccinée? Nous savons que 80 % des adultes n'ont pas les vaccins recommandés.

Donc, c'est difficile de dire ce que je ferais ou ce qui devrait être fait. Cependant, nous devons essayer de trouver une entente entre les deux parties pour pouvoir, tout d'abord, parler des situations. Je suis ouverte à entendre ce qui se dit de l'autre côté, mais il y a des personnes de l'autre côté qui ne sont pas ouvertes à entendre ce que j'ai à dire, et c'est là le problème.

C'est vraiment... Comment pourrais-je dire cela? C'est la communication et le fait que c'est tellement un sujet qui est... C'est tellement un gros dossier, parce qu'il y a beaucoup de gens qui ont une opinion très forte à ce sujet, et c'est ce qui rend le tout difficile. Il ne faut pas essayer de faire en sorte que quelqu'un change d'idée ; il faut essayer de faire en sorte de pouvoir nous comprendre. Il faut trouver un juste milieu pour tout le monde. Cela dit, c'est difficile de répondre directement à votre question et de dire ce que je ferais, parce que ce que je ferais ne serait peut-être pas ce qui serait bon pour tout le monde. Me comprenez-vous?

M^{me} Rogers : Merci beaucoup, je comprends, en tant que sociologue de formation, que la position des groupes minoritaires est commune : Ils ont peur de parler, parce qu'ils ont peur du jugement.

M^{me} St-Amand : Oui.

Madam Chairperson: We are close to the end of our time, if you do not mind.

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10:35

Ms. Rogers: I will just finish this one sentence. Do you think that because Canada does not have a compensation injury program, it impacts the accountability of the industry? I will end with that.

M^{me} St-Amand : Oui et non. Dans le sens que, même s'il y avait un programme d'indemnisation, cela ne changerait pas ma façon de voir les choses. Cela ne changerait pas ma décision à savoir si mes enfants seraient vaccinés ou non. Donc, même si un programme d'indemnisation était mis en place, mon choix serait quand même le même.

M^{me} Rogers : D'accord, merci.

M^{me} St-Amand : C'est seulement une question de mettre quelque chose en place pour les familles qui auront des enfants blessés par les vaccins.

M. Fitch : Merci beaucoup, madame. Je n'ai pas de question, mais je vous dis merci beaucoup pour votre présentation. Vous avez beaucoup de passion. Je reconnais que c'est très difficile de faire une présentation devant ce groupe.

M^{me} St-Amand : Oui.

M. Fitch : Vous avez fait une bonne présentation et vous avez eu beaucoup d'appui de la part de votre belle-sœur et de votre amie. Bon courage dans votre travail.

M^{me} St-Amand : Merci, je l'apprécie.

Mr. DeSaulniers: Thank you, Madam Chair. Thank you very much for appearing here today, and your friends and everyone else as well. It was a very passionate presentation, and I very much appreciate that. You have obviously done some homework. You have done a lot of research, and I am going to ask you to help me with something. With respect to the CDC in Canada, is it the same as the CDC in Atlanta, Georgia?

Ms. St-Amand: Are you asking whether it is the same in Canada?

Mr. DeSaulniers: Yes.

M^{me} St-Amand : Honnêtement, pour répondre à votre question, je ne sais pas s'il y a affiliation ou si ce sont les mêmes choses qui sont utilisées. Cependant, je ne crois pas avoir vu un site Web parlant du CDC du Canada en tant que tel.

Mr. DeSaulniers: Thank you. I just wanted to bring that up because when you search vaccinations in New Brunswick and stuff, at the end of the link, it says CDC. I am trying to get a connection as to whether Health Canada and CDC are in cohorts, kind of thing, with the U.S. That is all. Thank you very much.

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Madam Chairperson: Thank you very much for your presentation today.

M^{me} St-Amand : Merci.

Vaccine Choice Canada

Madam Chairperson: I would like to welcome a representative from Vaccine Choice Canada. Again, I ask you to state your name and position for the record, and I remind you to please be cognisant of time. I can warn you if there is a specific time frame that you are looking for that you would like me to interject so that we can allow for questions.

Mr. Kuntz: Good morning. My name is Ted Kuntz. I am a parent and a grandparent. I have come from British Columbia to spend these three days with you. Madam Chair, members of the Standing Committee on Law Amendments, ladies and gentlemen, and all those that I know are listening on their live stream today, thank you for permitting someone from away to participate in this opportunity to more fully explore the matter of vaccine mandates and the implication of Bill 39.

Before I begin, I want to express my genuine appreciation and gratitude to this government for its warm welcome and for honouring and respecting our voices and our experiences. Your commitment over these three days and beyond to invite a constructive and thorough consideration of this complex issue honours democratic and scientific principles and provides a courageous example of how governments can engage citizens in decisions in a respectful and considerate way.

012

10:40

My understanding of New Brunswick history and culture is that you have a long and steadfast tradition of care, of pausing, of not rushing into decisions without full, open, and rich consideration of the impact of one's decisions.

This matter before you is not a simple matter. It is complex and nuanced, and it has potential consequences that are far-reaching. What is decided and how it is decided has the potential to serve as an example for the rest of Canada.

I am here today for two reasons. I am here because I want the loss of my son through vaccine injury to be just as important as the loss of a child to an infectious illness. I am here to ask you to maintain trust in democratic principles and confidence in the citizens' capacity to make appropriate health care decisions. You can do this by affirming the right of New Brunswick citizens to free and informed consent.

Before I get into the details of my presentation, I would like to tell you a little bit about who I am. Like many in this room, I am a parent. I care deeply about the health and well-being of my children and grandchildren. We all do. We are on the same side on this issue. We all have the same goal—healthy and successful children.

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Like many of you, I believed, without question, the information I was provided by the medical industry that vaccines are safe and effective. My understanding of the safety of vaccines was altered dramatically when my son Joshua suffered a severe neurological injury from his infant vaccines. The vaccine injury resulted in Joshua living with an uncontrolled seizure disorder and requiring 24-hour care for his entire life.

As a parent, I have paid the ultimate price for my failure to responsibly research the vaccination decision. My son passed away in February 2017.

I am here to honour my son and to ensure that his life and death are not in vain. I have no vested interest in what you decide. I am here to help you make the best decision possible for the citizens of New Brunswick.

I am also here in my capacity as the Vice-President of Vaccine Choice Canada. Vaccine Choice Canada is a federally registered, not-for-profit, educational society supported solely by donations from its members. Vaccine Choice Canada was founded by families whose loved ones suffered severe vaccine reactions that resulted in brain and immune system injuries, chronic debilitating diseases, and death.

I just want to add that the use of the term “anti-vax”, which is so often used to describe our organization, is dishonest and deceptive. It is disrespectful to describe parents who vaccinated their children who were then injured by the vaccine as being anti-vax.

Vaccine Choice Canada works to protect the right of all Canadians to make fully informed and voluntary 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.

When my son began to seize following the DPT and oral polio vaccines, I did what I should have done prior to the shot. I began to educate myself about vaccines. What I learned alarmed me and compelled me to share what I learned with others. There are those who would claim that I am sharing misinformation. I respectfully suggest that I am sharing missed information. I have spent many thousands of hours over the past 30 years investigating vaccine safety science. It is impossible to share what I have learned in the time allotted, and so I would like to focus my comments to the specific issue of vaccine safety.

013

10:45

What I have come to appreciate is that a product can be effective and not safe. Our history is replete with examples of this. DDT was effective and not safe. Thalidomide was effective and not safe. Asbestos was effective and not safe. Glyphosate was effective and not safe. OxyContin was effective and not safe. Vioxx was effective and not safe. I could go on. There is evidence that vaccines can be effective in reducing the incidents and symptoms of infections such as measles and mumps. Thus, I recognize the desire of government and Public Health to want to increase the use of vaccine products.

There is also evidence that vaccines can cause harm as they did to my son and to many other families. My concern is that governments and the medical industry have a tendency to oversimplify what is really a very complex matter. This oversimplification and allegiance to an ideology puts us all at risk.

While the DPT vaccine that injured my son has since been removed from the North American market because of the amount of neurological injuries that the product caused, it is unfortunately still being used in third-world countries because it is less expensive to produce than the acellular pertussis vaccine used in North America. Children continue to be harmed by this vaccine to this day. A 2018 vaccinated-versus-unvaccinated study of African children conducted by Dr. Peter Aaby revealed that children who received the DPT vaccine had a ten-times higher mortality rate in the first six months of life than those infants who were unvaccinated with DPT. Let's acknowledge what this means. It means that children receiving the DPT vaccine are ten times more likely to die than children who were not injected with the DPT vaccine.

In March of this year, Dr. Aaby issued a scathing rebuke to the world's public health agencies for continuing to allow pharmaceutical companies to sell vaccines without proper safety testing. The DPT vaccine is not the only vaccine product to be removed from the market because of concerns of safety and effectiveness. All the vaccines that were approved for use when I was a child are no longer in use in Canada. The vaccine industry has withdrawn more than 32 vaccine products because of ineffectiveness or harm caused by these vaccines, yet each of these vaccines was once promoted as safe and effective.

I wish to bring to your attention five issues pertaining to vaccine safety. One, vaccine products do not undergo the same level of safety testing as all other medical products. Most people, including government and public health officials, are not aware that vaccines are not tested for safety to the same standards required of other medical products. Vaccines have been classified as biologics and are exempt from the strict and extensive safety testing required for all other drugs. The result is that no childhood vaccine product licensed for use in Canada has been tested for safety using the standards required of other medical products. In other words, vaccines are not subjected to long-term, double-blind, placebo-controlled studies that are conducted on all other drugs prior to licensing. Instead, vaccines are released to the public with substandard safety testing.

The medical industry uses the monitoring of adverse events following vaccination as the primary method to evaluate safety. This means that our children are injected with products for which their safety is determined by the number of injuries or deaths reported after vaccination. This method to evaluate safety is grossly inadequate given that medical professionals are neither trained to recognize or diagnose vaccine injury nor have legal consequences for failing to report vaccine injury.

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10:50

Parents who report adverse events following vaccination are routinely told that adverse events are either normal or merely a coincidence and could not have been caused by the vaccine. This is what I was told by my doctor. However, a study—and this was reported yesterday—conducted at Harvard Pilgrim hospitals for Health and Human Services in the United States concluded that fewer than 1% of vaccine adverse events are reported. This means that 99% of vaccine adverse reactions may go unreported and unacknowledged. It also stated that low reporting rates endanger public health.

Number two, vaccine products are not evaluated against a neutral placebo. On examining the vaccine safety science, what an informed parent discovers is that none of the vaccines on the New Brunswick childhood vaccination schedule were tested against a neutral, inert placebo. The reason that this is so critically important is that without a comparison study, no valid claims can be made about the vaccine safety or efficacy nor the safety of any combination of vaccines. This standard of safety testing is required for all pharmaceutical products except vaccines. This fact was recently confirmed by the Informed Consent Action Network which analyzed all the scientific evidence on which Health and Human Services rests its claim of vaccine safety.

ICAN meticulously reviewed every single study—and there were over 1 000—provided by HHS which is the basis on which the FDA and, by extension, Health Canada license vaccines. The lack of a proper placebo-controlled comparator group for safety-based studies should concern everyone committed to the health and safety of our children.

Number three, prelicensure testing periods are too short to evaluate the long-term safety of vaccine products. Another concern is the unacceptably short time period for prelicensing safety testing of vaccines. While pharmaceutical products are tested for safety for years prior to licensure, childhood vaccines undergo prelicensing safety monitoring for a few days to a maximum of a few weeks. This brief prelicensing monitoring is not long enough to reveal whether vaccines cause autoimmune, neurological or mental disorders such as autism, learning disabilities, attention deficit hyperactivity disorder, life-threatening allergies, asthma, and other disorders. These disorders will become apparent only after a child is a few years of age.

Let me give you an example of how the prelicensure safety monitoring of vaccines compares with other pharmaceutical products. Let's consider Viagra. The prelicensure safety testing for Viagra was conducted over a 10-year period with thousands of subjects. Both a subject group and a control group were utilized. The control group received an inert placebo, a sugar pill, that looked identical to the pill given to the subject group. After 10 years, researchers compared the health and efficacy to determine whether the product was both safe and effective.

Compare this with the prelicensure monitoring of childhood vaccines. Safety testing is conducted on a small group, a small sample, which may or may not include infants and children, is not compared against a control group receiving an inert placebo. The period of testing ranges as short as 48 hours to as long as 6 weeks.

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Here is an example of the duration of safety review for the various vaccine products licensed in Canada. The HepB vaccine produced by Merck—and I have to point out that New Brunswick is one of only three provinces or territories that inject newborns on the first day of life—was actively monitored for 5 days and included 147 participants. The HepB vaccine by GSK was monitored for 4 days. The DTaP was monitored for 8 days. The MMR was monitored for 42 days and included only 342 children. Polio was monitored for 3 days, HPV for 3 days, the pneumococcus for 7 days, rotavirus for 8 days, meningococcus for 7 days, and influenza for 4 days.

Health Canada claims: “Health Canada conducts rigorous scientific review and testing of vaccines to assess their quality, safety, and efficacy before they are approved for use.” Well, I contacted Dr. Theresa Tam, Canada’s chief medical officer, in 2018 to request evidence of the safety testing conducted by Health Canada. To date, Health Canada has refused to provide any evidence to support its claim of rigorous scientific testing.

015

10:55

So, I had empathy for the chief medical officer yesterday who did not know the answer to this question because I have been trying to get the answer. I hope she can get it. A copy of the letter that I sent to the chief medical officer with these questions is included in your package.

Number four, the safety of the vaccine program has not been established. Our public health officials claim that the artificial stimulation of the immune system with injected ingredients, which we call vaccination, is the safest, most effective, and best way to protect our children and communities. This opinion is not, however, supported by robust scientific evidence. The fact is that we do not know the safety of the current vaccination program because the science has not been done to the level that would produce this conclusion. This is not my opinion. This is the finding of the prestigious Institute of Medicine which found that the safety of the current childhood vaccine schedule has never been proven in large, long-term clinical trials. It states:

Few studies have attempted more global assessment of entire sequence of immunizations or variations in the overall immunization schedule and categories of health outcomes . . . None has compared entirely unimmunized populations with those fully immunized for the health outcomes of concern to stakeholders.

In 2011, the IOM reviewed 155 health conditions associated with the varicella, tetanus, hepatitis B, and MMR vaccines. In only five cases did the scientific evidence reject causation. In 134 cases, the IOM deemed that there were too few scientifically sound studies published in the medical literature to determine whether more than 100 serious brain and immune system problems are or are not caused by the vaccines.

These include multiple sclerosis, arthritis, lupus, stroke, SIDS, autism, and asthma. In 2012, the Cochrane Collaboration reached this conclusion about the MMR vaccine safety testing: “The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, are largely inadequate.”

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If you read the vaccine information inserts provided by the manufacturer—and you should—they clearly state that vaccines have not been tested for safety, for their ability to cause cancer, their ability to damage an organism, their ability to damage the genetic information within a cell, their ability to change the genetic information of an organism, their ability to impair fertility, or for long-term adverse reactions.

In 1987, Congress mandated that Health and Human Services continuously improve the safety of vaccine products and report on their progress every two years. In 2018, in response to a freedom of information request, HHS admitted that it had failed to file even a single report to Congress on improvements to vaccine safety over the 30-year period.

Number five, legal immunity puts us all at risk. If vaccines harm children and adults, why are vaccine manufacturers not being sued in a court of law? As we know, the US is notorious and has an appetite for legal retribution. Well, the answer to this question is that in 1986, US Congress passed the *National Childhood Vaccine Injury Act*. This legislation terminated the right of individuals injured by vaccines and parents of vaccine-injured children to hold vaccine makers accountable in a court of law. The consequence of this Act is that vaccine makers have been given blanket immunity and are not legally or financially liable for any harm or deaths caused by their products.

016

11:00

Think about this for a moment. Vaccines are the only product, medical or otherwise, where the manufacturers are not legally responsible for injury and death caused by their products. The result of this legal immunity is that no one is held accountable when injuries and deaths occur. Would we accept this lack of accountability with any other product? So, why do we permit this lack of accountability with something as important as childhood vaccines? And, finally, if vaccines are as safe as claimed, why do vaccine manufacturers need immunity?

A consequence of this legal immunity is that there is no legal or financial incentive for the medical industry to make their products safer, even when there is clear evidence that vaccines can be made safer. What you discover when you carefully examine the vaccine safety literature is that the safety of the vaccine program has not been established using sound, rigorous, and independent science.

Dr. Lyons-Weiler clearly described the inadequacy of vaccine science in his presentation yesterday. So, when public officials make the unqualified statement that vaccines are safe and effective, either they are misinformed or they are not being openly transparent about the status of vaccine safety science.

Given that vaccines are a product given to healthy children, the level of safety testing ought to be even more rigorous than is required with pharmaceutical products. That is not the case. The safety testing of vaccine products is less rigorous and incomplete, and protocols appear to have been designed to obscure identifying long-term adverse effects of vaccines.

I recognize that there is a strong belief in vaccines. I suggest that the vaccine decision is too important to be made based on belief. Edda West, the cofounder of Vaccine Choice Canada, made the following statement:

*We know that parents who vaccinate their children sincerely believe they are protecting their child from harm. They believe vaccines will provide a type of health insurance, shielding their child from disease. At **Vaccine Choice Canada** we think it is important that we push beyond using “belief” as the basis for the vaccine decision, and instead decide from a place of information backed by quality scientific evidence.*

I would like to take a few minutes to explain the impact of Bill 39. Bill 39 effectively gives the state the power to decide what is injected into our body and our children's. This legislation eliminates the medical ethic of informed consent. It removes therapeutic choice. It denies the parents' right to make medical decisions for their children. It disregards body sovereignty. It invites discrimination, and it undermines a child's right to a public education. Bill 39 also removes a critical mechanism of accountability, which is voluntary choice.

I will not read the article out of the Universal Declaration on Bioethics and Human Rights. It has already been mentioned by the previous speaker. The human right to self-autonomy and bodily integrity is arguably the most important right that we have. I invite you to contemplate the implications when individuals or parents are no longer able to dissent from submitting to an invasive medical procedure that carries the risk of permanent injury and death for themselves and their children.

The measure of any health policy ought to be: Does this policy increase the overall health of those receiving the product or intervention? For decades, vaccine safety science advocates have been calling for studies comparing vaccinated and unvaccinated populations for overall health outcomes. Public health institutions, including Health Canada, have refused to do these studies. It should concern us all when the medical industry is unwilling to do basic science needed to confirm whether vaccinated children are healthier than unvaccinated children. We ought to be measuring health, not vaccine compliance.

We are witnessing a breakdown of trust between civil society, government and the business of medicine as a result of this intense lobbying to turn our children into a captive market for the pharmaceutical industry. Parents of vaccine-injured children are no longer accepting claims of vaccine safety on faith; their trust has been broken. Unless trust is restored, health and justice will be nearly impossible to achieve.

017

11:05

The question for this panel and this government is then: Will trust be restored by the imposition of vaccine mandates or will vaccine mandates further erode the precious contract between citizens and government? I respectfully suggest that there is a legitimate concern among citizens as to whether financial conflicts and institutional self-interests are transforming our public health

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agencies into appendages of the very pharmaceutical companies that they are meant to regulate. Children's Health Defense chief executive officer Robert Kennedy Jr. stated:

People will vaccinate when they have confidence in regulators and industry. When public confidence fails, coercion and censorship became the final options. Silencing critics and deploying police powers to force untested medicines upon an unwilling public is not an optimal strategy in a democracy.

What is a caring and considerate government to do? I suggest that governments ought to do what you are presently engaged in, creating a space in a public square where conversations about the safety, effectiveness, and the necessity of vaccinations can happen. This is a complex matter that requires all of the consideration, respect, responsibility, and humility that we can give to get this decision right.

I reached out to the Canadian Broadcasting Corporation to "create a safe space where ideas could be shared, information exchanged, fences dis-mantled, and relationships mended". I hold the perspective that how we make the decision is just as important, if not more important, than what we decide. A copy of this letter is in your package. In the letter, I wrote:

I'd like us to have rich conversations that honour each other's perspective and experiences.

.....
I want us to make wise decisions, not reactive decisions.

I think we want the same things.

Will you join me in this conversation?

Will you help me to build a container where true dialogue can happen; one that holds everyone's voice?

I make the same offer to the legislators of New Brunswick. I respectfully suggest that this is where this government focuses energies rather than rushing into a decision.

Vaccine Choice Canada created a document to help address the growing hesitancy in vaccination and the loss of parental trust in public health. A copy is included in your package. Some of the suggestions include open and honest dialogue, supporting informed consent, independent oversight of the vaccine industry, long-term safety testing, and developing effective safeguards and vaccine-injury compensation.

Whether we realize it or not, this is an historic moment in New Brunswick. This is a moment when your legislative representatives have an opportunity to clearly support our inalienable right to freedom of conscience and religion granted to us by the *Charter of Rights and Freedoms*. It is also an opportunity to unambiguously affirm our autonomy and sovereignty as free citizens, whose right to informed consent is safeguarded for this and all future generations.

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The families of Vaccine Choice Canada respectfully request that this committee embrace the medical and legal right to fully informed consent, recognize the right of parents in medical decision-making, and honour their principles and values of a free and democratic society.

Thank you for your concern and your compassion. The time you are taking for public input is critical, for wisdom cannot be developed in a vacuum.

Madam Chairperson: I will ask the audience to refrain from clapping, or I will clear the room. You have time for one question.

Mr. K. Chiasson: Thank you, Madam Chair.

Bienvenue à l'Assemblée législative, Monsieur Kuntz.

Thank you for being here this morning. I have one question. I have divided it into two parts. You mentioned that the mission of Vaccine Choice Canada was to inform parents and individuals on vaccines. Do you rely on and share research done by recognized medical bodies, medical associations, and the Centers for Disease Control in order to inform your members? That would be the first part of the question. The second part is this: If ever the Legislative Assembly were to vote in favour of Bill 39, would Vaccine Choice Canada appeal the decisions through the courts and how far is it willing to go?

Mr. Kuntz: The answer to both questions is yes. How far would we go? We would go to the Supreme Court of Canada.

Mr. K. Chiasson: Thank you very much.

Madam Chairperson: Thank you very much for your presentation.

018

11:10

Andrew Mader and Ethan Mader

Mr. A. Mader: I would like to thank everybody for allowing me to speak today. It means a great deal to me to have this opportunity to speak to you. This is most likely going to be the most therapeutic experience I have had in eight years of dealing with this, so I cannot overstate how much it means to me to have the ability to speak to you all today, sincerely.

What I am going to do today is read a letter that I sent to the officials back in Nova Scotia. I am not going to mention names, but this is a widely distributed letter that I sent to the people back home. I would like to share it with you.

Ethan, our son, was diagnosed with very low-functioning ASD, 18 to 36 months in development. He is nonverbal. We were told autism is a regressive illness, and not to expect for it to get much

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easier. Miracles can happen. Work on adaptation and augmentation. Prepare for institutional placement for him.

This whole adventure for us started prior to autism. Shannon was a concerned parent and a university graduate. Before vaccinating our son for the first time, Shannon voiced her concerns around autism and the possibility of a link to vaccines as well as other developmental issues. Shannon was put at ease and reassured that everything was going to be fine. Vaccinations are safe. She had full faith in her physician and accepted that valued opinion. No evidence was provided to support that claim, nor was a warning sheet given. In terms of standard of care, there was no informed consent. Autism is listed on the vaccine inserts as a possible adverse reaction for some vaccines.

Ethan, in his first year of life, developed normally. Ethan hit the majority of his milestones as expected. We did not really have much issue, other than perhaps an ear infection during his first year. Antibiotics and Tylenol were the recommended treatments. Tylenol is a problem of lesser significance, which sets the body up for vaccine injury.

After Ethan's 12-month shot, it all changed. Ethan got sick after his 12-month shot. He got a fever, and he got an upset stomach. He refused the breast shortly after, by 13 months. Any gains with food acceptance were gone. He had preferred items of food. He would refuse and throw anything else on the floor. His fever left, but his gastric disturbance stayed. He was too ill to really bring out anymore.

This gastric disturbance was mentioned before his 15-month shots. Shannon was advised that this new round of vaccines might simply push through the illness in Ethan and fix his gastric problem as well as vaccinate him. We have since learned that you do not vaccinate a sick child. That is apparently entry-level information within immunology.

We brought Ethan home. He had the same fever reaction as at the 12-month range, but this time, he was neurologically gone the next day. His eyes were rolling around in his head. He was in a constant state of seizure. He was screaming. He was falling on one side. He was in pain and scared. He trusted no one and nothing. We called back to the doctor with the same concerned state as after the 12-month shot. We were told it would fix itself and not to worry. We felt as though we needed him to be observed in person. An appointment was made a day or two later to have him brought in.

I started to attend the medical appointments concerning Ethan at this time and took more of a primary role. My concern, voiced to his doctor that day, was: My child has been poisoned. Please help him. I do not know what he got into, but he is not handling it. I need it to be found and removed.

We were referred to autism research because we were told that it handled this kind of thing. It does not. Due to Ethan's severity and young age, he seemed to get through the diagnostic process that was available quickly. That was a plus, in a sense. They did not address the environmental or poison aspect in any capacity, and they ignored it to my face when I mentioned it. I would bring

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up poisoning and the multiplying effects of neurotoxins, and I would be told that vaccines do not cause autism at every turn. I called genetics asking genetics questions, and I was immediately told that vaccines do not cause autism.

019

11:15

Only after hearing that as a response to my concerns multiple times, everywhere, years ago, did I start looking into vaccines. I did not table vaccines. I thought it might have been a combination of old broken bulbs from animal care and chemicals as well as from our water supply. If I am anti-vax, how did my son get damaged? He was vaccinated. We were vaccine-hesitant, and now I am vaccine-informed.

I honestly believed my son had drunk a bottle of fish chemicals or something at that time. I had no inclination to blame vaccines. I did not want it to be vaccines. I, or we, had a hand in that process. We are partially responsible for this, if it is vaccines more so. This is our child, so why did we not do our research ourselves first? This is intentional, not an accident. We bought into neurodiversity and embraced standard care. It did not work. What they are doing does not work.

We involved Ethan in multiple research studies through the IWK Health Centre. The researchers were in our home day after day for months. I always brought up my point of view to everyone who passed through my door. Where was any investigation? Ethan participated as a model demonstrator for physicians who were training in identifying classic and severe autism. We did EIBI training with Ethan. We held him back a year from school to get his early intervention. Three years after he was diagnosed, we got the help. Given the fact that Ethan could not talk at all, we developed the foundation of augmented speech using a tablet and picture-to-speech app with the EIBI team.

Upon my time to provide input at the current state meeting between McGill University, Dalhousie University, and the IWK Health Centre, as one of four parents that were represented, I was angry at the lack of connection to reality of the majority of the group. I was shocked that not a single medical doctor was in the room. There was no medical input whatsoever. I asked where the professionals were. I told them that what they were doing was not working. These kids are impaired. These kids are poisoned. It is not fair to the therapists, the clinicians, the parents, or the child to expect any positive results without first actually going after the root cause and getting it out. Then, I just got up and walked out. I was thanked on my way out the door by a few people who I could tell knew the truth.

We had an assigned pediatrician at the time of the diagnosis. We were being ignored on our concerns, so we ran independent tests and brought those results in. The pediatrician would not look at those results. The doctor slid them in a drawer and closed it. The IWK Health Centre weighed and measured my son; that was it.

I have pushed very hard with the GP who vaccinated my son to refer Ethan to gastro. That did happen. Things were going okay with that doctor. Ethan got scoped at both ends, which did reveal inflammation, but no parasites. I had half an answer. We had agreed that if I found

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evidence of solid toxin exposure, he would connect me with the environmental medicine people. He was receptive and was working with us.

I acquired a current and historic readout of the well water results from my home, and 127 ug per litre of arsenic and 480 ug per litre of manganese were found. Plus, there is aluminum in vaccines. The gastric doctor suffered an injury, I was told, while riding his bike between our visits, which were 6 months apart. He was replaced by the head of gastro for my last meeting. That doctor had zero interest in pursuing anything outside his own wheelhouse. Ethan was discharged, still in gastric distress.

Given the complete lack of engagement by the IWK Health Centre with Ethan, the only place in that building where I would bring my kid is the emergency department, for any real emergency. I do not trust them at all. Even poison control would not consult with me directly.

I still know that medical science is valid, so then I fought for access to integrated medicine through the GP that vaccinated Ethan, where, internationally, this gets fixed. I finally got in the door there, after some self-inflicted drama. I believed it was a finish line in a sense. I am now having to act as some kind of Canadian pioneer of integrated medicine. They are skeptical, and rightly so, but they are working with me, as they can internally justify it, I believe. I know I am not wrong in my interpretation of data. It is not weak enough to be regarded as a conspiracy theory.

020

11:20

Things are moving too slowly for a poisoned child. If I were wrong, my son would not be healing slowly. It is very specific treatment. As I add the below-mentioned therapies, I will get him living a higher quality of life.

I have been fighting and researching independently for answers and treatments for my son for eight years, and this is what I have learned so far. I do not know for the life of me where the pros are looking for their data. What is Dalhousie, McGill, or the regulators looking at when considering the current state internationally? The current projection is that one in two children will be diagnosed as autistic from 2032 births. That is 13 years away. I question how society will function when this is a reality. As well as having to consider Alzheimer's and dementia affecting the population at an earlier age, that will be a lot of neurodiverse people.

It costs \$5 million to pay the current recommended standard therapy over the lifetime of one moderate to severe instance of autism, or \$60 000 per year. Some 18 of 20 G20 nations have a vaccine injury compensation program. Autism is more prevalent in society than childhood cancer, AIDS, and diabetes combined. Russia, as I understand it, is the other G20 nation to not offer vaccine compensation, but it does not promote vaccines. It promotes against them. Russia, I understand it, warns: It will be your own fault if something goes wrong. There is quite the contrast to that here in Canada.

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Autism is an advertising term. The correct way to refer to the autistic, in my opinion, is that they are a demographic that has been exposed to too many toxic chemicals and/or received the cumulative damage of vaccines through the recommended schedule suffering undiagnosed medical complications. A lot of medical professionals know that certain vaccine ingredients, such as ethyl mercury found in the preservative thimerosal and, more importantly, aluminum will cause neurological problems and negatively harm the human potential of the vaccinated population.

The recommended safe level is 25 micrograms of aluminum into a six-month-old baby. With quality control issues and the disclosed contents' minimum range, a baby can get over 3 675 micrograms of aluminum in that time—by six months of age following the schedule. The body absorbs 97% of all forms of injected aluminum until physically chelated. Where is it in you? You shed 97% of ingested aluminum. That is when you eat or drink it, not inject it.

For over 60 years, the medical professionals in the United States and Canada have publicly denied a vaccine-autism link while at the same time increasing the vaccine schedule using false claims of immunity for the guaranteed exchange of inclinations of mitochondrial disease. The United States' vaccine injury compensation program has been awarding damages for vaccine injury to children with brain damage, seizures, and autism as long as it is referred to as encephalopathy in the paperwork. Over \$4 billion has been paid thus far for all vaccine injury instances to date, representing 1% to 10% of actual injury. The real estimated due losses would be \$40 billion to \$400 billion.

Each vaccine causes encephalitis, which is brain swelling. In some children, vaccine-induced encephalitis will cause brain damage, also known medically as encephalopoly. That is a fact, proven beyond a reasonable doubt in a court when the pharmaceutical companies were internationally found guilty of pharmaceutical fraud and intentionally killing their customers. They are felons.

What we call autism is really temporary or permanent brain damage. Very slowly, the general population is beginning to understand the connection that vaccines can cause brain damage and autism is a form of brain damage, so, therefore, vaccines cause autism, and neurodiversity, we are told, is a scam. This info all really broke in mainstream media internationally in January 2019. It is now on the block chain. The vaccine court in the United States has ruled this to be the case for almost 100 families in spite of the system in the United States. They could not do anything to stop the convictions. They just kept on winning. There is no jury trial. It is a judge trial, with the parent and their lawyer against many government lawyers representing the pharmaceutical industry and government interests.

For me here in Canada, I have reached out to many law firms over the years. I am always told that the law firm is in conflict and cannot help. They provide another number for another law firm that cannot help either. I suspect that they all have retainers from pharmaceutical companies and doctors' offices. If we knew that there was no science backing the false claims, we would never have made the decision, given the guaranteed inclinations of mitochondrial disease.

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11:25

I have called the nonemergency number for the police, made my claims, and been transferred to dispatch. It would not send a car. I have been in an interaction with child protection services and brought it up. There was nothing there either. I have literally called the number on the back of a box of Smarties, the child help line. There was no help there either. My advocate, Autism Nova Scotia, has no information and is a neurodiversity safe space. Its board of members has the most to lose, in a sense, from a vaccine-autism connection. There is a conflict of interest there too.

Autism is a medical condition, not behavioral. This medical problem becomes obvious when we look at certain biological indicators called biomarkers. The most important biomarker to initially look at is that of urine porphyrins, and to acquire full hair analysis for indication. Porphyrins are the building blocks of the hemoglobin molecule, which is the stuff that makes the red blood cells red. They are assembled in the mitochondria. Mitochondria are the energy generators that are found inside of us. Most children on the spectrum have impaired mitochondrial function, and this becomes evident when we run the tests on them, interpret the results, apply rules of toxicology, and reverse engineer the instructions using a specific protocol. Higher porphyrin levels, for example, detected in the urine indicate higher toxic metal exposure and body burden in humans. Left in place, these metals and toxins are what are driving mitochondrial disease 20 years or more down the road. Other mitochondrial diseases are autoimmune disorders, diabetes, depression, bipolar disorder, arthritis, sudden death, and a wide range of cancers.

There is evidence that the severity of autism is directly connected with the number of porphyrins that appear in the urine. That means that the presence of autism is directly related to the presence of toxic heavy metals. The higher the porphyrins, the worse the symptoms of autism. It gets more complicated, in a sense, when you have to consider pesticides such as glyphosate; arsenic, manganese, and mercury in our wells and secondary water supplies; the mums of these babies having silver fillings and tattoos containing metals; medical equipment depositing aluminum; genetically modified organisms; and EMF.

There are obvious different expressions of autism in children, which I am calling aluminum-induced encephalitis when I speak about autism, or environmentally triggered encephalitis, declaring in advance that there can be overlap between the expressions. The first group is the chronically encephalitic syndrome expression ASIA. It is the activation of nonspecific antibodies. The girls on the news who developed encephalitis from the HPV vaccine are members of the same group as those who go on to develop autism from the creation of antibodies triggered by the vaccine. The HPV incidents are just in an older age group. The immune reaction affects different systems, but the damage gets done in patterns when the root cause is reintroduced over and over. The immune system recognizes the brain and gut as allergens and attacks them, essentially.

Another expression also shows an immune reaction, but instead of creating antibodies that directly attack the brain, people develop a blood clotting disorder because the body flushes out clotting factors, thinking it needs to fight off an invading organism. Some of these children develop classic strokes, just as an old man might do. This is well-known in the extended

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demographic as the shaken baby group who have large bleeds in the brain that are blamed on a caregiver being violent with the baby. Child abuse is real and horrible in all forms, but I am implying that many parents accused of shaking their babies to death never injured their children in the way assumed. Families need to heal.

The biggest and most difficult expression is due to the metabolic and genetic issues which, in this group, are not the same among individuals affected. Everyone's makeup and exposure are different. This is the mitochondrial and metabolic autism. Ethan belongs in this group, in my opinion. I need diagnostic testing still, eight years later. Genetics and metabolic errors play their role, yes, but if suspected genetic flaws were introduced through stem cell uptake of fragmented DNA and the poisons in the environment and vaccines were not there, these children would have developed normally, for the most part. This is a very important point, that the mothers produced healthy children. There are toxic heavy metals such as aluminum in their children's brains—neurotoxins, poison.

022

11:30

Even because of the sensitivities in children beyond their parents' control, autism can be triggered in some instances, a normal variation in their genetic makeup. These children cannot handle the challenge of the vaccine schedule with its toxic ingredients or other environmental toxins added in. They do not without physical aid. MTHFR is a commonly mentioned genetic variation within this demographic. Essentially, it is a disruption of the methylation process. Once vaccinated, all these expressions of these children have a great deal oxidative stress and immune deregulation, often complicated by multiple infections from yeast, bacteria, and viruses. Medical interventions begin with a comprehensive diagnostic workup. I need to look at porphyrins, hair test results, the immune system, allergies, the intestinal tract, amino acid levels, the organic acid levels, just to name a few.

There are many great pharmaceutical-grade supplements that are safe for more affected children to take that will help mitigate certain problems. These include supplements which will cover all essential 16 minerals in the body to fortify it and others to maintain mineral balance and assist in detoxifying naturally going forward after treatments. The majority of children will need a complete change in diet with aggressive heavy metal detoxification called chelation therapy. For improvement to occur, the GI track or gut must be healed first, because detoxification is too difficult on the child if the gut is inflamed. Cannabis and hyperbolic oxygen therapy, which helps get more oxygen into the cells, have been shown to be very helpful because cannabis and HBOT treat the mitochondria. That is how HBOT and cannabis or bioavailable minerals work. It is medicine on the cellular level—health care instead of disease management.

Madam Chairperson: You have 10 minutes remaining.

Mr. A. Mader: My 9-year-old son has a prescription for cannabis from a doctor of mine. He must be one of the youngest in Canada.

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We know that most affected children have low glutathione levels, which is the body's main antioxidant peptide used for detoxification. Stabilizing glutathione levels is an essential part of treatment so that the body can properly detoxify. There are children who have had their diagnosis removed, as in they are no longer labeled as being autistic, just by doing a few simple things: going on a gluten- or casein-free diet, or having cannabis, or doing minor chelation. My own team at integrated medicine for Ethan is supporting the removal of gluten and casein, which is a protein from the diet of the autistic. The gut-brain connection is real and is very much a part of both the cause and the treatment of children on the spectrum. A child that can be treated with diet alone is an exception. The most severely affected children require multiple interventions over time. Cumulative toxins with a multiplying effect get most people into this mess. Multiple antidotes do seem appropriate. The sooner prevention is started, the better.

I have witnessed myself, seeing all the different demographics—from young children, adolescence, teenagers, kids in their 20s and 30s—heal. But even with a healed brain, they have lost critical years of development and social skills that they will still have to learn. As mentioned, I do know what I am doing, and I cannot understand why I am having problems making it happen in a first-world country, a free and open and transparent society. It is a whole lot cheaper than the current standard of care recommended. Why augment and adapt if you can heal or repair? It is easier, and it is cheaper. I am very concerned with high-functioning children on the autism spectrum, because they may have only a minor representation of traditional autism symptoms, but they are still inclined to display the other mitochondrial diseases later in life or in conjunction with autism and go undiagnosed. High-functioning autistics respond to the same biomedical interventions. I am going to mention that it can mean the difference between being a self-sufficient adult or not being able to emotionally regulate appropriately and being in constant personal crisis, not being able to function in society.

Forms of chelation commonly used are oral DMSA or ALA. You find that in the United States. You can get ionic footbaths, negative ionic therapy in Australia. Herbs such as horsetail and thuja . . . In Europe, saunas and heat. Minerals such as silica and zeolite that are pharmaceutical grade. Certain chlorine dioxide protocols from Central America—some are dangerous. There are others. A lot have merit in my opinion, given my perspective. Low-dose amino therapy has worked for some. The Nemecheck diet has worked. Fecal transplants have had some success in the USA and Asia.

It is definite that if these children were born this way, what is being done should not be working. Yet, thousands of kids have totally removed their autistic symptoms and joined society as functional members. The average projected age of death for autistic people using traditional therapy is in their mid-30s. Are they making a behavioural decision to suddenly die? Is it convenient that other than the brain, the autistic's person's body is usually a perfect specimen for organ donation? I am sure, just like the vaccination-autism narrative, that this is just a coincidence.

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11:35

Autism, which really should be called unexplored child poisoning, is a serious medical problem and a criminal offense that deserves a precise plan for determining the extent of the medical issues and the legal ramifications and for correcting them wherever possible. Where are the police, child protection services, or the health care professionals? We know the truth. We are not all after the nurses and doctors. We understand they were taught injection sites and the schedule. They were not properly informed by the school, the manufacturer, regulators, or the insurer. They were economically enticed to accept a medical program. There is a shell game of liability to this, for which even I have to acknowledge my part. This is my son. I should have done my research first. This affects many more of us than we think.

We are a happy and an optimistic society, and in this incidence, it is a bad thing. Autism is an unexplored medical condition in Canada. There is an effective medical treatment that has been scientifically proven successful for children on a spectrum in other nations. There is hope for us here in Canada if we fight for the finish line. We are a united family. We need a pilot program and direct funding to assist us and the demographic make our desired gains.

I am not against traditional therapy. We have a need for all the interventionalists, therapists, counsellors, psychologists, and speech pathologists. The research work is important that is being done. It is just incomplete research. The people working in the field need more collaboration with their colleagues within the medical profession. No one medical discipline is going to own autism. Continuing education for doctors is important. Vaccines, nutritional supplements, and vitamins are part of this package of the new mandates from the SPP and the UN 2030 Agenda. If Canada does not comply with the international trade law through compliance as I understand it, our taxpayers are going to get tens or hundreds of millions of dollars in fines.

Making the issue more divisional, consider removing vaccine mandates and implementing mandated minerals. Make a healthy immune system instead of fraudulent claims for economic profit and cradle-to-grave control of the population through illness and disease. I will not be vaccinating myself or my family at the expense of fleeing the nation as asylum seekers to Russia. No joke. I am not staying for this. I am out of here for a long time. I have that right, and I had better not hear of the Ebola vaccine being deployed. That one is no joke. I am not getting into it. It has been developed by the Canadian Department of National Defence, and you people should look into that.

I would suggest activating the emergency management offices and cleaning this mess up, as well as a reevaluation of current policies and procedures. No province should have any involvement with tracking sales' promotion of the vaccine products. The pharmaceutical companies' best scenario should be to do vaccination with its own staff and cite after they have been redesigned. Doctors and nurses need to refuse to do the surgical procedure until it is proven, not claimed, to be safe and effective. To hell with the regulator and the standard of care. We call them "pending a review", in my opinion.

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Legislative branches are going too slow. There is no response from the administrative branch provincially. One would have to assume having to go to the judicial branch for closure, it seems. The people need you to stop this human rights violation. It is the main role of any MLA or MP. Clearly, I oppose Bill 39, in which New Brunswick triggered me into knowing that no one is really doing anything or really knows what to do. I will not comply if I am ever confronted in my own province after this precedent is set here in New Brunswick. I really need a pilot project approved as soon as possible. I am dealing with an identified poisoned child. The situation is an emergency. This would be an epidemic, if measles were having an outbreak for sure.

Thank you for your time.

024

11:40

Ms. Rogers: I guess because there is not much time, the primary thing I want to say is thank you so much for sharing your story. It does give us personal insight into what your experience is, what you have learned from this experience, and how this experience has changed you. Being a sociologist and having done narrative in my research, I understand that telling your story is therapeutic, so I understood your early comments. Seriously, first, I want to emphasize that, but perhaps I could just ask one question, to help me understand the causal link or the relational link. Could you answer for me . . . Again, I think you did say, but when was Ethan diagnosed, and when did he get his first vaccine?

Mr. A. Mader: We followed the vaccine schedule to a T. We noticed the neurological damage at about 15 months. It was 2 or 3 days after he was vaccinated. He had his diagnosis of autism before he was 2 years old. It was strikingly obvious.

Ms. Mosher: I will have time to speak as well, at 4 p.m.

Ms. Rogers: Yes, we realize that.

Ms. Mosher: So, if you guys have more questions . . .

Mr. A. Mader: We knew I was going to go long.

Ms. Mosher: I knew how long his presentation was going to be.

Mr. A. Mader: She has another spot at 4 p.m. If you want to ask questions, you can think about the questions you want to ask me for the next five hours. And then, you can hit me with whatever you have at four o'clock.

Ms. Rogers: Thank you so much. I appreciate it.

Mr. A. Mader: You are welcome.

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Madam Chairperson: Thank you. We appreciate your giving us that information. We will give that opportunity later this afternoon, because the time has now expired. Thank you.

Next, we will hear from International Advocates Against Mandates, with Terra-Lynn Coggan.

International Advocates Against Mandates

Ms. Coggan: Good afternoon, Madam Chairperson and fellow committee members.

Madam Chairperson: If you sit, it will allow us to hear you.

Ms. Coggan: My apologies. Thank you for this opportunity to come before you today and present. My name is Terra-Lynn Coggan. I am the international ambassador and founder of International Advocates Against Mandates. I am a vaccine-injured survivor. I am a casualty of the U.S. vaccine regime of 40 years ago. I have two children who are extremely vaccine-injured. I am the caregiver to vaccine-injured individuals. I currently have in my care a geriatric autistic individual who was a teacher for many years, a mother and a housewife. I am working with this individual so I can integrate her into society, because her parents do not know what will become of her once they are no longer here.

025

11:45

I am the founder of Pregnancy and Infant Loss Remembrance Day Canada. In 2005, I lobbied the Department of Health and Wellness to recognize October 15 as Pregnancy and Infant Loss Remembrance Day. My nephew, Riley Joseph, was a full-term stillbirth. I was to adopt him. My sister, a vaccine-injury survivor herself, with multiple inflammation issues and also with colitis, Crohn's disease, and autoimmune issues, triggered hemolytic disease in my nephew. He was born still. The medical staff could have intervened to save his life. They made no effort to do so. He was the catalyst of my advocacy and my nonprofit endeavours, which I have endeavoured to do out of my own pocket so that I can bring individuals together from across the world and around the globe so that they may know they are not alone.

It was not at the time that I experienced the death of my nephew that I made the connection with regard to a prior vaccine injury and his resulting stillbirth. That did not come until later years. I am now 16 years removed from that. As for my part, as I said, I am a vaccine injury survivor. I was born in New York state. My family is Canadian. My grandparents brought me here in 1986. The Minister of Health is my third cousin, which I am not sure that he is aware of. Yes, I have every right to be here and to present before you.

I am an infertility warrior. I have experienced 17 pregnancy losses, 14 prior to the stillbirth of my nephew. With regard to fertility, an estimated 48.5 million couples worldwide struggle. That is from WHO in 2010. They struggle with infertility. Some 4.1 million deaths of infants younger than one year old were reported in 2017 by WHO. An estimated 2.6 million stillbirths occur annually worldwide. Again, that is from WHO. Between 17% and 22 % of pregnancies result in

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miscarriage annually. This is from the *Risk Factors in Miscarriage: A Review*, in the *European Journal of Obstetrics & Gynecology and Reproductive Biology*, a peer-reviewed journal.

I had prepared a presentation. However, yesterday, our experts who came forward on our behalf covered the content of that. I have decided that I will read a letter from a lawyer in Ontario who cannot be here today. Please bear with me. I have absent seizures. I am a MS warrior, so if I lose myself or you lose me in the middle, it may be that. I am just having an absent seizure and I just need to come back and it will only take a second.

The letter states: To the members of the Standing Committee on Law Amendments, Legislative Assembly of New Brunswick, with regard to an Act Respecting Proof of Immunization. Dear committee members . . . To clarify, I am reading this in the context that it is presented to me. I did not write it.

The letter states: Dear committee members, I am deeply concerned about the attempts to impose mandatory medical procedures. Are you? Twenty-five years ago, my husband and I watched helplessly as our four-month-old baby boy had seizures following his DPT vaccines. The horrific memory is one that I cannot erase from my mind: my baby lying on the changing table, his eyes rolling toward the back of his head. My son suffered a severe vaccine injury from the DPT vaccine and our life has never been the same.

The DPT vaccine that injured my son was known to cause neurological damage and, as a result, was later replaced by the DTaP vaccine in which the acellular pertussis is considered to cause fewer adverse events compared with the earlier DPT vaccine that contained the whole-cell pertussis component.

026

11:50

Before the shots were administered, we were not given any information about possible adverse events, nor were we given any information about how to identify adverse events, how to report them, or how to seek medical help. As a result of this vaccine injury, my son suffers from neurological problems and a multitude of challenges. He is now 25 years old with severe neurological problems and with severe disabilities. He cannot be left home alone. He requires ample support, and his therapies and special care are ongoing, challenging, and costly.

At the age when his peers have completed a college or a university program, have started working, and have meaningful relationships with friends and significant others, my son sits on the backyard swing and blows soap bubbles, like a three-year-old would. He is taken on outings to the park or the local library where he reads *Thomas the Tank Engine* books. He is an eternal child in an adult body, and the future does not seem bright.

My son is part of a generation suffering from a significant rise in neurological disorders: autism, Tourette syndrome, seizure disorders, tics, attention deficit hyperactivity disorder, autoimmune disease, life-threatening food allergies, asthma, Crohn's disease, and mood disorders.

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My son's vaccine injury has been the start of my own journey of learning. It has made me acutely aware of the need to preserve and protect people's right to decide what is done to their body. This is why I care deeply about the legal, ethical, and medical right to free and informed consent with respect to any medical intervention, including vaccination. It is also why I feel that it is extremely important to protect individuals' human rights to exercise choice based upon their religious and conscious beliefs, which may lead them to refuse all or some vaccines or other medical interventions. That is the right and freedom governed by the charter of human rights.

I am a lawyer and a member of the Law Society of Ontario. As a lawyer, I care deeply about protecting and upholding individual liberties. I care deeply when I see Canadian government actions which aim to deprive people of their right to decide for themselves if and when they want to inject vaccines into their bodies and/or into the bodies of their very young children. In my opinion, such legislation violates various rights enshrined in the *Canadian Charter of Rights and Freedoms*, the charter, and similarly violates rights protected by the New Brunswick *Human Rights Act*. In my opinion, the changes proposed by Bill 39 violate parental rights. The bill goes against medical rights, including the right to free and informed consent, the right to privacy, and the right to privacy of medical information.

It also contravenes the extreme precious right to education. In these submissions, I shall focus on problematic aspects of Bill 39, viewed from legal, human rights, and public health perspectives. Bill 39 represents failed public health priorities. Focusing on . . .

027

11:55

Pardon me. I am dyslexic. I am going to trip over my words from time to time. I have removed a lot of challenges to be here today. I was diagnosed as high functioning autistic. I am assessed at the 100th percentile of nonverbal intelligence. I do not need physical speech to interact with individuals, so if I trip and stumble over my words, I ask you to be considerate of the challenges that I have overcome myself to sit before you today. I have received extensive speech therapy and physical therapies so that I can stay here and interact in a world where I had no ability to interact. I was advanced when I was born. I was walking and talking by the age of 9 months. By the age of 18 months, I was injured by the . . . I was vaccine-injured. My abilities to walk, talk, and use the toilet were denied me.

I was part of a generation when child psychologists . . . This happened in New York state. Pardon me. I am coming back to myself, because I need to come back to this. This is very emotionally triggering for me. I am dealing with unresolved issues, and I am seeing my fellow men, women, and children suffering the same fate that I myself had suffered. I taught myself to read and write, and that is how I am able to sit before you today. I have overcome monumental challenges to be here today.

I have MS. My health has already been denied me. I have no fear in sitting before you today. What more can you guys take from me? I am facing my premature death. I am 40 years old. I have children who cannot interact in the world. Where will they be when my life is denied me?

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I have extreme pain. I have chronic seizures. You would not know that because people think that seizures are flailing around and falling to the floor. That is not the case. Seizures come in many forms. I may look absent as I stare idly into time and space, like my child did when I witnessed his—pardon me, her—vaccine-induced injury. You see, my eldest child was born a boy. He was a bouncing, healthy, happy baby boy.

At a routine vaccination, my child let out . . . This is me. I cannot get the word out. I will trip over it. My child let out a scream which was triggered by his vaccine injury—her vaccine injury, my apologies. I want to show respect for my child and her gender identification. My child dissipated before me and began staring idly into time and space. My child lost her hearing within three hours. Three days later, I went back to the pediatrician and said: My child cannot hear me. They tested my child's hearing to see if there was any neurological damage. The conduction was still there. I was told: Ma'am, your child does not have a hearing impairment. I said: There is something wrong with my child. Help me.

My child recovered to a certain extent and then became hyperactive. My healthy, bouncing, coherent child had dissipated into nothingness. I raised my child for three years, to the point where my own health was impacted. It took away from me my ability to care for this child. Because, you see, I have an autoimmune condition which is induced by a vaccine injury. The stressors caused by providing care for this extremely hyperactive individual impeded my ability to function in the world. My corrupted immune system has turned in on itself. It is a hyper reflex. With respect to psychological stressors and stressors from illnesses, my body cannot identify them. I fill with inflammation. I get hypotonic. I begin to seize. My brain is under constant attack, and I am overcoming all of these challenges to sit before you today.

028

12:00

I would stand here if I were standing here by myself. If you are not aware, I am the individual who lobbied to bring this hearing forward today. I would have done that single-handedly if I had been standing up by myself. I am so grateful to have so many people here with me today to give voice to the struggles we have collectively endured. I am asking you to utilize empathy in making a decision that is in the best interests of individual and collective rights moving forward. This epidemic that we have created, this can of worms that will never be able to be dissipated, will never go away unless we, today, make a stand for a change, for a brighter future for our children. They deserve it. We deserve it.

I am going to go back to the letter. Bill 39 represents failed public health priorities. Focus on an inordinate amount of attention and resources on attempts to push people into accepting an ever-increasing number of vaccines represent failed public health priorities. A review of leading causes of death in Canada show heart disease, stroke, cancer, chronic respiratory disease, and accidents among top causes. I also note that in recent years, there has been an increase in deaths from hospital-acquired infections, including *C. difficile* and MRSA, and an increase in opiate and other drug-induced deaths.

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In contrast to these real major health concerns, the recent media-induced hype over measles presents a total loss of perspective. While there are occasional outbreaks of infectious diseases, such as measles, mumps, or pertussis, these causes do not result in a significant number of deaths or permanent injury. It is regrettable that in mainstream media, the risks associated with not vaccinating are being overstated. Public discourse on the issue of vaccines has become one-sided. The public hears a choir singing with a single voice, praising the benefits of vaccination, overstating their efficiency and safety, while understating their risks and causing severe adverse events.

If you are old enough, you may remember a time before this well-orchestrated public relations campaign. You may remember a time when young parents did not worry or become anxious if their child caught chicken pox or measles, a time when sick kids who caught an infectious disease, be it measles, mumps, or chicken pox, stayed at home until they were healthy. I might add that they also acquired immunity for life, which we no longer have because a vaccine-induced synthetic immunity has been robbing us of our health. There was no particular fuss. No newspapers bothered reporting the fact that a student from his or her school had contracted the disease or visited a specific clinic to receive treatment.

Today, our health infrastructure is quite improved compared with the situation in the mid-20th century. This means that we have better ways of treating infectious diseases in the event that they cause complications. For example, we have several effective treatments for various complications to measles. If measles leads to an ear infection or pneumonia, the use of antibiotics will typically resolve the problem. Further, the World Health Organization recommends using a vitamin A protocol, which has been shown to significantly reduce morbidity and mortality rates.

029

12:05

Statistics of health and infectious disease demonstrate clearly that, in modern-day Canada, vaccine-presentable diseases do not represent a major health concern. This is not simply because vaccines have been so effective. Much of the improvement in health results of infectious diseases is attributed to improved sanitation, clean drinking water, better sewage disposal systems, animal and pest control, better hygiene, hand washing, improvements in housing and reduced crowding, improved food safety, and better nutrition.

If you are wondering about my ice chewing, I have pica because I cannot get the minerals and vitamins into my cells that I need to function in this world. I eat very little, but, because my body is turned inside out, those vitamins and nutrients that I need are now in adipose cells on the outside of my body instead of inside my body where they need to be to feed my brain so that I can breathe and so that I can function.

I am going to move forward. I am just going to go over the bolded material. This will be provided to the Clerk of the committee, and it can then be distributed amongst the members.

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The vaccine industry is lobbying to create an environment in which use of their products is required by law. It appears that those promoting Bill 39 have tried to rush the passing of the bill. This is very troubling since the proposed amendments have far-reaching implications. The amendments infringe on medical freedom and on important constitutional rights and freedoms. Therefore, their consequences should be considered carefully.

Currently, subsection 42.1(3)(b) of the New Brunswick *Public Health Act* respects parents' rights to religious and conscience-based exemptions from vaccination by allowing a written statement of objection. There is no evidence that, respecting parental rights, the decision-making for their children has caused significant health problems. The proposed amendment sets a dangerous precedent, not only here in New Brunswick. However, the Health Minister is looking to set the gold standard not only for New Brunswick but also for Canada and internationally.

“Unless we put medical freedom into our Constitution, a day will come when medicine will organize itself into an undercover dictatorship.” Some attribute these words to Benjamin Rush, one of the founding fathers of the United States who was also a physician, an educator, and a humanitarian. Regardless of who said it, these words themselves carry an important message and I will restate them to you. The proposed amendments set a dangerous precedent. A wise person once said: “Unless we put medical freedom into our Constitution, a day will come when medicine will organize itself into an undercover dictatorship.”

Unfortunately, these words ring very true today. An extremely profitable pharmaceutical industry has organized itself into a powerful lobby, pushing for mandatory use of their products, which include, however, but is not limited to, vaccines. Using Public Health officials or elected representatives to do their bidding by bringing mandatory vaccine legislation, one need only look at New Brunswick's lobby registry and see how lobbyists working for vaccine manufacturers such as Merck, Sanofi Pasteur, and GlacoSmithKline, or working for industry-related companies are engaged in intense lobbying activities with the Minister of Health, the Premier's Office, and others.

I might add that if you have the opportunity to go and search that registry and look at the chain of events that occurred, first you will see that the lobby began and then you will see that this outbreak started after these individuals were vaccinated. We still have not been able to acquire that information under the freedom of information Act as to how many of those individuals were, in fact, vaccinated prior to their contracting the illness that they were vaccinated for.

030

12:10

Here is a small sampling of the vaccine industry's recent vaccine-related lobbying efforts in New Brunswick. An entry from March 2019 reports that lobbyist Dennis Burnside representing Sanofi Pasteur engaged in meetings and written communications with the Minister of Health and the Premier's Office seeking to raise awareness of vaccines. An entry from May 8, 2019—and this is the date that I was alluding to, the meetings that occurred before this outbreak was called . . . First came the push to vaccinate, then came the outbreak, and then the demonization of unvaccinated individuals.

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For the record, I am a vaccine-injury survivor. My intelligence is assessed at the equivalent of a Ph.D. degree. I have the ability to go and search independent peer-reviewed research and compare it with my own notes.

Again, an entry from May 8 indicates that Sean Kinney, a lobbyist representing Merck Canada, was in contact with “Blaine Higgs, Hugh Flemming, Robert Gauvin, Dorothy Shephard, Ernie Steeves, Mary Wilson, Leanne Jardine, Kevin Pothier, Tina Leclerc, Erica Craig, M. Weis”. The listed description of the focus of Kinney’s activities is explained as follows: “More specifically, representations are made to support a favourable and knowledgeable environment to implement new or improve current immunizations programs”. Kinney was not the only lobbyist working to promote a favourable environment for Merck.

New Brunswick’s Lobbyist Registry shows several other lobbyists working to promote this cause. An entry filed on August 6, 2019, notes that lobbyist Stephen Burke from GlaxoSmithKline engaged in activities described as follows:

Focus is health care policy and medicines/vaccines . . . those MLAs/senior public officials that typically run programs or have a direct or indirect interest (or decision making) in that area. Some Examples include members of the drug plan team, the Public Health team or staff/senior folks within the Minister's of Health office (or Minister him/herself).

There are other entries which detail lobbying activities by vaccine manufacturers seeking to promote vaccines and policy, despite the somewhat vague descriptions of the lobbying activities. The inescapable conclusion is that vaccine manufacturers were heavily involved in lobbying for legislative amendments that will make their products mandatory. This does not include only vaccines. If you are not familiar with the *Mental Health Act*, please take the opportunity and familiarize yourself with that and the rights that are being taken away from those individuals. As I said in my opening statement and this letter, we have an extreme health crisis on our hands with individuals with various conditions who are struggling, specifically with mental health issues.

I am from Saint John. I believe it was Monday or possibly Tuesday that we had three people, in a two-day period, who attempted to jump off the Reversing Falls Bridge. They send them back and pump them full of more medications and stuff and disturb their biological . . . They are trying to run away from themselves. They are trapped. I would run away from myself if I could get away from myself because I am full of chronic pain.

Madam Chairperson: Your time has now expired.

031

12:15

Ms. Coggan: Thank you for that. Do you have any questions?

Madam Chairperson: Actually, we do not have time for questions.

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Ms. Coggan: Thank you so much.

Madam Chairperson: Thank you. We are now adjourned until 1:15 p.m.

(The committee recessed at 12:15 p.m.)

The committee resumed at 1:17 p.m., with **Mr. Northrup** in the chair as vice-chairman.)

032-037

13:17

Mr. Vice-Chairman: I would just remind the members that we do start on time at 1:15 p.m. All four parties are represented here, so we will get started right away. I will remind the presenters that they have a 30-minute time slot. I will let them know when five minutes is left to go in the 30 minutes, and they can do whatever they want to do with the 30-minute time limit. Without further ado, Mr. Bossé, the floor is yours.

Office of the Child, Youth and Seniors' Advocate

Mr. Bossé: Thank you, Mr. Chair. I want to note to the committee members that we have had circulated the CRIA, the Child Rights Impact Assessment that we have done, and the advisory opinion, which we have given to the department that requested this, which is the Department of Education and Early Childhood Development. We gave it to Minister Cardy this morning and to the two deputy ministers, John McLaughlin and Gérald Richard.

I will read from that document a few paragraphs just to start us off, and then I will get to the power point presentation. The other point that I would like to make is that, generally, when I speak . . . I just want to remind those who are here that my office is an independent legislative office. We are not a government department; we are not, per se, a government office. We are independent, and we have provided to government advisory notes before. We have prepared child rights impact assessments before for different departments. That is what we have done in this case.

By way of introduction, I will read a few paragraphs from the CRIA.

The following Child Rights Impact Assessment (CRIA) Advisory Opinion is submitted to the Standing Committee on Law Amendments and to the Department of Education and Early Childhood Development pursuant to paragraphs 2(d) and 13(f) of the Child, Youth and Senior Advocate Act. This CRIA submission is in relation to Bill 39, An Act Respecting Proof of Immunization, introduced for First Reading in the New Brunswick Legislature by the Hon. Dominic Cardy on June 7th, 2019. On June 26th, 2019, Minister Cardy brought greetings to the International Summer Course on the Rights of the Child organized by the Advocate's Office and indicated to the Advocate at that time that the Standing Committee on Law Amendments would be conducting hearings on Bill 39 during the summer and that submissions from the Advocate on the Bill would be welcomed. A formal invitation to the Advocate's Office to carry out a Child

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Rights Impact Assessment of the bill was received from departmental officials in the days that followed and an appearance before law amendments was scheduled for late August.

038

13:20

Since early 2013 all public policy matters considered by the provincial Cabinet in New Brunswick have been filtered, prior to Cabinet review, through a Child Rights Impact Assessment (CRIA) process. The CRIA tool allows lawmakers to ensure that legislative changes advance children's rights and best interests and that any negative impacts of proposed changes are identified and minimized to the greatest extent possible. New Brunswick is leading the country regarding this general measure of child rights implementation and the Office of the Child and Youth Advocate has played an important role in advocating for and supporting this legislative decision-making process. The Advocate's Office serves as a subject matter expert to government departments and agencies in relation to child rights implementation and protection and welcomes the opportunity to make these submissions to the Standing Committee on Law Amendments in relation to Bill 39.

Following the tabling of the Bill, the Child and Youth Advocate responded to requests for media interviews. There was press coverage of the Advocate's comments that our office would be reviewing the proposed Bill and this led to further interest in our study of the Bill. The Advocate's office received comments from a small number of individuals and organizations, most of whom were interested to share their concerns about some aspects of the Bill. Two individuals sent documents highlighting potential safety concerns about vaccines, and Vaccine Choice Canada mailed us a package from British Columbia containing a letter, numerous articles, three books, and a documentary video. The New Brunswick Pharmacists' Association in turn proclaimed its support for the Bill.

Applying its own CRIA lens to the contemplated legislative changes, the Office of the Child and Youth Advocate is generally encouraged by the proposed legislative changes, while expressing some reservations about how best to limit the impact of the changes on the right to education of unvaccinated youth, as outlined below. This CRIA is premised on the rights of children as reflected in the United Nations Convention on the Rights of the Child, rights in Canadian law including the Canadian Charter of Rights and Freedoms, and New Brunswick legislation.

By way of edification, I can tell you that the United Nations Convention on the Rights of the Child was proclaimed by the United Nations in 1989, and Canada ratified the UNCRC on December 13, 1991.

Moving on to my presentation, we can see that everyone involved in this issue has this in common. We all want to do what is best for the children in New Brunswick. We all value children's health as a top priority. Our office exists to promote children's best interest, including health and safety. We acknowledge everyone's rights to question evidence. We respect those who put themselves on the line by challenging conventional wisdom.

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However, despite welcoming differing opinions, we cannot hold back societal progress or endanger children’s health when the overwhelming force of scientific evidence is clear. Decisions should be made objectively. Important decisions must be made based on evidence. This is how conclusions on vaccinations have been made by the Canadian Pediatric Society, the Canadian Public Health Association, the World Health Organization, and the United Nations Committee on the Rights of the Child. The Office of the CYA supports Bill 39.

When looking at New Brunswick data and the context, we see that New Brunswick and Canada have a troubled history with immunization rates. In 2011, Canada ranked second last, 28th among 29 of the richest countries, in immunization rates for measles, polio, and DPT for children aged 12 to 23 months, according to a UNICEF Canada report. Canada had an immunization rate of 84% for those vaccines. Only three countries of the 29 richest were below 90%, and one of those three was Canada.

The New Brunswick situation is even more serious. In 2012 to 2015, only 45% of children in preschool and day care met immunization requirements. In 2017-18, 46.7% of children attending a licensed day care met immunization requirements. The conclusion throughout the years must be that there has been a lack of concerted effort to promote immunization. For kindergarten entry, New Brunswick is at 76% for immunizations. New Brunswick has a long-standing inability to achieve the minimum 95% vaccination rate required to provide adequate public protection.

039

13:25

In Mississippi, exemptions are only granted on a medical basis. School immunization compliance in Mississippi for 2018-19 was 99.7%.

Looking at the rights of the child, the core child rights that are impacted are, of course, the child’s right to health; the child’s right to life, survival, and development; and the child’s right to education. Legislators would be well advised to consider the rights found in the UN Convention on the Rights of the Child. Some of the most pertinent provisions of that treaty that should be considered in relation to Bill 39 can be summarized and paraphrased as follows:

1. In all actions concerning children . . .

—including legislative action—

. . . the best interests of the child shall be a primary consideration.

I will stop there and make a comment on this. We have heard this, and we have had experience in my office, and I have had personal experience as a lawyer practicing family law in previous years. When we look at the “best interests of the child”, the pendulum often swings far to the other side. The best interests of the parents and the family unit are at the forefront, and we sort of forget to look at the child using even Article 12, which speaks of the right of a child, under the UNCRC, to be heard when making decisions. That is unfortunate. That is one of the issues, I think, that has crept into this debate on immunization.

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Governments have an obligation to ensure implementation of children's rights through administrative measures such as public health vaccination efforts, and through legislative measures such as this one, "to the maximum extent of their available resources".

Children have the right to be protected from false claims. Parents have a duty "to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child" of the child's rights.

When I am speaking these phrases, they are from the UN Convention on the Rights of the Child, which has articles. For example, the last statement I made was from Article 5 of the UNCRC. These are not things that my office is making up for presentations. What I am saying is that this is what we find in the UN Convention on the Rights of the Child.

It is a fundamental principle that parents "have the primary responsibility for the upbringing and development of the child", with "the best interests of the child" as "their basic concern". Children have the right to life and survival and development to the maximum extent possible. The child has the right to "the enjoyment of the highest attainable standard of health", and the government has an obligation to take appropriate measures "to diminish infant and child mortality", to "combat disease", and to "ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of a basic knowledge of child health".

A physically disabled child has the right to enjoy "a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community". This right will be especially pertinent with regard to immunocompromised children endangered by susceptibility to infection.

A child has the right to education, with "primary education compulsory and available free to all". The government has an obligation to take "measures to encourage regular attendance at schools and the reduction of drop-out rates".

Children have "the right . . . to freedom of thought, conscience and religion", the right for parents "to provide direction to the child in the exercise of his or her right", and the protection of "freedom to manifest one's religion or beliefs . . . subject only to such limitations as are necessary to protect public safety, order, health or morals, or the fundamental rights and freedoms of others".

Children have the right to express their views freely and to have them "given due weight" by decision makers. This will have consequences under the proposed bill, especially with regard to New Brunswick's *Medical Consent of Minors Act*, which provides that a 16-year-old is an adult in terms of consent to medical treatment. Children under 16 also generally have the legal power to consent to medical treatment as adults do.

040

13:30

The child has a right to an education system that guards the development of the child's physical abilities. This is especially relevant in the context of the legal obligation of immunocompromised children to attend school and face the possibility of being exposed to infectious disease there.

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The government has a duty to take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of negligent treatment while in the care of the parents.

We submit that Bill 39 is a defensible legislative stance. It is an important development in advancing children's rights and health. Still, we maintain and we submit that Bill 39 alone is not enough. It can be one piece of a larger effort to protect outbreaks of communicable diseases. We are recommending additional measures to promote children's health and safety. Mandatory vaccination in schools is more justified when implemented alongside our other recommendations.

You will find our recommendations outlined in the CRIA document that you have before you, but in general, here are our recommendations to government. It is recommended that the Department of Health and the Department of Education and Early Childhood Development coordinate efforts to significantly improve public education in relation to vaccine efficacy and the benefits of immunization. Secondly, it is recommended that all vaccines on the provincial formulary for mandatory immunization for school entry be administered centrally by a single service within the division of Public Health, in keeping with the provincial strategy to reach national immunization goals by 2025. Those goals would be a 95% immunization rate.

Interestingly—and you will find that in more details within our paper—we found statistics that are out there. We are not making this up. I can say to the committee that we do an annual State of the Child Report. Here is what we said in 2013, on page 45, of our report: “Immunization requirements have not been met for 27% of New Brunswick children in Kindergarten”. We break it down. There is a table in the back that will show you the rates.

In 2017, again, we speak about the inadequate immunization rates. Our table in the Child Rights Indicators Framework indicates that 22%, in 2015-2016, were not immunized and that in 2014-2015, it was higher than that, as 31% were not immunized. Those are stats. We are not making this up. These are from the government departments.

In 2018, in last year's report, on page 47 of the *State of the Child Report*, it said: “The % of Kindergarten NB children meeting immunization requirements varies by Provincial Health Zones: from 68.6% to 94.3%.” That was an interesting figure when I saw it. We are talking about health zones. What we found is that in Health Zone 7, Miramichi, it was 94.3%. In other zones, it was lower. My comment is this: What is being done in that health zone that makes a difference? Why have we not looked at that? Why have we not studied that? If Miramichi can get that rate up to 94.3%, why cannot other areas in the province do the same?

We believe that that second recommendation, which is that immunization be administered centrally by a single service . . . If you are asking, in other zones, for these families to have their children immunized by family doctors, by a nurse in the community, or perhaps by the pharmacy—I do not know if pharmacies can do this—it is not working. If you had a good education program, we would have one service delivery. Who would that be? In our opinion, it would be the Department of Health, as it used to be.

041

13:35

If delivery is controlled by one service, then we can look at the other recommendations. One is that the province of New Brunswick establishes a provincial vaccine registry based upon the model in place in Prince Edward Island, and I have outlined that in our document. Fourth, we recommend that the provincial strategy for improved immunization rates include measures for the better monitoring and reporting of provincial immunization efforts and gap reduction efforts, particularly in relation to outreach to nonimmunized children and their families. That means that, if you have a single service, then you can keep your stats. Then you could know where are the pockets in New Brunswick that show that they are not immunized. Why is it? Are they objecting on grounds of religion or conscience? We do not even know what that rate is. We say that it there is about 11% not immunized, but, of that, is it that 8% of the parents just do not know where to have it done or have not looked at it? Is it that the immunization records are not accurate or are not being produced and sourced by either the family doctor or the parents who are taking these children to be immunized?

Our position is that, in New Brunswick, we have done a poor job of that, and until we rectify that, it is very difficult to know what the true picture in New Brunswick is, except that we know from our yearly report that the immunization rates are not above 76%. We are failing. That brings the whole Canadian average down. We have to realize that, when they do the Canadian average, they are including New Brunswick in it.

Those are our four recommendations. I have gone through the materials pretty quickly, I think. I am open to questions if committee members have questions.

Mr. Vice-Chairman: We do have a few minutes left.

Mr. McKee: Yes, thank you, Mr. Vice-Chairman. Thank you, Mr. Bossé, for joining us here today and bringing your insight as a Child and Youth Advocate and, as well, your legal background. As I have gone through your report quickly, I have looked at the big lines of it. One of my questions is going to be on whether a child rights impact was completed. Was one completed for this hearing only, or was there one prepared for Cabinet or for government prior to the introduction of their bill?

Mr. Bossé: This came about at a meeting that I had with the minister in Moncton in late June, during our international summer course on the rights of the child at the University of Moncton. The minister was there. He wanted to meet with me, and we had a discussion. I said: Mr. Minister, I think that the way to do this is to get a CRIA done. I suggested that, if he agreed to it, and then I said: Send the request from your office, which they did. There was no other . . . To my knowledge, if the government has done a CRIA, I am not aware of it.

Mr. McKee: Okay.

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Mr. Bossé: This is the only one that our office did. We did it for the purposes of informing the minister and his department and for the hearing here today.

Mr. McKee: I have looked at it quickly. You have gone through the child rights that you explained. It looks as though, from the report, looking at the child rights that you outlined from the UNCRC, that your conclusion to satisfy those rights, or the goal, would be to increase rates of vaccinations.

Mr. Bossé: Absolutely. Absolutely. That is our position, yes.

Mr. McKee: It is pretty clear, in the conclusion and the recommendation in the report . . . It was not on the slide, but your recommendation would be a mandatory vaccination regime.

Mr. Bossé: Yes, with some more education. I think that, with what we have seen in looking at some of the United States, Mississippi and California, and Finland, for example, some other jurisdictions that may not have the mandatory requirement, the education part of it is really, really strong. Australia does not . . . Do you know what Australia does? There is a financial penalty for not doing it. They take away your money and your child benefits. I mean, that is one way of doing it, I guess. I am not proposing that, by the way, but there are other ways to effect this.

It is interesting that, in countries where you can get the high rate, in the nineties, 95%, or perhaps meeting the global figure of 95% immunization, we just believe, in reading some of the literature, that it is because parents, the communities, and the people are just more aware and better educated.

Mr. McKee: I am looking at the report, the legal analysis, which is quite thorough. We received one yesterday from a citizen or a lawyer, I guess, from Calgary, who is originally from here but came in from Calgary for Vaccine Choice Canada. He was hired.

042

13:40

Mr. Bossé: Mr. Kitchen?

Mr. McKee: Yes. He came to a different conclusion from yours, but you basically did the same analysis with paragraphs 2(a) and 2(b) of the charter, as well as with section 7. You also included articles 6, 19, 24, and 28 of the UN Convention on the Rights of the Child. Your conclusion on the charter test scrutiny is that any breach . . . Your office says that under 2(a) and 2(b), it would be hard to prove the religion, but that under section 7, if there was a breach, it would be saved under section 1 of the charter as a reasonable justification.

Mr. Bossé: What I want to say is that when we do CRIAs, we have to be very careful. We are giving an opinion by way of advice to government. I am not the Attorney General's Office. We are not. But we have a strong legal aspect in our office because we—myself, Christian Whalen, Gavin Kotze, and others—have law degrees and have practiced law.

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It does not mean that I am right. You know, it is a conclusion that we have reached. I am not the court. I am not the one that would be adjudicating this or determining whether or not it can stand a constitutional challenge. We have just said that, looking at this, applying what we know, applying the UNCRC principles and the convention articles to it, we feel it would pass muster. We feel that there is enough there. It may offend some sections of the *Charter of Rights*, but section 1 would prevail and it would be allowed.

Again, if it goes through the courts, we could be proven wrong. I will allow for that. The point is that we are trying to say to the Standing Committee on Law Amendments here that we feel the bill is on the right track. I know that there is opposition to it. I know that there is sometimes very strong opposition to it. But we are looking at all that we have to look at, which is really about the rights of the child. It is not the rights of the parents, it is the rights of the child.

Anytime we get calls in my office, it is to say: Look, I want you to do this and that. Parents call because children, until they become teenagers, are not calling my office too often. We have to say: Look, we do not represent you; we represent the interests of your child or of the youth involved in whatever matter you are calling about. We have said that, as far as we can put our minds to it, we are comfortable with our analysis here.

Mr. Vice-Chairman: In fairness to all parties, we will move on to Mr. Fitch and then . . .

Mr. Fitch: Thank you very much. I may go along a similar line. In your report, you had a specific line saying that Bill 39 requires an analysis of the child's rights. Also, my colleague and you talked about the UN and various sections of the Canadian charter.

I guess my question is in two parts. First, who is best suited specifically to do that analysis? Also, what is the timing on that? Would it be before the bill is enacted? After the bill is enacted? Maybe you could just drill down a little deeper into the specifics of who and when.

Mr. Bossé: In my humble opinion, this task should be done by the Attorney General's Office. It has the legal minds and the legal personnel to do this review. When should it be done? Well, if proposed legislation goes ahead . . . You will have a debate in the House. Perhaps it will pass, perhaps it will not. Immediately upon passing an amendment to a bill, let's say there is a huge challenge. Then, sometimes, it is a little bit more difficult.

One of the things a government could do is to say: Look, let's send it as a reference to the courts. It has been done in other cases. Quite frankly, I do not know that this is the type of legislation with which you need to do that.

I know that some people would take exception to what I am about to say, but it is not as if the mandatory immunization is about to ruin this province and the children in it. We looked, and we could not find a case—maybe there are cases out there, but from what we looked at, at least in the courts, there are none—where the immunization of a child resulted in a death. I did not find such a case. Maybe they exist, but I certainly did not find it in our research.

043

13:45

Do we wait until there is a problem in this province? Do we wait until it gets to the point where, as it did last year in Saint John, there is outbreak of disease before the province moves? I do not know that that is where we should go with that. At the same time, I heard the grumblings. I am not deaf. You are entitled to your opinions, I suppose. We are coming at this from a child rights point of view. That is really what I need to say here.

Mr. Fitch: Fair enough. Mr. Chair, I know we are running out of time here, so I will let . . .

Ms. Mitton: Thank you, Mr. Chair. Thank you for being here this afternoon. I guess what I am wondering about is the best policy to achieve the goals. I know that you have stated that the goal of having higher vaccination rates would be one that we should aim for, and I would agree. I guess the question is this. Is this the best avenue to get there? What are the potential negative consequences of this type of policy?

I want to tie in some of the numbers that you have brought in as well. Yesterday, when Minister Cardy and Dr. Russell were here, it seemed clear to me that we do not have a complete picture of the number of students who are vaccinated. It is sort of a two-part question. I wonder if you could indicate where those entry point numbers came from.

I also want to ask you this. Dr. Tam, the chief medical officer for Canada, has indicated that the mandatory vaccination public health policy will not address the root causes of lower vaccination rates. She indicated that we are at 92% for measles vaccination in New Brunswick, whereas it is 90% across the country. I guess my question is this. Going back to what the potential negative consequences are, will Bill 39 actually address the issues that are faced? I do appreciate the recommendations that you have indicated. I wonder if those should be attempted in advance of something like Bill 39. That is a question of a few parts. Thank you.

Mr. Bossé: You may have to refer me back to your question. If you look at page 5 of our document, you will see that the numbers you are speaking of all came from the Department of Education and Early Childhood Development. We see day care, school entry, and the school program immunization report, dated September 2015. That is where we get our numbers.

Ms. Mitton: Okay. So, I guess we have a pretty complete picture for the entry point, but then the records are less complete for the rest of the schooling. That would be my guess.

Mr. Bossé: Exactly.

Ms. Mitton: Thank you for clarifying that.

I guess the other parts of my question were this. What are the potential negative consequences of something like Bill 39? Given that we do not have a complete picture, do you think that these

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other recommendations should be put forward first? Is there something else we should do in advance of something like Bill 39?

Mr. Bossé: From what I can tell, what the bill does is to remove that exemption for religious and conscientious objection, but the medical exemption is still there. It is in place. The bill even goes further and says that doctors or nurse practitioners can sign that document.

So, what are we saying? I do not want to argue the scientific evidence about whether immunization causes certain other conditions in youth, but the medical exemption is always there. If a doctor is going to look at it, if you are going to look at that aspect . . . That is not removed. So, now we are talking about mandatory immunization if you do not agree with immunization on religious and conscientious grounds.

I do not know what that number is in New Brunswick. How many people have availed themselves of that exemption? We do not know. Not knowing causes problems, and that is why we are saying in our recommendations: Look, we have to get a single entry point so that you can keep those statistics. It could be that those who are not immunized did not have a drive to get to the doctor's office, or they did not know that it was mandatory. I do not know what the percentage is of those who have claimed exemptions under that title.

044

13:50

So, what harm could be done? We are saying, based on the child rights analysis, that it may cause some difficulties for those parents. It is clear that there is home schooling. There are other alternatives for education. Taking that right of education away from the child is a very, very serious thing. We do not minimize that in any way. But what is the societal picture of the reason we have immunizations? What is it? It is the protection of children.

Ms. Mitton: Thank you.

Mr. DeSaulniers: Thank you, Mr. Chair, and thank you, Mr. Bossé, for appearing here today. I was reading in the *Telegraph-Journal* just a couple of moments ago that the chief medical officer is not sure that this bill is needed. The chief medical officer also made a statement that we have incomplete data. The Education Minister himself stated yesterday that his department and staff are not following the existing laws. I am going to put it to you. You say that we are on the right track with this bill. I am going to put it to you that if we do not know where we are today, how can we make a conscious decision on this bill without all the facts and without knowing exactly where we are today?

Mr. Bossé: Well, we know that if you stay where you are at, your immunization rates are not going to improve. That is my position. That is the conclusion that we have come to. The point is, as well, that not knowing that is exactly why we have made those recommendations. The province has to do better. You have to have a system where you know what the percentages are, where you know what the reasons are for nonimmunization. We do not know. One could say: Well, you are putting the cart ahead of the horse here. Perhaps, but we have to move somewhere.

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Mr. DeSaulniers: I am going to put it right back at you. If we do not know we are at, we should not be making a decision about where we are going.

Mr. Bossé: Perhaps. I would not disagree with that comment. I am just saying that we have had a look at it and we are saying that this is better than where we are at the present time.

Mr. DeSaulniers: But you are acting like you know where we are at. You do not know where we are at.

Mr. Bossé: We have some rates. Look at our paper. We cited the rates from the zones. They are from the Department of Education.

Mr. DeSaulniers: The chief medical officer does not say that.

Mr. Bossé: Look, that is her position, I guess. I cannot say why she did not know or why she said what she said. I do not know. I am not making up these figures. We did not do this just yesterday. We started producing these numbers in 2013 in our *State of the Child Report*. Every year, we report on immunization rates for our kindergarten children. The stats are there.

Mr. DeSaulniers: Well, then, why do you not give them to the chief medical officer?

Mr. Bossé: Well, I do not think that is my . . .

Mr. DeSaulniers: I am just going to say this about that, and then I will let it go. I will not follow on blind faith. I need facts.

Mr. Bossé: Okay, that is fine.

Mr. Vice-Chairman: Thank you, Mr. Bossé. The 30 minutes has elapsed. Now, I will ask Nicole Ouellette to take the chair, please.

(Hon. Mrs. Anderson-Mason resumed the chair.)

Madam Chairperson: The chair goes away and you all start clapping again. I am back. I am back.

045

13:55

Nicole Ouellette

Madam Chairperson: Nicole Ouellette, thank you very much for being here today. Just in case you have not been hanging out with us for the last little while, I am going to go over a few rules, because I would have done that at the beginning and I missed the beginning today. There are

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interpretation devices at the back of the room; for any of you who were not here earlier, it may also help you hear even if you do understand the language that is being spoken.

I would ask that you stick to the 30-minute time frame. If you wish to field questions, we would find it very useful to have the opportunity to question you, but that is entirely up to you. It is your choice. I can warn you if you want me to stop you at 10 or 15 minutes. I will probably interject and let you know that you have 10 minutes left anyhow.

Also, applause is not really appropriate for this venue. It is not appropriate in court, it is not appropriate in the Legislature, and . . . Yes, cell phones, thank you very much. Also, we would prefer no recording or picture taking as well. Did I miss anything?

(Interjections.)

Madam Chairperson: Tweeting? Are we not allowed to tweet?

(Interjections.)

Madam Chairperson: Okay, I think that is as far as we go. Go ahead, Ms. Ouellette.

Ms. Ouellette: I did not tweet anything.

I would like to thank you all for having me here today, and I would like to share with you my story. It is a story that has led me to stand before you, urging you to consider all the information as it pertains to Bill 39, *An Act Respecting Proof of Immunization*.

Dominic Cardy, in his interview with CBC on Monday morning, stated: I don't know what motivates these people. He was referring to the whole community against mandatory vaccination. Personally, I take great offense at the insinuations of the Child and Youth Advocate just now, suggesting that parents who opt not to vaccinate their children are somehow negligent or harmful, and that it requires state intervention to protect their children from harm.

I think that in order to understand the perspectives of others, we need to begin with true curiosity. We need to understand what motivates the others. I think that, rather than immediately dismissing someone with derogatory judgments and hate-filled comments, we should listen, and listen to understand. In that understanding, despite our differences, we might come to a place of compassion. A committee member, this morning, asked what it takes for the two sides to come together, to hear, to come to some kind of consensus. It does not start with division, and it does not start with judgment.

I am a born New Brunswicker. I left to study neuroscience at an honours level at Dalhousie University, as the program was not offered here in New Brunswick. I returned home after its completion, working and studying for my medical entrance exam. Though this was successfully completed, my career path was drastically altered when I left once again, this time to Montreal,

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to complete a master's program in social work. Again, the program was not offered in my language here in New Brunswick.

Despite lucrative possibilities, I returned. I chose to return. I returned because I consider New Brunswick my home. Its way of life echoes in my heart, and the ocean waves run through my veins. It was also here that I chose to become a mother.

“Only mothers can think of the future—because they give birth to it in their children”, according to Maxim Gorky.

The most difficult part of birth is the first year afterwards. It is the year of travail - when the soul of a woman must birth the mother inside her. The emotional labour pains of becoming a mother are far greater than the physical pangs of birth; these are the growing surges of your heart as it pushes out selfishness and fear and makes room for sacrifice and love. It is a private and silent birth of the soul, but it is no less holy than the event of childbirth, perhaps it is even more sacred.

That quote is from Joy Kusek.

There is something incredibly transformative about becoming a mother. You see an interspace which, before, was invisible to you. The future and its decisions rest heavy on your heart—heavy with the knowledge that your choices and decisions are no longer your own. Your decisions and choices will now irrevocably shape and determine who another human will become. You tremble with the realization that the human being's very essence, who this person is and who this person will be, lies with you and with you alone. This sacred responsibility is intimate, and it is deep. The emotional reckoning it requires is pain and beauty intertwined.

046

14:00

This emotional reckoning brought me to my knees. The realization that I am and will be forever a mother was not an easy journey for me. It cost me more than I could have imagined, demanded of me more than I ever thought I could give, and awakened parts of me I never knew existed. This birthing process for me was an intimate, private, and lonely one, but perhaps it had to be, as it was the knitting of my soul to my child's.

This, I believe, is the origination of maternal sacrifice, where a mother will willingly give her life for her child's because a mother knows her soul is no longer her own. My soul is now intricately linked to that of my daughter, a tiny human named Olivia. She is a wise, brilliant, gentle little girl. At almost two and a half years old, she is an excellent problem solver, a world-class negotiator, and the best hugger around. She is cautious in who she shares herself with, observant, and empathetic.

“You can't know what you don't know. You can't know about the things you have yet to discover”—Jonathon Raymond. Not once in 31 years did I question vaccines. I am fully vaccinated, and having traveled, I have had some vaccines that many have not. When I was pregnant, like many mothers, I was vehement that everyone who would visit after birth should

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have the Tdap vaccine to protect her from whooping cough. In the hospital after her birth, I was administered the MMR and the Tdap vaccine. It is not that I had a firm stance on vaccines. It is that I had given them no deliberation at all. My view and use of vaccines for myself was complacent and automatic.

However, the birthing of a mother no longer allows space for automaticity and complacency. When it comes to my child, because of her voicelessness and her vulnerability, my choices become hers; my actions, her repercussions; and my power, her rights. Because of this, every decision I have made for her has been heavily weighted. My decision then to choose to act and to use my power in terms of vaccinating her had to become reflective rather than reflexive.

I learned that at birth, all babies are vaccinated against hepatitis B, and I wanted to understand what would be injected into my tiny, defenseless child moments after birth. According to the Society of Obstetricians and Gynecologists of Canada, hepatitis B is an infection of the liver caused by the hepatitis B virus. The risk factors for contracting hepatitis B are having unprotected sex with an infected person, having a sexually transmitted infection, using injection drugs and sharing contaminant material, receiving a tattoo or piercing with unsterilized equipment, and being born to a hepatitis B infected mother. I was tested for hepatitis B during pregnancy, and my test was negative. I could not understand why my child would be vaccinated against a disease she could not possibly have contracted. Her only risk factor at birth, me, had been excluded. Therefore, at her birth, I opted out of hepatitis B for her, and thus began my descent into what was somewhat affectionately termed the “rabbit hole”.

“Science knows no country, because knowledge belongs to humanity, and is the torch which illuminates the world.” The time and space here are too short to share all the research, questioning, and knowledge-seeking that engulfed a year of my life. Thus, I will trust in the information shared by previous presenters and those to come. I do, however, want to walk you along a bunny trail within this rabbit hole.

047

14:05

There are two types of vaccines, live-attenuated and inactivated. According to the Canadian vaccine schedule, all vaccines until the age of 12 months are of the inactivated form with the exception of the newly introduced oral rotavirus vaccine. According to the CDC Pink Book, inactivated vaccines are not alive and cannot replicate. The entire dose of the antigen is administered in the injection. Inactivated vaccines always require multiple doses. In general, the first dose does not produce protective immunity but primes the immune system. A protective immune response develops after the second or third dose in contrast to live vaccines in which the immune response closely resembles natural infection. The immune response to an inactivated vaccine is mostly humoral. Little or no cellular immunity results. Therefore, antibody titers against inactivated antigens diminish with time.

I was curious how the immune system could be activated in response to an inactive virus, a virus which, by definition, would pose no threat to the body. It was then that I learned about adjuvants. Adjuvants are substances which increase the immunogenicity of the antigen, the capacity of the

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inactivated virus to stimulate and then mount an immune response in the body. In Canada, vaccines given to infants and toddlers exclusively contain aluminum salts as the adjuvant. It is the adjuvant to which the inactivated virus couples that mounts an immune response. Without the adjuvant, the vaccine would be ineffective in stimulating an immune response high enough to confer any type of protection.

My next questions then became: Why and how does the body mount an immune response to the aluminum salt, and what happens to that aluminum salt in the body? The why is simple. The aluminum is an experimentally demonstrated neurotoxin. When injected, it mounts an inflammatory response, thus triggering an immune response. This was the humoral response that was referred to earlier. How the body mounts an immune response to aluminum salts requires more time than we have here today, but I would urge you to look up the associated references as understanding that its mechanism of action is key to understanding the downstream and long-term effects on the body.

So, you might wonder, as I did, what happens to such a toxin as aluminum when injected into the human body. One would assume that it is being excreted, given that we repeatedly inject our most vulnerable and ourselves with it. This would be a monumentally dangerous and false assumption. In fact, we have a plethora of scientific studies demonstrating its deposits in the body's organs and, most importantly, the brain. Now, let's put this together.

Aluminum is a neurotoxin. It is demonstrably not eliminated, but it is bioaccumulated, meaning that it builds up in the body. We need to be asking ourselves what the impact of this bioaccumulation is. The adverse reactions, as listed on the vaccine inserts themselves, are indicative of their toxic and dangerous nature: hypotonic and hyporesponsive episodes, which are a sudden onset of poor muscle tone, reduced consciousness, and a pale or blueish skin; bronchospasms, which are the narrowing of the bronchi in the lungs; seizure; difficulty breathing; encephalitis; encephalopathy; Guillain-Barre syndrome, which is a disorder in which the body's immune system attacks its nerves and can lead to full-body paralysis; acute disseminated encephalomyelitis, which is a brief but widespread attack of inflammation in the brain and spinal cord that damages myelin, the protective covering of nerve fibres; transverse myelitis, which is an inflammation on both sides of the spinal cord; and on and on they go.

What is more is that scientific studies from neurology to chemistry have demonstrated a core relation between aluminum deposits and neurodegenerative diseases and autoimmunity where autoimmunity is when the body attacks itself and treats it as an invader. This is not to be confused with immunity. Not one doctor or Public Health employee could tell me about aluminum and its associated risks, and oh, did I try. In reaction to my question, I got one of two responses: immediate shutdown and reiteration that my fears were unfounded, that vaccines are safe and tested for their safety, and who was I to question a medical authority? Or, a seemingly infinite referral to the right source who could answer my questions, who never seemed to materialize. So, deeper and deeper into the rabbit hole I sink.

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14:10

I have learned that there exist no vaccine safety trials that contain a placebo, the gold standard in medical research. Vaccines are neither safety tested against a previous version of the vaccine nor against the adjuvant itself, the very element that is dangerous. If you look at the vaccine insert, you can see it for yourself. There is no control condition, and your first-year undergraduate science major can tell you that if you do not have a control condition, then you do not have any experimental measures. If you do not have any experimental measures, that renders your experiment essentially meaningless.

Did you know that, with the exception of extraneous proteins, no safety testing is required for the individual components in vaccines or the vaccine schedule itself? I did not. Did you know that aluminum levels in vaccines is based on aluminum efficacy, or how well it can mount an immune response, and ignores body weight for safety? That means that a one-year-old infant receives the same MMR vaccine as a fully grown adult.

Did you now that, by ratio, micrograms to weight, every single vaccine on the infant and toddler schedule exceeds any known standards of safety for aluminum injection? The first vaccine that my child would have received at the age of two months, when she weighed no more than 12 lb, was the Pentacel vaccine, which is a vaccine that contains five different vaccines in one. Its aluminum-to-weight ratio exceeds any known measures of safety by a factor of almost 12.5 This does not even factor into the other vaccines that she would have also received that day.

Did you know that, according to United States legislation, no vaccine manufacturer shall be liable in a civil action for damage arising from a vaccine-related injury or death associated with the administration of a vaccine after October 1, 1988 even if the injury or death resulted from side effects that were unavoidable? Did you know that law in Canada parallels this ruling? Did you know that, other than Quebec, no Canadian province has a vaccine injury compensation program?

Did you know that the United States Supreme Court has stated that vaccines are unavoidably unsafe? In any society, there is a natural tension between the interests of individuals and the interests of the group as whole. In proposing this bill, Dominic Cardy has asked for the authority to protect students, and, most especially, the immunocompromised are highlighted. However, this bill is not that. It is not a debate around the tension of my right as a parent, which is allowed to supersede the rights, health, and wellbeing of others. The argument is only sensical should vaccines pose no risk. Are we then not trading one group of vulnerability and risk for another? Who, then, assumes this risk? Who, then, decides?

Even supposing for a moment that this bill is that, motivated in the public good, we must then draw the logical conclusion that infringement on people's capacity to make medical decisions for their themselves in this regard is only just beginning, for it is not only children who become a risk to be managed, but as Dominic Cardy has stated, all those in the schools. He has stated that his next steps involve discussion with teachers' unions and others whose work places them in the public school system. However, children do not only frequent schools. They are people

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embedded in communities. They participate in sports, the arts, in church, in camps. You can then start to see how this bill's reach cannot possibly be limited to school systems alone. Its reach will extend to every single person accessing public spaces, including every one of us sitting here today.

We are on the road to creating exclusion and segregation in our communities. I want to raise my child in a community which extends her equal membership, with equal rights. Despite the cost, financial and otherwise, to myself and my family, I will not raise my daughter in a space where she will be vilified and treated as a second-class citizen.

049

14:15

When we choose to be parents, we accept another human being as part of ourselves, and a large part of our emotional selves will stay with that person as long as we live. From that time on, there will be another person on this earth whose orbit around us will affect us as surely as the moon affects the tides, and affect us in some ways more deeply than anyone else can. Our children are extensions of ourselves.

That is from Fred Rogers.

If you pass this bill, it is not merely paperwork or policy. If you pass this bill, it is people's lives. It is their health. It is their well-being. Underlying every single parental decision, regardless of context, is the intent to protect the children, to keep them safe, to allow them to thrive. A study looking at parental decision making in the context of childhood terminal cancer highlights this. Regardless of whether they opted for experimental treatment or palliative measures for the child, both groups underlined the following as guideposts in their decision making: a willingness to support and guide the child, both physically and mentally; choosing in the best interest of the child; and a motivation to do what is most fitting for the child. There is a sacrifice—a willingness to do anything to benefit the child. We may sit in different positions, but our motivations are the same.

It is this entwining of these intentions, as well as my intimate knowledge of my child and our connection, that informs my decision making for her until she can take on this responsibility herself. This is a knowledge that the government cannot possibly access. With this bill, you strip away parental authority, eroding the intimacy of the parent-child relationship to one of mediator of state will.

In shifting the balance of power for parental decision making in this way, you not only eliminate decision making in terms of medical choice, but you disregard and trivialize the very essence of the parent's love which fuels this decision. In a world that is crying out for more connection, acceptance, community, and sense of self, we continue to take away and erode all levels of attachment and connection, in all aspects. Until we learn the depth and reach of our decision making, we will continue to have broken and disconnected communities, as well as broken, disconnected people.

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And so we return to the beginning. What motivates me is my responsibility born of motherhood. What motivates me is my child. It is a weight that I carry every day, knowing that my choices become hers, my actions her repercussions, my power her rights.

Who other than a mother can, without question, take on this protectionist and self-sacrificing role? Who else's intentions can be measured to this level of conviction? Is it the pharmaceutical industry, which is motivated by profits and shareholders and has been legally shielded from this responsibility? Just a cursory glance at recent history will highlight just whose interests the industry upholds.

The Vioxx scandal brought to light the industry's tendency to sit in a position of "safe until proven unsafe", minimization of potential safety concerns, dismissal of independent findings, and engagement in practices of justification, dismissal, and occlusion.

These same practices are highlighted in a new ruling against Johnson & Johnson on its role in the opioid crisis. Recent headlines in terms of generic drug shortages, especially as it pertains to cancer treatment, have highlighted the importance of financial incentives in terms of drug manufacturing and availability, not patient need.

Is it Dominic Cardy—the presenter of this bill—or the Child and Youth Advocate, who argue that one size fits all for a population that is inherently different and unique?

I urge you to not only consider whether you feel informed enough about vaccines, or whether you are motivated by the public good, but to reflect on whether you can unequivocally say that you are willing to take on the responsibility that this bill entails. It is this depth of reflection and knowledge seeking that has led me to the decisions that I have made and will make for my child.

The responsibility that you take on in moving forward with this bill is a burden of parental responsibility for every single child impacted by this bill, not just for the immediate future but in perpetuity. You also take on all the unforeseen and indirect ways in which this bill damages the caring that is at the very core of the parent-child relationship. Moving forward, I ask you to enter a space of reflection, a space of listening, and a space of compassion. Thank you.

050

14:20

Ms. Rogers: I am not sure how much time we have left. I have lost count.

Madam Chairperson: We have six minutes.

Ms. Rogers: Okay. I did not so much have a question, although I will do one small question after my statement. I want, again, to say thank you for your heartfelt presentation, and it sounds as though you are coming from an informed and educated perspective. I want to ask a couple of things that I think are very related. Is your biggest concern about missing information or about the information that we know? If it is about the information that we know, do you feel you have

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adequate references to be able to substantiate that? Is it about missing information, or is it about what we know?

Ms. Ouellette: I came to my conclusion based on what I could find in terms of the scientific studies.

Ms. Rogers: Were they peer-reviewed?

Ms. Ouellette: They were peer-reviewed, yes. I have the references if you guys would like those. For me, it is a combination of what we know, which seems quite dangerous, and it is a lack of information in terms of what we do not know. If presented with the things we do know and there is no counterbalance and no voice speaking to what we do not know, then I am left in a void of not accessing enough information.

Ms. Rogers: Okay. Thank you, again. I will pass it on to someone else.

Mr. DeSaulniers: Thank you, Madam Chair. I just want to say thank you for being here today. You are obviously very motivated and very informed, and I appreciate your being here and having the courage to be here.

Ms. Ouellette: Thank you.

Mr. DeSaulniers: I am not quite sure. Are you against the bill or in favour of the bill?

Ms. Ouellette: I am against the bill.

Mr. DeSaulniers: That is what I thought. Thank you.

Ms. Ouellette: Thank you.

Madam Chairperson: Thank you. I would like to reiterate the comments of my colleagues. I appreciate very much the time that you have taken to be here today. Actually, I do have one question: Where are you traveling from today?

Ms. Ouellette: I live in Fredericton.

Madam Chairperson: Thank you very much.

Ms. Ouellette: Thank you.

(Interjections.)

Madam Chairperson: I am going to refrain from taking any questions from the floor.

(Interjections.)

Madam Chairperson: Your questions from the floor are inappropriate, and if I have to address you again, I will ask you to leave.

Is Diane Doucet available?

Diane Doucet

Ms. Doucet: I am not in the habit of standing in great halls. I am not in the habit of being the loudest in any given room, but upon hearing that there would be an outlet for my words to be heard, I decided that my heart could stay silent no longer, for there is a disquiet in people's hearts. Something dark brews on our Canadian soil and elsewhere in the world. Here, in our province, one of its forms takes shape in Bill 39.

Although I speak to you, the policy-makers, today, my words are not meant only for you. They are also meant for the pharmaceutical cartel, the medical profession, and, most of all, the people—the people who have been manipulated and the people who have been denied a voice. My hope for today is that in some small way, I can be that voice.

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14:25

During these hearings, you have heard and will hear information that is contradictory to what has been allowed in mainstream news. Information that the media has warned you not to take seriously. Had our media practiced legitimate, balanced journalism, opposing views to Bill 39 would have been allowed equal and fair footing. But bias, propaganda, fear, and intimidation were instead used to manipulate the public into supporting this piece of legislation while, at the same time, polarizing the issue, discouraging any criticism of its implementation, and ignoring its wider implications.

From the media, one gets the impression that the bill is already a done deal. The reports have been one-sided in support of this bill and have dismissed the legitimate concerns of those who oppose it. They have attached the derogatory term “anti-vaxxer” to those who do not support mandatory vaccinations. They ignore, discredit, or try to destroy the career of qualified professionals whose studies go against this pharmaceutical agenda. They also ignore a segment of the population as if it does not even exist: the people who stand for medical freedom and those who are pro-vaccination and also pro-medical choices. By doing so, they have created a divide between pro- versus anti-vaccination groups, polarizing the narrative and discouraging the pro-medical freedom and pro-vaccine, pro-choice crowd from participating in this crucial debate.

Mr. Cardy has even incited hate and discrimination by publicly comparing healthy unvaccinated children to loaded guns. This triggered some citizens to openly say online that they hope for the death of unvaccinated children and would like to see the ghettoization of the unvaccinated population. Have we not heard that before in some form? If mandatory vaccinations for all age groups is the final goal, which I suspect it is most likely, considering the simultaneous push for similar laws all over the world, then the government and taxpayer-funded media have done a

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spectacular job of introducing it in a manner that has minimized resistance. By introducing mandatory vaccination to select groups at a time, people who are not directly affected at this time do not feel the need to stand up and speak out. To try to secure this agenda, a small vulnerable group has been targeted for forced medical experimentation—our children.

Why do I say “forced” if the government claims that families simply have to make the choice to homeschool? The choice is not as simple as it is claimed to be. How can families homeschool if the decision to do so causes them to lose their homes? Mandatory vaccination is also being forced on the adult population who has to decide between keeping their jobs, their homes, their ability to adequately provide and survive, and the so-called freedom to choose. People also fear losing their jobs if they speak against mandatory vaccination. That is no choice at all.

This move toward forced medical experimentation is spreading from day cares to other workplaces. There will be fewer and fewer places in which the unvaccinated will be able to go freely. They are being pushed into a bottleneck until one day there is nowhere left to go. Make no mistake about Bill 39. We are not talking about quarantining individuals infected by a disease. We are talking about the segregation of healthy children from participating in society. Their crime is that their parents do not consent to handing over their bodies to the tyrannical will of a vaccine cartel that is pretty much accountable to no one.

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14:30

When corporations, health agencies, and government institutions treat people like chattel and punish those who do not submit, you have slavery. If an institution can take it upon itself to do what it wants to people’s bodies against their will, then you live in a slave system.

I have heard from so many people, saying how scared they are to speak up because of the toxic atmosphere that the media and this bill have created. They are genuinely scared and concerned. No one should be scared of his or her government. That is why I am here today—to speak for those who are too frightened to speak for themselves.

Some families fear they will have to flee the province if this bill passes. A long time ago in our history, Acadians were exiled from their homes by the redcoats for political reasons. Today, some New Brunswick families are facing exile by a coat of another colour. The reasons and circumstances might be different, but the results are the same.

Using Webster’s dictionary, I have chosen words which I believe encapsulate the very essence of Bill 39. Let us all ponder their meaning.

A person is a human, individual, or corporation.

Infringe means “to encroach upon in a way that violates the rights of another”.

Coercion is “the act of coercing”. To coerce is “to restrain or dominate by force” or “to achieve (compliance) by force or threat”.

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Restrain means “to prevent from doing; to limit, restrict, or keep under control; to deprive of liberty”.

Segregation is “the act or process of segregating; the separation or isolation of a . . . group by enforced or voluntary residence in a restricted area, by barriers to social intercourse, by separate educational facilities, or by other discriminatory means”. Segregated means “set apart or separated from others of the same kind of group”, or “restricted to members of one group . . . by a policy of segregation”.

Violation is “the act of violating; the state of being violated; infringement; an act of irreverence or desecration”.

Irreverence is “an irreverent act”. Irreverent means “lacking proper respect”.

Arbitrary means “ruling by absolute authority”—as an arbitrary government—or “marked by or resulting from the unrestrained and often tyrannical exercise of power”.

Despotic means “characteristic of a despot”.

Slavery means “submission to a dominating influence” or “the state of a person who is a chattel of another”. Slave state means “a nation subjected to totalitarian rule”. A slave is “a person held in servitude as the chattel of another”. Chattel means “property”.

Here are two simple words that are critically lacking from the ideology surrounding Bill 39.

Liberty is “freedom from arbitrary or despotic control”.

Sovereignty is “freedom from external control”.

We find ourselves here today wondering how we could find ourselves in this situation—having given our power away, how we managed to slip this low. Well, there is a well-funded and organized power that has prepared the terrain in order for us to roll over silently or, in other cases, to beg in fear for our freedoms to be taken away.

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14:35

In order to bring about change that would be unpopular or that might face opposition under normal circumstances, a technique is sometimes used. It is called the Hegelian dialectic. The Hegelian dialectic is a process of bringing about change through a three-step process. The first step is to create or exploit a problem. The second step is to generate opposition to the problem through fear, panic, and hysteria. That is what the government and the media have done exceptionally well in this instance.

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The third step is to offer the solution to the problem created or exploited by step one, a change that would have been impossible to impose upon the people without the proper psychological conditioning achieved in steps one and two. By careful manipulation of the media, they have successfully divided the population against itself in fear, turning neighbour against neighbour, with the potential of having innocent children ripped out of school and segregated from their peers to appease a fear that they, the media, have created.

The nature of science is driven by questions. As it stands, we are actively discouraged from questioning the vaccine agenda. Questioning things should not be a privilege only allowed to those in white coats.

As with a cleric who asks his followers to have blind faith, the vaccine industrial complex, with its regulatory agencies and media, asks us to submit without question. They ignore true science and, instead, they have opted for the practice of protecting the bottom line. Sadly, as it stands, science is controlled by profit. We are asked to believe that science is absolute, but science is not always right. Science disproves itself over and over again. That is the evolution of science. Science is an artform that changes with knowledge.

How the vaccine industry and regulatory agencies treat vaccine science is the antithesis of that. The agencies that push mandatory vaccination have taken a dogmatic approach to that scene, pushing their views and agendas while denying any evidence that contradicts their dogma. They push a specific view that is unable to evolve. That is anti-science masquerading as science.

When it comes to vaccines, they claim that the science is settled. How can true science ever be settled? There is ample scientific evidence out there that shows that the science of vaccines is anything but settled, but it is being ignored by those who have agendas and conflicts of interests, and who actively pursue their own aims.

Progress cannot be achieved when the suppression of ideas exists. Until governments address the problems associated with the influence that the pharmaceutical lobby has over our institutions, until we address the conflicts of interest present in our health care system, the problem of the breach of public trust will never be resolved.

Remember that the will to be free of corporate rule is growing every day as we are faced with a tsunami of abuses that humanity as a whole has been subjected to in the name of profit and scientific advancement.

The fight for medical freedom is at the forefront of that. The medical institution is one that can only survive on trust, compassion, and free will. Without it, it is not medical care, but it is a prison of scientific experimentation, and we are the dehumanized subjects.

We are made to believe that abuses and mistakes are only a thing of the past, that they do not occur today. The Tuskegee experiment—that was a long time ago. The use of thalidomide in pregnant women—that was a long time ago. But in more recent times, the drug Vioxx was removed from the market due to its link to heart problems and the deaths associated with it.

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Unfortunately, the same cannot be said about vaccines. It seems that whenever possible problems are associated with them, they do not get acknowledged and they are swept under the rug. According to the vaccine cartel, they know everything that there is to know about science. They could never be wrong.

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14:40

The policy-makers look down upon the citizenry with arrogance. We live in a system that views the common people as being too ignorant to decide what is best for themselves and their children. If Bill 39 is passed, there are no safeguards against what type of vaccines will be put on the market and how many vaccines will be added to the schedule. There are no safeguards against what could be done to our bodies, against our will, under the guise of public safety.

To the medical profession, I say this to you: Medical professionals who go along with the destruction of medical freedom only further erode public trust in the institution of their profession. If this bill passes, you will not be seen as caregivers, but, increasingly, you will be seen as the jackboots of the pharmaceutical industry.

To the pharmaceutical industrial complex, I say this to you: You operate on fear. Media is your tool to frighten and intimidate people into submission and censorship to squash any voice but your own. The tighter you squeeze, the more resistance you face. You have your own agenda and it does not reflect the will of the people as much as you claim that it does, for, if it did, such a clampdown would not be required to achieve your own ends. The desire for freedom and truth is growing in humanity's heart. Ideas are mightier than the sword. All you have is the sword.

To the lawmakers, I say this to you: The more you squeeze your people into a corner, the more people will notice and question what is going on. There is a reason that people are questioning the practice of vaccination. Trust has been broken. If people distrust the vaccine industry, it is because it has acted in ways deserving of that distrust. By not allowing balanced discussion in the public sphere, it has caused damage to itself. You cannot restore trust with force. You can only further alienate the people with each tyrannical step.

Bill 39 is the inevitable symptom of a sick system, and, to cure it, we need to address the source of the sickness, not target those who refuse to be used and abused any longer. If trust is to be restored, then we must recognize the importance of shedding light on the very conflicted relationship between the pharmaceutical industry and the health care system. You will not restore trust by punishing people who have every right to question the ethics of the system that controls them. You do not get to decide what does or does not happen to our bodies, like a slave master would do to the human beings under his or her dominion. Just because you sit in these halls and concoct ever more intrusive laws, that does not give you the right to own humanity.

Your institutions cannot survive on chains. This movement toward medical freedom will not go away by force, censorship, division, or ridicule. It will only spread and get stronger. The pharmaceutical cartel that profits from disease knows this, and that is why the wheels of

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ensorship and oppression are rolling full tilt. However, this movement is an unstoppable force, and the short-term gains your political careers may get from voting this bill into existence are not worth the consequences of siding with oppression. It is a side that is destined to fail. Remember, we are the ones holding you up in the positions that we have entrusted you with. Bill 39 is an attempt to be ruled and owned by corporations. You must not let that happen. If you do, you will have crossed the line that should never be crossed.

Now, I would like for all of us to step out of our roles for a moment and imagine that we are just people, equals, because we all share this world as human beings, under the system that is being created.

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14:45

Ever since 9/11, we have been asked to give up our liberties one by one in exchange for real or perceived security. It is a mantra that has been drilled into our collective mind for almost two decades. This mentality is what fuels ever more intrusive laws such as Bill 39. If we are not careful, we will wake up one day to a Canada that is unrecognizable, where we have no freedoms left at all.

We need to ask ourselves these serious questions. Who polices the vaccine industry? Who polices the policy-makers?

It is the natural order of things that parents raise their children, protect them from harm, and nurture them. This bill is an attempt by the government to step in and become a substitute parent. That is not the natural order of things, and this abuse of power is not indicative of a free society.

Governments seem to be mostly concerned with the health of people when it is profitable for a powerful industry. If it goes against their bottom line, they do not seem overly concerned. That is why issues such as the potential health effects of GMOs, glyphosate, water fluoridation, the nuclear industry, the Fukushima nuclear disaster, smart meters, and the rolling out of 5G are mostly ignored. Think about it. The system does not serve us, and it is time for a change. More and more people are getting the courage to join in this unstoppable movement of individuals who strive for medical freedom of choice. Laws similar to Bill 39 will be stopped and eventually reversed all over the world because the essence of being human is the ability for free will and the longing for freedom.

I kindly ask that you take a step back from the media hysteria surrounding measles and look at the bigger picture of what is being created. If you let go of that fear programming, a whole new perspective comes into focus. We then can see the true face of Bill 39. We can do better than this.

I hope that you do the right thing. The ball is in your court. Mull it over, because big changes are coming. Thank you.

Ms. Rogers: How much time do we have?

Madam Chairperson: That is a great question. We have eight minutes.

Ms. Rogers: Okay. Thank you for your very articulate presentation. I tried to hear at the beginning who you were. If you introduced yourself, I missed that somehow. Can I ask first, just to clarify, what role you . . . I know that you asked us to put our roles aside, but can I ask you to define your role and what you do?

Ms. Doucet: I am a citizen. I am a person. I am a mother. I am an artist. I am an intelligent woman.

Ms. Rogers: Okay.

Ms. Doucet: I may not have the credentials that you require to take us seriously. But we are people, and we matter too. Our voice matters. There are more people like me out there than there are people who hold positions of authority.

Ms. Rogers: Okay, yes. I was not asking it in a condescending way at all, but thank you for that. I also would like to ask this. You mentioned earlier that you were speaking on behalf of many who may be afraid to speak because they fear either discrimination or, at worst, the loss of their careers, impact on their careers. Could I ask you to share a few examples that you might know of?

Ms. Doucet: People approach me because they know that I am vocal about it.

Ms. Rogers: People such as . . .

Ms. Doucet: I am not going to mention names.

Ms. Rogers: Not the names, no.

Ms. Doucet: They are just people. Even strangers who know my stance will say: Yes, I agree with you, but we do not say anything because we are scared.

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14:50

Ms. Rogers: Okay. All right. I will turn it over for others to have questions. I thank you for speaking out. Certainly, every person has equal value to be heard, and I appreciate that.

Ms. Doucet: Thank you.

Mr. Fitch: Thank you very much. I more or less have a comment and a reaffirmation that as an MLA, I was feeling a little attacked, but that is okay. Of what I know of the people across the way and the people on this side, we are all here to try to make society a better place. That is why

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we are having this law amendments committee, so everyone who wants to can either submit a report or come in and present.

I know that it is very intimidating to present in a forum such as this. You do not know us, and you do not know some of our motivations. Again, I have been around for a long time as an MLA. For a long time, I have known some of the folks who may wear different colors, but what I know of them is that we want to make sure that society is looked after and that society is listened to. That is why I appreciate your coming in here and sharing your thoughts, your feelings, and really laying it on the line.

Regardless of . . . Again, we do not need people with lots of initials after their names. It is the folks who come in and speak from the heart who help drive this province forward and who mold some of the decisions that are made. It is an important part of the process that you come in. You mentioned a number of times the stress that it the causes. I want to say again that it is not easy, but I thank you for coming in here. Sometimes, it may not appear so to the public, but of the MLAs that I have known, in large, they are all motivated to make New Brunswick a better place and a good place to live, grow, and raise a family.

Ms. Doucet: I did not mean to offend anybody or attack anybody with my statements, but considering what we have seen in the media, this is the only side that is allowed to be spoken about. It is the pro-side. That is all we read about. We are cornered, so it is natural for us to come in feeling as though the deck is already stacked against us. The playing field has not been fair at all. To divide an issue as serious as this into black and white, pro versus anti, polarizes it and squashes meaningful debate. That is what happened. That is what makes Bill 39 so unfair. There are so many people who could have participated in this who felt they had no place. They said: I took my shots. I do not need to say anything.

Mr. DeSaulniers: Thank you, Madam Chair. Thank you for appearing here, and I want you to know personally from me, an MLA of Fredericton-York, that I value your presentation, I value what you said, and I commend you for being here and being brave enough to speak up. One part of your presentation kind of moved me a bit, when you got into doing your explanation of definitions of different words. When you touched on slavery and segregation and this and that, those are important issues, and we cannot turn a blind eye to those sorts of feelings and emotions. We just cannot turn a blind eye to those sorts of things. Thank you for being here.

Ms. Doucet: I appreciate your giving me the time and the opportunity to be heard.

Madam Chairperson: Again, thank you very much for your time. I think it is unfortunate that you feel as though the deck is stacked against you. The purpose of law amendments is to provide meaningful debate. I have been in this position for only a very short period of time, but my experience has been that most bills, most motions, do not reach this level. The purpose is to be able to engage the public and all stakeholders, so I appreciate you and everyone who has appeared for being here today. Again, thank you very much for taking your time. I believe that Ms. Mitton has a comment as well.

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Ms. Mitton: Thank you. I was not sure whether to say anything or not. I guess that I just wanted to respond very briefly and say that I guess that I would agree, obviously, that this has been quite divisive. Even looking at what the chief medical officer for Canada has said, she has said that even using language such as “mandatory” is divisive. To quote the Chief Public Health Officer, she said: “If you’re trying to bring your community along to trust credible science, to trust public health and to trust government, ‘mandatory’ alienates people and could potentially backfire.”

So, I think that is an important thing that we should all keep in mind.

I just want to raise an issue that was mentioned twice. I just feel as though, looking at slavery, for example, that is inappropriate for us to compare this situation to slavery. As a white person, I feel as though I have to call out this line of thinking and shut that down. I do not feel as though it is an appropriate comparison. I want to say that I appreciate you taking the time and energy to be here today. My quick question is just where do you come from?

Ms. Doucet: I come from the region of Bathurst, the village of Nigadoo. The reason why I brought up slavery is that if somebody can take the right to do something to somebody else’s body against their will and they have no say about it or there are really bad consequences . . .

Ms. Mitton: Yes, I hear what you are saying.

Ms. Doucet: Philosophically, it is the same. Just because it is not like what we see on TV or what has happened in our history, it is the same, at the fundamental level.

Ms. Mitton: Okay. That is all, Madam Chairperson.

Madam Chairperson: Thank you very much.

Ms. Doucet: Thank you for your time.

Madam Chairperson: Andy Clark. Do we have Andy Clark with us today? Welcome. Welcome, Mr. Clark. I am going to ask you to do a couple of things. I have not seen you in the audience, so I am going to go over some of the basic parameters with you, if that is okay. First, I welcome you and your family, I am assuming. I ask that you do an introduction for us, for the record.

The time frame that you have been allotted is 30 minutes. We like to engage a little bit and ask questions. I recommend that you leave some time for us to ask questions, but if you choose not to, that is entirely up to you. I will warn you when we get to 10 minutes left just to allow you the privilege of knowing how much time you have left. We are trying to keep a tight schedule, and we do not like to go over the 30 minutes. Welcome, and again, please introduce yourself and the participants that you have brought with you today.

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15:00

Andy Clark

Mr. Clark: Thank you very much, Madam Chairperson, and thank you to all the members of the committee. I would appreciate a wave at 20 minutes, if I am still speaking at that point.

Good afternoon. Thanks for allowing me to present to you today. I am here to share my perspective on why I believe Bill 39 is not in the best interests of New Brunswickers. My name is Andy Clark. I am joined here by my wife Shelley and our four children. I should not have to read notes when I am introducing my family. My wife is Shelley. We have Alexandra, who is 13 years old; Gabriel, who is 12; Noah, who is 9; and Charlie, who is 6.

For those of you who are hungry and want to have a muffin, I apologize. My kids have eaten them all while we were waiting. If you want to follow me over to Tim Hortons after, I will supply the muffins.

Just for context, Alex is going to be starting her first year at Leo Hayes High School next year, Grade 9. She is a high schooler. While I am emotional about the topic before us today, I am also very emotional about that. I am the parent of a high schooler all of a sudden. Gabriel is going to Nashwaaksis Middle School, Grade 7. Noah will be in Grade 4 at Park Street Elementary School. This year he will be joined by Charlie, who is starting kindergarten, which is also making me very emotional. She was just born yesterday, I thought, and now she is going to school. This is my family, and I thought it was important that they be here today so that they can support me in these remarks.

Just for a bit of context, I was born and raised here in Fredericton. I graduated from Fredericton High School and went to Mount Allison University. I have a law degree from the University of British Columbia. I practiced law for several years and have more recently been an entrepreneur and business executive here in Fredericton. My wife is originally from Newfoundland and has seven years of postsecondary education. She is an entrepreneur and has been for 20 years. I say that because, you know, we are educated people. We like to use logic and analytical reasoning in the decisions that we make, and we love our children as much as any parents. Like all parents, the health and well-being of our children is the most important thing in the world to us.

I say all this because over the past few months since all this began, since Bill 39 was put forward and these amendments have sort of been in the public consciousness, I have been disheartened to read, to hear, and to see in the media time and time and time and time again that parents who have refused to vaccinate their kids, even when it may have been a well-thought-out and reasoned and logical thing to do, are all anti-vaxxers, dangerously misinformed, and conspiracy theorists. So I am here before you today to kind of get a sounding board to see whether this is, in fact, the case. I do not think so, but then again, we all have blinders on. It is good to have a forum that might be able to pass some judgment on that.

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I would like to share with you today the decision-making process that my wife and I have used in arriving at the conclusion that it is in the best interests of our family not to have our children vaccinated. I invite you to think. Is what I am about to share with you foolish, as the Minister of Education has publicly commented about parents who have refused to vaccinate? Am I dangerously misinformed? Am I a conspiracy theorist?

We are here today as parents. We are not associated with any group. We are not here representing anyone's interests, quite frankly, but those of our own family. I think, by extension, that we are trying to stand up for the citizens of New Brunswick.

For the record, I do believe in gravity, and I do believe in the moon landing.

So, why have we chosen not to vaccinate our four children? As you know, the common refrain from proponents of mandatory vaccination is that vaccines are safe and effective and that the benefits of vaccines outweigh the risks. As conscientious parents who want to safeguard the health of our children, prior to vaccinating, we wanted to investigate these claims a little further. What we found out was that vaccines are not always effective, meaning that for various reasons, they do not work for everyone who gets them. We also learned that immunity from some vaccines wanes over time. I have not had the benefit of listening to all the presentations so far, but I have been in and out and tuning in. I think that ground has been covered already, so I do not think it is that controversial that vaccines do not work for everybody.

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15:05

That did not concern us too much at the time. We figured that as long as vaccines were safe from serious side effects, then it would still make sense for our kids to get them. As long as vaccines were safe and mostly effective, that would be fine for us. But when we started to look into the safety of childhood vaccines, we found a lot of facts that contradicted that standard line that vaccines are safe. The majority of this information was not sort of lurking deep in the dark web. It was right there in plain sight on government websites and publications. Again, I do not have the benefit of everything that you have heard here today, so I apologize if I am repeating information that you may have already heard. I am just giving you what we found when we were going through our decision-making process.

There are a number of things that we found. The first was that the vaccine court in the United States ordered the federal government of that country to pay out billions of dollars in compensation to families of children who have suffered serious injuries or deaths resulting from vaccines. The information that I have from the government website says that since the program began, up until I am not sure whether it is today, last year, or close to that, there were 6 593 awards presented to families totaling \$4.1 billion. These are government statistics. That is interesting. Of course, when we looked at this back before choosing whether or not to vaccinate our first child, the numbers were less than that. This is up-to-date until now.

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The second thing that we found is that vaccine makers themselves pay nothing to these families. They are indemnified by the U.S. federal government. Since the enactment of the 1986 *National Childhood Vaccine Injury Act*.

The third thing that we found was that the Supreme Court in the United States found that vaccines are unavoidably unsafe, and this is sort of the rationale to have the vaccine court in the United States. We know that there are going to be injuries.

The fourth thing that we found was that thousands of adverse reactions are reported to the Vaccine Adverse Event Reporting System (VAERS). While these reports can come from a medical professional or a lay person, as I understand it, there is good evidence to show that only a fraction of adverse reactions are, in fact, reported. There was a notable Harvard study commissioned by the CDC that estimates the number to be as low as 1%.

The next thing that we found was that similarly in Canada, thousands of adverse events following immunization are reported in Canada within the scope of the Canadian Adverse Events Following Immunization Surveillance System, which is a mouthful. I understand that this process is not quite as straightforward as it should be and that if you ask a number of medical professionals, they may not, in fact, know what that is. In Canada, my understanding also is that it is only medical professionals that may make a report under this system.

The next thing we found, which is interesting, is that not everyone can be vaccinated, right? There are immunocompromised and people by reason of age or medical infirmity. They cannot be vaccinated. We know this. When you start to think about that, you think: Why is that? If vaccines are so safe, why can everyone not get them?

We wondered: How can we know for sure that the same vaccine that another child cannot get for medical reasons is safe for my child? We wondered whether all children get a full medical checkup prior to each of the 16 doses of vaccine that the routine immunization schedule calls for in a child's first 18 months of life. Not that I am aware of. Would a checkup even be able to identify whether a child might be at a higher risk, or would it only be known after the fact?

The next thing we found was that vaccine inserts produced by vaccine makers themselves list serious side effects of vaccines, including brain injury and death. Again, it is right there in plain sight. But most of all, we found that the stories of parents of vaccine-injured children were and are simply too numerous and too concerning to overlook—stories of parents who saw an immediate and tragically permanent regression in the development of their child after being vaccinated.

I believe that you have already heard or will hear over the next day and a half from some parents of vaccine-injured children. Some proponents of mandatory vaccination are quick to dismiss such stories, saying that vaccines could not have caused these injuries. Just because there was a temporal connection does not mean that there is a causal connection. That may be true in some cases, but the sheer number of these instances—for anyone who cares to look, they are not hard to find—is just too large to suggest that all these parents are making this stuff up, that they are all

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just looking for a scapegoat, and that they want to blame vaccines for their illnesses. To dismiss these parents in such a manner is not only grossly insensitive and mean but just not plausible statistically.

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15:10

We added all that up. We had the stories from parents of vaccine-injured children, some of whom we heard from personally and not just on the Internet. We had the warnings on the inserts from the vaccine makers themselves. There was the fact that some people cannot get vaccines due to safety concerns. There are thousands of adverse effects reported every year, both in Canada and in the United States, and this likely represents only a fraction of the total. There is the fact that the top court in the United States has called vaccines “unavoidably unsafe” in justifying the need for a special vaccine injury compensation program in that country. There is the fact that there is a special court in the United States set up specifically to handle expected cases of vaccine injury. That court has found compensable vaccine injury in thousands of cases and has ordered billions of dollars in damages to the families that were injured.

When we added all that up, we were no longer convinced that the blanket statement that vaccines are safe and effective was accurate. While we understood that, despite all this evidence, the likelihood of a serious and permanent vaccine injury was still probably rare, there was certainly a risk there that we needed to weigh against any benefits of vaccination. At the very least, the evidence we discovered suggested that a more accurate claim on the safety and efficacy of vaccines would be that vaccines are mostly safe and mostly effective. I have never once heard a proponent of vaccination describe vaccines in those words. I would encourage you to consider: Why is that?

In the end, we decided that we could live with ourselves if one of our children if one of our children contracted a vaccine-preventable disease, but we could not live with ourselves if one of our children suffered a permanent vaccine injury. We decided not to vaccinate our children, and we still think that that choice is in the best interest of the health of our children and of our family.

These four kids here . . . Are they still here? Two of them are here. They have never received a vaccine. They are healthy kids. They are thriving in school, in sports, and socially. Like most kids, they probably eat too much sugar, but we stress the importance of healthy eating and physical activity, and we try to lead by example. We feel that if they do contract a vaccine-preventable disease, they will probably be miserable for a few days, and one of us will have to take a few days off work, but in the end, we are confident that the immune system will do what it is supposed to do to fight the illness. They will get better, and they will come out of it a week or so later with lifelong immunity to that particular disease.

I am not saying that my kids are healthy because they are not vaccinated, but I am saying that, clearly, vaccination is not a necessity for raising healthy kids. We also understand that if they do contract measles or mumps, for example, there could be complications from that. There could be, in rare circumstances, serious complications from that. Our eyes are wide open.

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The choice to vaccinate or not is not an easy one. We did not take it lightly, and we do not take it lightly. It is not a black-and-white issue. I respect one hundred percent the decision of parents who have their children vaccinated. I would never suggest that they had made a wrong decision, as long as it was an informed decision.

There are risks on both sides of this issue. To suggest that it is one-sided and that the science is settled, case closed . . . I think, frankly, that that is a reckless disregard of the information and the evidence that is plainly out there for everyone to see. Because there are risks on both sides, the decision on whether to vaccinate must be the parents to make. It should not be mandated or coerced by the government.

Do I have a time update?

Madam Chairperson: You have more than 16 minutes to go. You are good. I will let you know when you get to 20.

061

15:15

Mr. Clark: Thank you.

I understand that there was a lawyer here yesterday who gave you an overview of the constitutional and charter arguments, so I will not dive too deeply into that today. However, my legal background does, I think, allow me to comment on that, with some insight. I would just like to underscore what the lawyer said yesterday, which was that the long-held legal doctrine of informed consent to medical treatment is guaranteed in section 7 of the *Charter of Rights and Freedoms*. Everyone has the right to security of the person. It means that we get to decide what goes into the kids' bodies and what does not. We get to make those decisions for our children until they reach the age of majority. Only in emergency situations have courts in Canada infringed on this right. However, vaccination is not an emergency situation, I would argue. Vaccinating healthy children against diseases that they may or may not ever contract is not an emergency.

These proposed amendments infringe on a child's charter rights to security of the person. They infringe on a parent's right to decide what does and does not go into their child's body, or, in other words, consent to medical treatment for their child. The decision is no longer just about the relative risks of one course of action or another, being the risk of vaccinating or not vaccinating.

Now, if these amendments pass, the decision could involve an exclusion from public school and child care facilities. The Minister of Education has suggested that it is not a big deal for parents to homeschool or to send their kids to private school. However, as we know, taxpaying parents who help fund the public school system do not all have the financial means to send our kids to private school or to have one parent quit their job.

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If these amendments pass, the vaccinate-or-not decision will no longer be solely a medical decision but a question of livelihood for many families who have made an informed decision not to vaccinate their kids. Implicit in the doctrine of informed consent to medical treatment is the right that there is no coercion or undue influence involved. Depriving parents who choose not to vaccinate the ability to send their kids to public school constitutes government coercion and undue influence and therefore is contrary to the principles of fundamental justice and, I would submit, contrary to section 7 of the *Charter of Rights and Freedoms*.

Of course, proponents of these amendments will say: Well, it is a justifiable infringement in that the rights of others who cannot be vaccinated trump my rights as a parent to decide what goes into my kids' bodies. It trumps my right as a parent to decide whether I give my kids vaccines. Because diseases and mumps are contagious, everyone has a duty to get vaccinated so that they can protect others, not only themselves. They need to protect others because, as mentioned, vaccines do not work for everyone and we need to protect those who cannot get vaccinated.

With those two arguments, which I believe are the central two arguments to this whole bill, I respectfully and wholeheartedly disagree. As for those for whom the vaccine is not effective, when you think about it, is it not perverse logic to require that a person get the same vaccine that did not work for another person in order to protect that other person? It actually reminds me about something I learned years ago when I failed miserably at a knot-tying workshop. I was terrible at tying knots, and I still am, to this day. The advice that I got then was if you cannot tie a knot, then tie a lot. Have you ever heard that? If you cannot tie a knot, tie a lot. The same thing is going on here, in my opinion. If we cannot make vaccines that work for everybody, then let's get everybody vaccinated. It is a good business model for vaccine makers, for sure, but that is not justification for infringing on charter rights and on informed consent to medical treatment.

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15:20

Now, it gets a little more complicated when we are talking about kids who cannot get vaccinated. I think about this a lot. This is a significant question. Do I vaccinate my kids to protect kids who cannot get vaccinated? When you think about what we are trying to do and what it is saying, saying that you need to get vaccinated because some other kid cannot, in order to protect that other kid, we are trying to create this contagion-free society. I ask you this: Is it actually possible to create? As far as I know, with respect to these kids who are immunocompromised—and my heart goes out to them and their families, just as it does to the kids who were vaccine-injured and their families—it is not just vaccine-preventable diseases that they need to be concerned about if they are going to be engaging in public circles. There are all kinds of other contagions out there as well.

At the end of the day, I feel for these kids. I do, but this bill, if it passes, is not going to achieve the ends that the Minister of Education and those who are supporting this bill think it will. There will still be outbreaks, I believe, as the chief medical officer said yesterday. This bill is not going to prevent future outbreaks, or at least, she said, I believe, that it would not have prevented the outbreak that we saw in Saint John.

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What are we doing? Why are we considering this bill, which is going to trample on individual's long-entrenched rights to informed medical consent, long-entrenched rights in the *Canadian Charter of Rights and Freedoms*, to achieve an objective that is not likely to be achieved. We are going to be no further ahead, unless this is the first step—I do not know whether this is the case or not—in a very slippery slope to excluding unvaccinated kids from every sphere of public life. I suppose if this bill passes, that will remain to be seen. If this bill does pass, let me tell you, ladies and gentlemen, our family will no longer be living in New Brunswick. We will be watching from another province.

I urge you, members of the committee, to please recommend to your colleagues in the Legislature to vote against these amendments. New Brunswick already has one of the most stringent vaccination policies in Canada when it comes to public school admission. Can we just leave the status quo, where the majority—the vast majority—of kids are already vaccinated? Can we not leave the right of conscientious, informed, logical, and analytical parents to make a decision not to vaccinate their children?

I would be pleased to take some questions.

Mr. McKee: Thank you, Mr. Clark, for your presentation today. To cover your background, I guess you have a law degree. I am not sure whether you are practicing currently.

Mr. Clark: I am not currently practicing.

Mr. McKee: I believe, if I am not mistaken, you work with a group of chartered professional accountants and advisors as the COO. Is that correct?

Mr. Clark: I do. You have done your homework. I am not speaking on their behalf. I am speaking solely on my family's behalf today.

Mr. McKee: You are here on your own behalf and for no other group or organization. Is that correct?

Mr. Clark: That is correct, yes, and I am playing hooky from work today. Thanks for pointing that out, Mr. McKee.

Mr. McKee: You touched on protecting other kids who cannot be vaccinated. One question I have is this. Do you feel that your children . . . You said they have lived healthy lives. Would they have benefited from other kids being vaccinated? Do you truly believe that they would have lived equally healthy lives had the vaccination rates been lower?

Mr. Clark: I do. I do. I believe in the ability of an immune system to do what it is supposed to do, which is to combat disease when it comes into the body. I believe that if our kids were to contract measles, mumps, or one of these other diseases, their immune systems would work properly. There are things you can do to improve the efficacy of an immune system. As I said,

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these are healthy eating, activity, stress management, and these sorts of things. Of course, I cannot be sure, but that is our approach.

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Mr. McKee: You mentioned the lawyer yesterday who gave his opinion that there would be an infringement under subsections 2(a) and 2(b) and section 7. We had an opinion today, as well, from the Child and Youth Advocate, who stated that if there was a breach, it would be justified under section 1 of the charter. Your opinion is that it would not be justified. Is that correct?

Mr. Clark: That is correct. I am more familiar with section 7 than I am with section 2, religious freedoms, which I think Mr. Kitchen spoke about. My knowledge of section 7 is that in order to justify an infringement of that, it must be in an emergency situation. In my view, vaccinating healthy children is not an emergency situation.

Mr. McKee: His opinion was based, I guess, on public health immunization goals and raising the rate of immunization. In your opinion, you do not feel that it is a threat to public health as it stands.

Mr. Clark: I do not feel that it is a threat to public health as it stands, and I would also say that the goals of public health and the goals of individual health are not always aligned. That is what the *Charter of Rights* is there for. It is to protect individual freedoms and individual rights. I understand that there is a good discussion to be had around this—one hundred percent. In my view, the decision would have to come down, in this case, on individual rights. When we talk, from a public health perspective, that the benefits of vaccines far outweigh the risks, well, is that the case for a child who has been injured by a vaccine?

Mr. McKee: I have other questions, but I think I will move on. I want to wish you the best of luck with your new high school.

Mr. Clark: Thank you. I am going to need it.

Mr. Northrup: Thank you, Madam Chair. To the Clark family, welcome. It is certainly encouraging to see you here with your wife and family. If I could give you any advice at all, kids grow up quickly. Just wait until you become a grandmother and a grandfather, because that really happens quickly. That is a kind of a little bit of advice that I would like to give you. Family is what life is all about. You have expressed that very sincerely and very heartfully. Not only as an MLA but also as a father, I certainly appreciate that. I just want to ask you whether you were vaccinated. You are a little bit younger than I am. A few generations back, were you vaccinated when you were growing up?

Mr. Clark: It is funny that you ask that, Mr. Northrup, because I was thinking about that this morning and I did not know the answer. I texted my mom. I said: Was I vaccinated? Were my brothers? Did we get any of these contagious diseases? We were vaccinated, and we did get chicken pox. I do not believe that chicken pox was a vaccine back then. Yes. Actually, she could

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not remember whether it was measles or chicken pox, but she remembers removing my diaper and seeing the spots. My two brothers got it, and we were home from school for a week. Now, we have immunity.

Mr. Northrup: You sit here as a normal person, so that . . .

Mr. Clark: “Normal” is a strong word, Mr. Northrup, but thank you.

Mr. Northrup: “Alleged normal person” may be better. Thank you for being here.

Mr. DeSaulniers: Thank you, Madam Chair. Thank you for being here and for presenting. You have a lovely family, and I am glad that they ate the muffins, because I certainly did not need them. I am going to ask you a question that I wanted to ask Mr. Kitchen yesterday. In your opinion, in the *Charter of Rights and Freedoms*, would parental rights fall under individual rights and freedoms? Do you believe that would be the case—what people call parental rights?

Mr. Clark: Yes, I do, because all individuals have protection under the charter, including children. Of course, children are not able to enforce those rights themselves. It is up to parents to do that for them until the kids reach the age of majority.

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15:30

Mr. DeSaulniers: Thank you. I was hoping that that was the case.

I just want to close by saying that I appreciate your logic and your candour and your arguments. They all seem to be driven by sound logic and research. You are not driven by any pain inflicted on you by others, and I can only think that by being here, you are being true and honest to your family. Thank you.

Mr. Clark: Thank you very much.

Madam Chairperson: You have one minute left. Go right ahead. Talk back.

Mr. K. Chiasson: This will be the last question. I am glad you mentioned Bill 39. I do not think we have talked enough about the bill itself. The goal of the recognized medical bodies is to increase vaccination in the province. Do you think that Bill 39 will permit that or will help the province to achieve that goal by imposing vaccination on kids and using schools as a means to pressure parents?

Mr. Clark: I do think so. I think if you are coercing parents to get children vaccinated with the threat of their children not being able to participate in public education, a lot of parents will say: My kids need to be educated. I cannot afford to homeschool. I cannot afford private school. I guess they are getting the shots. So yes, I do think that it will increase vaccination rates.

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I thought it was interesting yesterday when the President of the New Brunswick Medical Society pointed to California and said that this same legislation in California was able to raise vaccination rates by 2%. Again, does that justify this bill? It is a stretch, perhaps, to say that New Brunswick is the same as California, but there are some pressures there to say that if you are going to have mandatory vaccines, you are only going to increase vaccination rates by 2%. Is that really worth what everyone acknowledges is the trampling of individual rights and freedoms?

Madam Chairperson: Thank you very much. Thank you for bringing your family. I love seeing young people engaged in a political process, so congratulations. You are clearly raising some good citizens. My comments, really, are probably not necessary, but it sounds like you have a mother who, much like mine, was also unsure. After four kids, you lose track. One of them got measles.

Mr. Clark: Right.

Madam Chairperson: I sympathize with you because I have my first high schooler also.

Mr. Clark: Okay, let's compare notes. Thank you.

Dr. Michelle Greason

Madam Chairperson: Dr. Greason, you have been sitting here. I have seen you out in the audience, so I do not think I have to go over the parameters. If you would like a 10-minute warning, I can give you a 10-minute warning.

Dr. Greason: That would be helpful, yes. Thank you.

I think the universe aligned well in putting Andy ahead of me, because our presentations coincide so well—even to the point where I think some of the questions that were asked build on them. I think it works out without even having to try.

I will introduce myself first. My name is Dr. Michelle Greason, and I am here today to speak to you about my concerns regarding Bill 39 specifically. I believe that this bill is a significant threat to our rights and freedoms as New Brunswickers and as Canadian citizens. Despite my deep desire to be spending this day with my family on my vacation, I am here instead. The thought of seeing this bill passed without having exercised my freedom of thought, belief, opinion, or expression was keeping me up at night.

I will also say that you will notice that my PowerPoint is meant to be entertaining. I am not to be taken too seriously, okay?

It is also, I think, very important to recognize that, despite having the theoretical freedom to be here today, with free speech, there is an actual risk to standing up and speaking against this bill. Vaccination, as we have seen today and yesterday, is a heated topic among politicians and

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policy-makers, organizations, and individuals, and possibly most strongly among parents. Speaking out against a bill that certain powerful and influential people support comes with a certain amount of risk in terms of personal and professional reputation.

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Keeping this in mind, you need to remember that every individual speaking over these three days likely represents a number of individuals who felt silenced and were unable to be here today for fear of personal or professional repercussions.

Again, I will start by introducing who I am and positioning myself. I was born and raised in New Brunswick, and I made the conscious decision to stay here for my education, despite being offered a full scholarship in another province. I am committed to this province, its beauty, and its potential and have made sacrifices to stay here. I have a degree in psychology, in social work, and a PhD which focuses on ethics and ethical decision-making. While my work was in the context of long-term care, the tenets of ethics are very easily applicable in any context, including this one.

I am an educator, and perhaps the most pertinent reason I am here today is that I am also a mother. My child is not yet school-age, though the potential infringements of rights and the resulting options or lack thereof resulting from Bill 39 will certainly influence the choices my family will make in the coming years.

As I mentioned, vaccination is an emotional topic that often evokes passionate responses regardless of position, and my aim today is not to convince you one way or another as to whether you should vaccinate. In fact, I am fine with the way things are. If vaccines help and encourage people and they want them, they should get them.

My stance today and why I am here is that I believe that regardless of your personal convictions regarding vaccines, Bill 39 is unconstitutional and a blatant and irresponsible attempt to override the *Canadian Charter of Rights and Freedoms*, autonomy, and informed consent. I am here because I believe that Bill 39 is a pretty extreme and excessive response to the New Brunswick vaccination situation, which, as we have discussed at length today, we do not have the full picture on. I am here because I am concerned about the precedents that Bill 39 could set across Canada, and I am here because the potential future abuse and ramifications of Bill 39 being applied to other personal realms are deeply troubling to me as an individual and as an ethicist. It is naive to think that if we hand over such power in this context, it will not also be applied in others. Once the power is given, it is very difficult to retract. As a dear friend said, do not underestimate the small moments in history that irrevocably change its course, for I believe that you are looking at one.

With all that, the foundational message for today is a seemingly simple yet profoundly important one. This is not about vaccination. This is about rights, autonomy, and consent. I mentioned that my child was not yet school-age, and so the way we teach these fundamental and very important

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concepts is by using the slogan: My body, my rules. Today, I am going to walk you through the grown-up version of this.

I know that a constitutional expert already shared. I am not here to provide an in-depth analysis of the constitution, but rather to explore what the *Charter of Rights and Freedoms* means to me within the context of Bill 39. According to the government of Canada, the charter allows you to challenge any government action that you believe violates your rights and freedoms. As I have already mentioned, I believe that Bill 39 does this, while also violating a number of human rights.

Bill 39 violates New Brunswick's freedom of conscience and religion. This boils down to, quite simply, you have your beliefs and I have mine. The concern here is that Bill 39 does not allow for some people to maintain their beliefs about vaccination, but rather forces them to either conform to the beliefs of others or to have no access to education. In this way, Bill 39 violates section 2 of the charter, regarding fundamental freedoms of conscience and religion, and it violates two fundamental human rights, according to the universal declaration. Article 26 says that "Everyone has the right to education" and that it will be free, and Article 2 states that "Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind," which includes "political or other opinion".

Point one here is that education will be free. Point two is that you will not be discriminated against regardless of your positions. Bill 39 violates both human rights here. It discriminates against citizens whose conscientious or religious beliefs do not align with vaccination because, by maintaining such beliefs, their children cannot attend public school. This then also violates the human right to access free education.

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15:40

Often in these discussions, and it came up again today with the Child and Youth Advocate, individuals will say that if you do not want to vaccinate—again, this is a belief for which you should not be discriminated against in the first place—then you can homeschool. However, there is a significant cost to families if they are forced into homeschooling. For example, in the context of my family, one parent would need to stay home to provide the homeschooling. This would ultimately remove either me or my partner from the workforce, significantly impacting family income, thus also reducing contributions to the economy. If we have less, we spend less. We likely could not afford the home that we own now if one parent left the workforce, and truthfully, if presented with such a scenario, it would be far more appealing for us to leave the province and utilize our degrees and experience in a more progressive place than to sacrifice our quality of life here.

The cost of Bill 39 for people whose conscious and religious beliefs conflict with the mandate is not that they will sacrifice their beliefs. I guarantee you that will not be the response. The cost will be people leaving the workforce, contributing less to the economy, selling their homes, going on EI, going on social assistance, and leaving the province.

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Students stay in New Brunswick for their education because they are connected to it and believe in the province. Over and over again, I hear students tell me that they want to be part of the change in New Brunswick. They want to stay here because they are connected. They believe in it, and they are upset when so many friends abandon the province. Sadly, as the months pass, I see this spark, this light, in their eyes start to dwindle. It disappears. It wanders. And I see these vibrant and curious souls begin to feel burdened by the repeated backward responses to social problems in our province. I hear over and over and over again: But why? That makes no sense.

It is exhausting and disheartening to try to keep their flames lit as they identify the often unnecessary and harmful barriers between where we are as a province and where we could be. For some, the prospect of working within this province where the same harmful and backward decisions are made over and over again is not worth it, so they leave. We already have trouble keeping graduates in the province, and Bill 39 is going to be another reason, I think, why people leave and/or do not want to come here for employment opportunities.

As an academic, I frequently have discussions about how hard it is to retain professionals and individuals with graduate-level degrees in this province. The difficulty stems from being conservative, overly cautious, and having confining bureaucratic processes that prevent honest and evidence-based discussions. This is not conducive to honest democracy, and it certainly is not a welcoming atmosphere for people with critical thought.

It is, quite frankly, ignorant to believe that the answer to Bill 39, for those whose beliefs differ, is simply to stay home and homeschool. The cost is great to individual families, communities, and the province. Who is going to compensate me and the other families to stay home and educate my children? Who takes on that responsibility? Are you prepared to compensate me to educate my child—"you" being the province, to clarify? I have a Ph.D., and I am certainly capable. However, my annual salary certainly exceeds what the province currently expends per child in the public school system, and in order to avoid violating human rights, you would have to provide some form of support or compensation to me for, without this, my child no longer has access to free education.

I say all this, but in reality, if Bill 39 were to pass, I doubt my family would stay in the province. While it would come at a great cost both emotionally and financially to leave, I cannot imagine supporting a province where the disregard of rights results in people choosing between bodily autonomy or education. I will not live in a community that segregates and treats my child as a second-class citizen, and this is why I say—Andy and I are cahoots—we will watch you from afar.

Bill 39 does not stop here in its violation of rights. By mandating vaccinations, it goes further, also entrenching on our rights to bodily autonomy and integrity by violating section 7 in the *Charter of Rights and Freedoms*, specifically security of the person. The right to security is threatened because vaccines are not 100% safe and have been proven to injure and kill people under courts of many countries, including the United States, where vaccines are deemed unavoidably unsafe by the Supreme Court. I do not need to stand here and elaborate on injury or death, and I know that many others have courageously spoken to this. But the fact that the U.S.

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Supreme Court has ruled vaccines “unavoidably unsafe” should be enough to make you pause. If it is not, you could also consider that the World Health Organization states:

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15:45

However, vaccines are not without risk and it is commonly accepted that, regardless of proper design, manufacture and delivery, adverse events occur following vaccination.

Bodily autonomy means that citizens have a right to determine what does or does not happen to their bodies. It involves informed consent, and the Canadian Medical Protective Association describes “informed consent” as follows:

The right to determine what shall, or shall not, be done with one’s body, and to be free from non-consensual medical treatment, is a right deeply rooted in our common law. This right underlines the doctrine of informed consent . . . every competent adult has the right to be free from unwanted medical treatment. The fact that serious risks or consequences may result from a refusal of medical treatment does not vitiate

—that means supersede or override—

the right of medical self-determination. The doctrine of informed consent ensures the freedom of individuals to make choices about their medical care.

The point here is that no one can tell me what to do with my body or my child’s body, ever, under any circumstance. My decisions are my child’s until the child has the capacity to make them. This right is protected under the health Act and under the *Canadian Charter of Rights and Freedoms*, yet Bill 39 would violate the right of bodily autonomy and consent by forcing a medical procedure on individuals.

Another important point here is that this definition of consent explicitly states that even if there is the potential for serious risks or consequences resulting from the refusal of a treatment, a person still cannot be forced into that medical procedure. In case it is not clear, vaccination is considered a medical procedure. This means that even if one believes that not vaccinating could generate serious risks to oneself or to others, it does not override someone’s right to bodily autonomy.

In a common response to concerned citizens, New Brunswick officials signed their letters by stating: The health and safety of New Brunswick students is our government’s top priority.

“Vaccines are a safe and proven way to prevent the spread of many diseases, some of which can be life-threatening”.

“Immunization directly protects individuals who receive vaccines. Through herd immunity, immunization . . . also prevents the spread of infection in the community and indirectly protects” those who are most vulnerable.

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I would need another presentation time spot to address all of the misinformation within this response. What I want to focus on is the last line, where the focus is placed on herd immunity. Similarly to what others have said, I believe that that is where we get stuck in terms of Bill 39. Is it my right or someone else's in terms of a public health concern?

An argument for Bill 39 is that it will protect students and the greater community, specifically the most vulnerable. However, even if this were the truth, you still could not force citizens to override their bodily autonomy and consent in order to potentially prevent possible risk.

In ethics—because I cannot not talk about it sitting here—this is known as utilitarianism. It is the notion of the greatest good for the greatest number, or the least harm for the greatest number. Yesterday, Mr. Cardy mentioned this as a public health concern and said that this warrants an erosion of individual rights for some people in order to protect the rights of others. I am going to explain why that is not the case.

Knowing that vaccines are not 100% safe means that the notion of herd immunity asks those of a different conscience or religion to forgo their beliefs and rights for the possibility of protecting the most vulnerable, when, in fact, it actually puts them in a position of risk and vulnerability. The argument for mandated vaccines to protect the greatest number of people cannot stand up under ethical or moral evaluation. Bill 39 is, in effect, forcing citizens to risk their health and wellness, as well as violating their rights and freedoms for no reason, as a possible vulnerability simply shifts from one group to another. It shifts from those who cannot be vaccinated to those who do not want or do not consent to be vaccinated.

How is the time? Okay, you will get another paragraph on ethics. Sorry.

068

15:50

Because you cannot separate ethics from Bill 39, I also need to highlight the discussion around medical ethics and the argument that some are making that medical professionals have an obligation under the Hippocratic oath to encourage or force vaccination, since vaccines and the concept of herd immunity reduce harm and do good. This argument falls under the medical ethical decision-making framework or way of making ethical decisions that is known as principlism or the four principles. One is expected to weigh the risks of a situation based on autonomy; beneficence, which is doing good; non-maleficence, which is avoiding harm; and justice.

What is being omitted from this discussion is that while we do have an ethical obligation within this framework to avoid harm and do good, what always comes first is the principle of autonomy. This means that regardless of what you think will reduce harm or do good, the individual or patient, first and foremost, has the autonomy to decide. It is only if an individual is not able to make that decision that an outside decision-making process can happen where the other principles are then weighed against each other. In the context of Bill 39, there is no need for an outside decision-making process because the citizens involved are autonomous individuals who can make those decisions based on informed consent, period. In ethics, the discussion goes no

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further. And, as Cardy himself said yesterday, being a parent is qualification for knowing what is right for your child.

I have covered a lot in this time, and I want to provide a brief summary of key points. Bill 39 is not about vaccination. It is about rights and freedoms. In this way, regardless of your stance on vaccination, there is no space for Bill 39 in our province or our country. It violates the fundamental freedoms of conscience and religion under section 2. It violates the legal rights of section 7, which outlines that everyone has the right to life and security of person. It violates the citizens' human rights to free education and to not be discriminated against based on political or other opinion. The province is not prepared to respond to or provide for the families this bill will impact and the impact it will have on our communities and province. It violates our fundamental right to bodily autonomy and consent and tries to force one group of citizens into an unnecessary position of vulnerability and risk. It is also unethical.

The Education Minister is presenting New Brunswick citizens who are against this mandate as “folks who are less informed, misinformed and actively engaged in misinformation”, who are unhinged and dangerous. Today, I was able to factually outline how Bill 39 is unlawful and unethical, and I hope that by hearing me speak today, you have gained a different perspective of who might oppose this bill and why. I am not an anti-vaxxer, but I am pro-rights. Simplifying me or any others opposing this mandate to simply being uninformed and unhinged is ignorant at best.

I ask you to consider who is controlling the story here. Whose voices are being heard in the media, and whose are you hearing here? Who is acting based on misinformation? To those on the committee, please do not take this decision lightly. Please recognize the experience and expertise of those who dared to speak before you, and please acknowledge the unfair context in which we were invited to do so.

When we know better, we do better. Going forward, let us all remember the implications of Bill 39 and the importance of: My body, my rules. Thank you.

Madam Chairperson: Thank you very much.

Dr. Greason: You are welcome.

Madam Chairperson: Are there questions? Mr. Chiasson.

Mr. K. Chiasson: Hello.

Bonjour, Madame Greason. Bienvenue à l'Assemblée législative.

Welcome.

Dr. Greason: Thank you.

Mr. K. Chiasson: I just have one question. I am not a lawyer.

Dr. Greason: Me neither.

Mr. K. Chiasson: But you seem to be confident that Bill 39 does violate human rights.

Dr. Greason: I think that I am capable of doing an analysis of the charter.

Mr. K. Chiasson: Okay. This morning, the president of Vaccine Choice Canada mentioned that, if ever this bill were to pass, the group would push it as far as it could go, even to the Supreme Court. I think that my question is this. What is the fear that this bill passes if, from what you are saying, it does violate human rights, especially knowing that there are groups out there that are going to push this in front of the courts?

Dr. Greason: I am not sure what your question is.

Mr. K. Chiasson: My question is: What is your fear that this bill does go forward, if the groups are just going to turn around and bring this to the court system? If it does violate human rights, they will probably just annul . . .

Dr. Greason: I do not think that it should have to get to that point.

Mr. K. Chiasson: Okay.

069

15:55

Dr. Greason: I considered not speaking, but I think you are asking this: Why are you here anyway, if it is not going to go through? I think that it is harder to get it through when you hear more voices and when you see the faces of the people who are not in support of it for various reasons. I also think that it is somewhat embarrassing to be part of a province where it has even made it this far. It is hard to understand how it has, and I would hope that maybe something resonates with someone who hears what I have to say so that it hopefully does not have to make it to the Supreme Court, that we recognize that there are gaps before then.

Mr. K. Chiasson: Okay. Do you think that it would maybe be a good thing that the court would actually weigh in on this? If it does come down to human rights, should it maybe not go in front of the courts? Do you think that would be the best way to proceed in order to determine if the bill should go forward or not?

Dr. Greason: I think if there were any foothold in Canada to mandate vaccinations, it would have been done, and I think that other provinces have been wise in their counsel to know that it is not even worth the attempt. I do not think that it has any ground at all, and I do not think that anyone has to weigh in on it, because I think it is clear. We have the charter for a reason, and it speaks for itself. I think that because of the way that it is being presented by certain individuals,

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where they say it does have the potential of going forward, those individuals are not considering all of the facts, despite saying that they are.

Mr. K. Chiasson: Okay. Thank you very much.

Mr. Fitch: Thank you, and thank you very much for your presentation. I know you mentioned you are building on Mr. Clark's discussion. Talk briefly about your thoughts. I would like to get your thoughts on the shifting of the risk, if you follow what I am saying here. It is just open dialogue. Let's talk about this because we have some time left.

Right now, you know, people are saying there are risks to getting vaccinations. We have talked about how parents . . . For example, in my generation, it was just the automatic thing to do. You got the vaccination. Now, there is more of a discussion about it. People are saying: I am not going get my child vaccinated. Let's just say from an inherited or a parenting decision, all of the sudden, that population of unvaccinated people now becomes a huge majority and the risk shifts from the vaccinations to the diseases themselves. As Mr. Clark mentioned, there can be some long-term effects on some of the diseases that are trying to be prevented.

What are your thoughts on that about the risk shifting? There is a lot of talk saying: Well, the people who cannot get vaccinations or chose not to get vaccinations right now are protected because the large percentage of population are vaccinated. If that shifts, what are your thoughts on that with respect to how society would perceive that?

Dr. Greason: I think that there are a number of components to this. The first that I need to dangerously address is that I do not believe my family is protected because others are. I do not believe in that, and the science actually does not present that. I was not brave enough to present that today because it is very scientific and I think it is outside of the realm of my scope. I do not think that my family is protected. I do not think that unvaccinated people are protected because others are vaccinated. Even if you see the spread that you are talking about, it is going to happen naturally regardless of whether or not people are vaccinated.

One of the most obvious ways we can defend that is by saying we are seeing outbreaks of illnesses, not diseases. They do not stay. It is not a disease. They come, you are sick, and they go in populations where there is almost a 100% vaccination rate. Even though the information will not be shared, I would argue that the majority of the cases of people who had measles and whooping cough in Saint John were vaccinated. I think that if they were not, it would have been all over the news.

070

16:00

I think the shift of risk is that you are asking families to take on the potential harm, even if it is small, of vaccines to maybe help someone else. That is what I mean about the shift of vulnerability. It as though you are saying: I cannot get vaccinated, so Michelle, you should get a vaccine to help me even though you might get injured because of it. That is what I have an issue

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with. That is why I do not think that the argument of herd immunity holds up, because I think I have the chance of being hurt and sick from it as well.

Mr. Fitch: I have a follow-up question. I know our time is going. I guess that is part of what motivates people to get vaccinations and part of what motivates people not to get vaccinations, and I guess that is part of their thoughts on that as society changes. I am talking generations down the road. If, in fact, it gets to the point where, all of a sudden, some of the diseases that we thought were eradicated come back into the mainstream, then would people be saying: Oh my goodness? Why did the government not do something to prevent this? We talked about the outbreak in Saint John. I think Public Health was saying that the reason it was so closely contained was that there was wide-spread vaccination within. I am not talking about tomorrow, next week, or next month. I am talking about that long-term intergenerational progress. I see that potential movement occurring.

Dr. Greason: I think it is hard to have that hypothetical discussion, and I think we would have to have an entire discussion about who is controlling the story. There are a lot of . . . You were just saying that your generation was vaccinated and there were no questions. You probably had about 12 vaccines. My child will end up with 72 before he is 16. That is a very different picture. I cannot get single-dose vaccines, even if I ask, even if I am willing to pay, because they do not exist. The discussion has shifted because the severity of it or the intensity of it is so much stronger.

The narrative, the story, around these illnesses—again, they are not diseases—is that we were not afraid of them. There are some that are very scary, and there are real risks. For others, I am not afraid to get the chicken pox. I had the chicken pox twice as a child because there was no vaccine for it in my generation. Probably, anyone over 30 has had the chicken pox, and we are well. We are healthy and are here having a conversation. We have lived good lives, right? So who is controlling the narrative about chicken pox as being very scary now? It is a really big discussion. I think it is too big.

Mr. Fitch: To narrow it to one disease . . . In the hypothetical, you could have many diseases that are even more than just chicken pox.

Dr. Greason: Absolutely, but that is included in this. That is included in the story. If you want to talk about very scary ones, that is fine, but then we need to shift into the risk of that illness and not necessarily all of them clumped together, which is the choice that parents today are being presented with. I cannot get my son a vaccine for meningitis, which is a very scary, very real illness without five others being lumped into it that I do not care about and I am not concerned about. I agree with Andy. I think our immune systems have the ability to respond to them for the most part, and I think that we have advanced medicine and preventative medicine. We have sanitation, and we have all these lovely things that we did not have 60 years ago that made these illnesses more rampant.

Mr. Fitch: Some 60 years ago is not that long ago.

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Dr. Greason: Exactly. Exactly.

Madam Chairperson: Thank you, Mr. Fitch, for your questions. I apologize. I did not realize that Ms. Mitton had one, so we will end with this question.

Ms. Mitton: Thank you, Madam Chair. Thank you for your time today. I want to ask a question given your research in ethics. I was wondering about something that we have not spoken much about. It is the idea of a compensation fund in the event of a vaccine injury or death. I am wondering whether you could weigh in on the ethics around having a compensation fund, especially in the event of Bill 39 being passed, but even in the absence of that. Thank you.

Dr. Greason: Are you asking about the ethics on it specifically or my perspective on it as a parent?

Ms. Mitton: I was wondering, given your research and your opinions . . . I guess you can decide which hat you are going to be wearing.

071

16:05

Dr. Greason: Right, yes. I think that there are two pieces to that. I think that, ideally, the ethical thing to do would be to hold the manufacturers accountable. I do not think that our tax dollars should have to pay for a pharmaceutical company's research and trials or lack thereof. I think that, ideally, the most ethical thing would be to hold the manufacturers to the same expectation that we do for any other pharmaceutical drug.

I also think, then, that the second-best option would be to have a compensation plan if, for nothing else, for the families who are not provided honest, informed consent to have some type of compensation for if and when—because it will happen and does happen—their child is injured from a vaccine. Right now, we have nothing. All the additional costs, supports, or services for that have to be fronted by the family.

I think that the best answer is to have informed consent and not force it on anyone through any type of mandate because, by saying, okay, we will put Bill 39 through. Maybe it gets through, is accepted, and we have changed the course of history in Canada. The only thing that a compensation plan does is put a price on my child's life. You are asking me to put a price on his life and health and wellness through a compensation plan, and my response to that would be: It is indefinite. There is not enough money that you could ever give me if a vaccine hurt my child. Those would be my tiers of ethical accountability, yes.

Ms. Mitton: Okay, thank you.

Madam Chairperson: Thank you very much for your presentation. Thank you for taking the time out of your vacation to be here.

Dr. Greason: Yes, thank you.

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Madam Chairperson: It is much appreciated. Stephanie Mallet, you have also been here, and I know that I do not have to go over the parameters, but I would ask you to do an introduction.

Stephanie Mallet

Ms. Mallet: Yes, okay. Do I just start?

Madam Chairperson: Go right ahead.

Ms. Mallet: My name is Stephanie Mallet, and I am a New Brunswick resident. I live in the Shediac Bay-Dieppe riding. I am very nervous. I prefer to work in the background, so I almost did not come 10 times, but I feel that it is important. I am not a good speaker.

(Interjections.)

Ms. Mallet: Okay, perfect. Actually, for this type of information, I do better in English, but you can ask me questions in French if you want.

Dear committee members, thank you so much for allowing the public to participate in this debate. It gives me hope. First, I would like to tell you a little bit about me. I have been fascinated by natural living for a long time. I have always supported the vaccine benefits, and still believe that there are benefits to vaccines.

When I was pregnant was the time that I decided to look further into my decision regarding vaccines. The first vaccine that the hospital offered prior to the birth of my child was the hepatitis B vaccine. They wanted me to sign a consent form. I told them that I would go home and read the material. So, I went home and read Health Canada and CDC. It said that you are at risk of getting hepatitis B through sharing needles and sexual activities. There are also very rare risks, such as blood transfusions or coming into contact, but it is extremely rare. I came back and asked: Why are we giving this to a one-day old baby?

When you are pregnant, they test you for the hepatitis B disease, so you know that you do not have it. Let's say that I had hepatitis B. I would have probably given the vaccine to protect my child. I am married as well, so there is no sexual activity going on with anyone else, and I do not do drugs. There was no risk to my baby. I spoke with multiple doctors who all said that this vaccine was not needed but that I should consider the other vaccines. One doctor said: By the time your child would require protection from hepatitis B, this vaccine will no longer be effective for your child. This doctor said that the vaccine should be removed from the schedule.

072

16:10

I want you to know that I base all my opinions on facts and science. I am very open to new information as well. I am not who the minister has described me to be. Dr. Nass who was here

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yesterday also pointed out that the hepatitis B vaccine is not necessary, and many other provinces and countries actually do not use that vaccine or recommend it.

I started getting a little skeptical after this experience. Also, being aware that my sister had severe seizures and was hospitalized after her MMR vaccine the same night, I decided to look at each vaccine to see whether the risk outweighed the benefits for my family. For the record, people are talking about underreporting vaccine injury. The doctors never admitted that it was the vaccine that caused it, even though it was the same night. But years later, I did find a freedom of information Act that showed that the health authorities, at the time, knew that this vaccine was causing these issues and that children were dying from the vaccine. This is a vaccine that is currently given.

Then, when this bill was proposed, I still had a lot of questions. I have actually been contacting the health authorities and asking questions, and they are not answering my questions, which concerns me as well. I really do want to hear their side. I want to hear them explain to me the scientific questions that I have, because I am learning and I am researching. Some questions that I did have were: Has this vaccine schedule been studied for synergistic effects? Have we done studies to see what the long-term health outcomes are? Have we studied the safety of the aluminum adjuvant, which is what is used in nonlive vaccines to stimulate an immune response? Are vaccinated children healthier today? I also wonder: Is our population healthier today than it was in the past? To me, the data seem to indicate that this is not the case. I also wonder why.

Another concern that I have with this bill is the potential for future abuse. Let's say that hypothetically, this did pass the charter or we put this bill through. There would be no more protections from abuse of future governments. If we did have a government that chose just to have any and all vaccines, there is nothing to stop it after this. You heard how far the Child and Youth Advocate is willing to go, as well, in terms of stopping payments and wanting to increase vaccines. It is a little concerning. The other issue that I have heard is the Minister of Education saying that parents who do not vaccinate children are child abusers. Does the next step involve removing the children from the homes?

What also worried me about this bill is that both the New Brunswick Medical Society and the New Brunswick Pharmaceutical Society almost immediately supported this bill. I have spoken to members of this association who do not support Bill 39, but with these associations supporting this bill, it silences their members. No doctor or no pharmacist will speak out now. The risk to their careers and reputations will be too large. That is why I spent my entire summer seeking out doctors and researchers to speak on behalf of New Brunswickers. I found Dr. Sears, so it was me. Vaccine Choice Canada had nothing to do with contacting Dr. Sears. I actually contacted him myself. It was the same thing with Dr. Nass. As a student, I could not afford to pay for their expenses. I am a member of Vaccine Choice Canada, so I approached it to see whether it would cover this cost. I am not funded by billionaires. I wish I were, but I am not.

The reason I liked bringing Dr. Sears . . . And it is very unfortunate that you guys did not really get a chance to talk to him and hear his story. He is a great example of what the future and how government crackdowns can turn into. He came here . . . Dr. Nass and Dr. Sears came here, and

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there was no benefit to them—none. They lost income for not being in practice. They risked their reputations, and they were not paid a fee at all to come here. I was actually really sad to see that he was not able to speak as much.

073

16:15

In California, they started by removing the nonmedical exemptions. That was the first step. Then Senator Pan actually tried to introduce a bill where the state would say that each child has a right to the vaccines above the parental consent, but that bill fortunately did not pass. That is a good thing. Dr. Sears continues to risk his reputation and career to provide medical exemptions using his expertise. He would actually read the vaccine schedule and make decisions based off of that. With that, he really got attacked. You guys heard that, you know . . . He is still a practicing pediatrician. He still gives vaccines. It is just that he makes a one-on-one decision. He did care more about the children than he did about himself.

A lot of people say . . . Well, actually, you heard what he said. There are only certain types of exemptions as well. In California, it cannot be the doctor making the individual decision. It actually comes from bureaucrats who have not even met the children. Vaccines are one of the most profitable aspects of a pediatric practice, so . . . A lot of people say: My family is at high risk. Doctors have said that. My child would be at a higher risk. They said: Why do you not just get a medical exemption? Maybe we might have medical exemptions now, but I do not know what the future of medical exemptions will be. Will we continue the path down California's where, now, doctors cannot even make that decision? If doctors do decide to make that decision, they get investigated or whatever else happens to them.

Yesterday, Mr. Savoie said that he wanted to hear from a Canadian medical professional. I have also contacted Dr. Christopher Shaw. He would have liked to come here, but he was not able. He is in British Columbia. He will be submitting a letter to this committee. I was going to allow that to just be submitted to you, but I am actually going to read the letter, because I have it here. These are not my words. This is Dr. Christopher Shaw.

I am writing in relation to the proposed Bill 39 for mandatory vaccines for school age children in New Brunswick. The concerns I will express below are primarily twofold: First, the scientific assumptions underlying the push for this legislation; second, the probability of very real violations of human rights that might follow.

At the outset, I will set forth my credentials. I am a neuroscientist by training and hold a primary appointments in the Department of Ophthalmology and Visual Sciences, with cross appointments to programs in Neuroscience and Experimental Medicine at the University of British Columbia. Since 2007, the work of my laboratory has explored the neurotoxicity of aluminum both generally and more specifically in regard to vaccine adjuvants. . . .

Aluminum is a demonstrated neurotoxic compound whether exposure is by inhalation . . . diet . . . or injection . . . The latter has been addressed in what is now an extensive peer-reviewed

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literature . . . that clearly shows the negative impacts on the nervous system in experimental animals and in humans

—some of these—

considered to be autoimmune reactions. Of note, some two thirds of vaccines in the pediatric schedule are adjuvanted with aluminum compounds.

I gave you the schedule. I do not know whether you have it. I have highlighted all the aluminum vaccines. Those are nonlive vaccines.

In British Columbia, concerns about a measles outbreak in the spring of 2019, along with other outbreaks in the United States, have led to calls in various locales for either a mandatory vaccination policy for school children, or a mandatory registration system for children not vaccinated to a vaccine “compliant” status. In both cases, the intention is that children are expected to receive the full vaccines schedule, or register that they have not, in order to attend school. In the latter case, British Columbia opted for registration over a forced compliance policy, in large measure due to concerns that a mandatory vaccination policy would trigger litigation based on violations of the Charter of Rights and Freedoms.

074

16:20

Central to the calls for mandatory vaccination are the twin assumptions that (a) vaccines are generally safe with side effects being extremely rare and (b) that vaccine effectiveness is high and can provide in many cases permanent immunity. Neither of these assumptions are completely correct, in my opinion.

In the first case, in the U.S. the Vaccine Adverse Events Reporting System (VAERS) data base documents a host of adverse effects that follow vaccine administration.

Even acknowledging the flaws in this system, it has become apparent that VAERS catches only about 1% of adverse effects, including deaths (Harvard Pilgrim study). Thus, far from being totally benign, vaccination, as any other medical procedure, carries some risks for some people. The reasons for this susceptibility are not yet clear, but the risks nevertheless do exist. While the measles vaccine, MMR, does not contain ... aluminum, the VAERS data base still shows a (significant) number of adverse effects associated with its use.

The second point is that while various vaccines may be effective at preventing the illnesses for which they were developed, such effectiveness tends in many cases to wane over time, or to be very poor to begin with (e.g., the various influenza vaccines in the last several years). This first problem is termed “secondary vaccine failure” and can be a significant issue for various vaccines, including both the vaccines for pertussis (whooping cough) and measles. While some medical authorities maintain that measles vaccine-induced immunity to disease is lifelong after two doses, the available scientific literature casts doubt on this assertion.

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In regard to vaccine effectiveness as above, the concept of “herd immunity” is often raised. Basically, the concept is that if enough people are vaccinated against any disease, or have natural immunity from contracting the disease, the disease cannot spread to those who cannot, for various reasons, be vaccinated. The latter numbers are estimated by the British Columbia Centres for Disease Control to be 0.03% for children under 18 and 0.3% for the entire population.

There are various mathematical models of the herd immunity concept and I include one for pertussis

—which you guys will actually get by e-mail—

that my laboratory has been working with since last spring.

I have attached this model to this letter . . . Basically, using assumptions taken from the U.S Centers for Disease Control and Prevention (CDC) we have created a 1500 point graph . . .

This graph shows the bulk population prior to exposure of an infected person, those who cannot be vaccinated, and the initial disease carrier.

The four panels show the vaccinated status of 0, 50, 75 and 94%, the later considered the required percentage for herd immunity for this disease.

He goes into a little bit of an explanation on how to use the chart that you will have.

Even assuming that all children are vaccinated, secondary vaccine failure in the adult population would give a smaller proportion of immune individuals that is likely to be too low to achieve herd immunity. For example, if we assume that 100% of the school children (up to age 18) are vaccinated (less than 25% of the total population) and then add on those over a certain age who contracted the disease in earlier life (for example, those over age 55 for another 20% maximum), we are still left with 55% of the population of variable immune status. For pertussis, the estimate is that secondary vaccine failure can occur after 8 years or less; for measles, the period is longer but may not exceed 15 to 20 years. Based on current estimates, less than 30% of this population receives booster shots. This means that some 33% of the adult population may have variable levels of immunity. In turn, this means that the goal of herd immunity cannot be accomplished alone by vaccine mandates of school children.

The alternative, of course, is to further mandate vaccines for all adults when antibody levels have declined below a certain threshold.

I think it will be apparent to members of the Legislature that adding adult mandates will necessarily compromise human rights, especially in regard to adverse effects as cited (below).

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Section 7 of the Charter of Rights and Freedoms addresses the security of the person, one of the most fundamental of human rights. Forcing people to accept a medical procedure of any nature when the health of some may be significantly compromised, not to mention the freedom to make informed choices, describes a “state of exception”, i.e., when the state takes it upon itself to override human freedom for the “greater good” when that “greater good” is itself defined by the state.

075

16:25

In summary, the proposed legislation, even if it could be implemented, would still necessarily fail to achieve herd immunity without similar mandates for the adult population. While this might, in turn, provide some measure of herd immunity for typically not serious diseases for most people, it would come with the consequences of (a) adverse effects for some fraction of the population and (b) a widespread disregard for freedom of choice for the society at large.

I find it difficult to believe that under these conditions the Legislature would in good faith proceed with the proposed bill. In addition, I am certain that various members of the Legislature are fully aware that many citizens of New Brunswick would view such legislation as a Charter of Rights and Freedoms violation and proceed accordingly.

Mr. Shaw also offered that, if anyone wants to call him, he will speak to you directly, one on one.

Here I have another issue because I was told that I could embed a video for the committee to watch, but I do not know how to actually start the video. I do not know whether we are going to skip the video or whether I am going to play it on my laptop. It is more to hear what she is saying, but . . .

Madam Chairperson: You could send the video to us.

Ms. Mallet: Yes, and then you would watch it?

(Interjections.)

Ms. Mallet: Okay. So, with the video, because you are not going to watch it and it is kind of part of what I was going to present, she was going to talk about a study that she had done. There are live vaccines and nonlive vaccines. The live vaccines have some health benefits, and they found that more children in Africa were actually surviving by getting vaccinated. With the nonlive vaccines, they found that children were dying at a higher rate. So, 5 to 10 times more children were dying from receiving the DPT vaccine, which you have heard people talk about. It is not the vaccine that we give in New Brunswick. She says that there are nonspecific effects from vaccines, specifically in the live ones, that are negative.

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I highlighted all the vaccines that we are giving to our children. I have a letter from her, Dr. Christine Stabell Benn, so I am just going to read it. She allowed me to use this letter for the committee, but she is in Denmark, so she was not able to come herself. She says:

As a vaccine researcher, I strongly oppose mandatory vaccinations. The vaccines that are in use were only tested for effects on vaccine-targeted disease and on side-effects in relation to the vaccination. However, there is increasing evidence that vaccines also affect the immune system broadly, reducing or enhancing susceptibility to unrelated diseases.

Hence, the vaccine skeptics have a right to point out that we do not know the full effects of vaccines on overall health. It should therefore be a human right to weigh pros, cons, and unknowns to make one's own decision. Promoting forced measles vaccination may increase resistance. Those who care for public health should promote measles vaccine with data showing that it protects against measles and improves overall health.

This is a TED Talk. It is very interesting. I thought that . . . It is very credible, and it is very interesting. She quotes some research, so it is worth watching.

A lot of people are saying that if you mandate the vaccines then is it going to increase the vaccination rate? I saw some research that shows that it temporarily increases it but, long-term, it does not. In the state of California, 28 000 jobs and businesses left California after it put in the mandatory vaccines or removed the exemptions, so I also wonder how this will affect the New Brunswick economy. I personally am considering moving to another province.

Another concern that I had when listening to all of this is that it seems as though the government has not actually enforced the current law, the current policy, that we have. I find it difficult that, without actually enforcing this policy and not knowing all the facts . . . Why do we need to move forward, when we do not even know whether the current policy would work or has been working? I, personally, would like to see the government stay with the status quo and enforce the current policy to see how that works.

076

16:30

Madam Chairperson: You have eight minutes left.

Ms. Mallet: Well, I am actually done. Thank you.

Madam Chairperson: I did not mean to stop you there.

Ms. Mallet: No, no, I was actually done.

M^{me} F. Landry : Merci, Stéphanie, d'être ici aujourd'hui pour nous présenter ton point de vue.

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I appreciate it very much. I would like to make sure that we understand where you are coming from. You are a student from where? What is your background, and what spurred you to participate in this session?

Ms. Mallet: I live in the Shediac Bay-Dieppe area, and I am a student at UNB. I am doing a Bachelor of Business Administration. I have a child, I am married, and I am from New Brunswick. I lived in Alberta for 11 years. I find this so incredibly important for many reasons, so I had to come here.

Mrs. F. Landry: To contact Dr. Sears and other people, as you did, and get testimonials from these people, how did you get out . . .

Pourquoi as-tu entrepris toutes ces démarches?

Ms. Mallet: I am someone who believes in science and facts. I really investigate both sides of any type of debate. I look at it very, very deeply. I also reached out to our local health authorities, and I was not getting answers. At that point, I continued to look further to try to see if people could give me more answers. I actually went on PubMed and read the reviews. I reached out to a lot of people. I spent my entire summer, I can say, trying to get the information that I have. I contacted so many people. I read an incredible amount of research, articles, and news, and I guess with respect to the people who responded, in my opinion, it just worked out. It fit.

I think that it tells a nice story. They were really good people, and they responded right away. They are people who really care about this issue. When I reached out to them, they were actually glad that they had the chance to speak out and they accepted my invitation to come.

M^{me} F. Landry : Merci pour ces réponses. Cela me permet de comprendre un petit peu d'où tu viens et pourquoi tu es ici avec nous.

M^{me} Mallet : Merci.

Mrs. F. Landry: Obviously, your presentation is about the lack of research, about the effectiveness of the schedule and the compound used and whatever, and about the unintended consequences of vaccines. In your mind, do you believe all vaccines are equally unimportant to public health?

Ms. Mallet: No, and I think there are definitely times when the risks outweigh the benefits. In the TED Talk, when you watch it, you are going to see that in Africa, children are likely to die from measles. They die at a very high rate from measles. Even if there were risks to the measles vaccine, it would be very important for . . . I probably would give it to my child for sure because there would be a better chance that my child would survive, but in our country, even in the sixties, the risk of dying from measles is 1 in 10 000. It is usually linked to vitamin A, and this is all sourced with the World Health Organization. I take a very, very natural approach, and I have no doubt that I could handle that risk.

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I spoke with doctors. Most of them were not concerned, which is very interesting when you see the media, with my child not being vaccinated. They actually said that the biggest concern is when you go to the doctor, the doctor might not recognize the disease. You need to make sure that you tell your doctor that your child is not vaccinated so that the doctor knows what to look for.

Mrs. F. Landry: Thank you very much.

Merci, Stéphanie.

M^{me} Mallet : Merci beaucoup.

Mr. DeSaulniers: Thank you, Madam Chair. It is nice to look you in the eye for a change, instead of through this.

Madam Chairperson: I know.

Mr. DeSaulniers: Thank you for being here.

Ms. Mallet: Thank you.

Mr. DeSaulniers: I am going to ask a question. I do not know whether you know the answer to it or not, and if somebody else in this room knows the answer to it, that person can approach me later.

077

16:35

Ms. Mallet: Sure.

Mr. DeSaulniers: The Canadian version of VAERS, the Vaccine Adverse Event Reporting System . . .

Ms. Mallet: Yes.

Mr. DeSaulniers: I looked at the American one online this morning, and it shows that there is no law that forces doctors to report adverse events. Is that right? In Canada, from what I have seen to date, it appears to be the same way. There is really no law obliging doctors to report adverse events. Is that true? Do you know that to be true?

Ms. Mallet: I cannot say for sure. I believe it is the case. I would not be able to say that that is a fact that I could confirm for you, but I believe it is the case, yes. I think vaccines are definitely underreported. I just see many mothers talking about a vaccine reaction, but they do not even recognize that it is a vaccine reaction sometimes. If you actually go read the insert, or if you look at what Health Canada is saying, children are actually having those types of reactions. I think that, sometimes, parents do not know to let their doctor know. That is another issue as well.

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Mr. DeSaulniers: I will find the answer to that. It is important to me, because if adverse events do not get reported, it skews the public view of things.

Ms. Mallet: Yes.

Mr. DeSaulniers: Do you understand where I am coming from?

Ms. Mallet: Absolutely.

Mr. DeSaulniers: It is very important that we know the answer to that question.

Ms. Mallet: Yes, we need the facts.

Mr. DeSaulniers: Thank you very much. That is all I had, Madam Chairperson.

Ms. Mallet: Thank you.

Madam Chairperson: Are there no other questions? Oh, go right ahead, Ms. Rogers. Yes, there is time.

Ms. Rogers: I just have one question. If I heard right, I think you made a point . . . I am not sure if it was yours or if it was in one of the letters that you were reading. If a child is able to be identified as a high-risk child, that might qualify under a medical exemption. But how could we identify a high-risk child, from whatever you have looked at, if you are doing some of the vaccination from almost day one, from birth? How do you have an opportunity to identify that? Even allowing for a medical exemption for high-risk children, that would not be possible to do while conforming to the existing schedule, right?

Ms. Mallet: Yes, you are right, because if you have already had the first vaccine right from the start . . .

Ms. Rogers: You do not have the comparable.

Ms. Mallet: No, it is difficult. The other thing is that there are some guidelines. If you have had a reaction, you are at high risk. If you read the vaccine insert itself, it does list some risk factors, but, yes, it is very difficult to actually do the testing, even for a physician.

Ms. Rogers: How do you test at birth and at 8 weeks?

Ms. Mallet: Exactly.

Ms. Rogers: Okay. Thank you.

Madam Chairperson: Thank you very much. See, we are not so bad after all.

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Ms. Mallet: No, thank you so much. I was so nervous.

Madam Chairperson: You did great.

Ms. Mallet: Thank you.

Madam Chairperson: Thank you.

We have had a cancellation, so the suggestion has been made that Shannon Mosher, who was here earlier this morning and volunteered to be present to field questions, will come back for us this afternoon. She was already on the list. That was the 5 p.m. timeline, and we are going to move that up.

(Interjections.)

Madam Chairperson: Ms. LaPointe.

(Interjections.)

Madam Chairperson: Yes. She is here, but she has opted to not present.

I will get you to do an introduction again, for the purpose of the record.

Shannon Mosher

Ms. Mosher: Okay, hello again. It is nice to see all of you. Again, my name is Shannon Mosher. I came all the way from Nova Scotia to oppose, in person, Bill 39. I am a mother of a vaccine-injured child, whom you have met earlier. However, I am not only here to represent my family and myself. I am here to represent the vaccine-injured community and the vaccine-informed in Nova Scotia. Because of what is happening here in New Brunswick, if this goes forward, it will set a precedent for the rest of the country. I do not want to see this in Nova Scotia and in the rest of Canada. I do not want to see this happening to the people of New Brunswick.

I really want to explain a little bit more about what happened with Ethan, because he is my baby. You know, when you have a new baby . . . I was the one with him. He was a newborn, and he was with me. I was the one that witnessed his vaccine injury. I would testify in any court, anywhere in the world, that I saw him being vaccine-injured and that he was not born the way that you met him earlier today.

078

16:40

I am going to be showing some images. Feel free to look at them while they are going through. I will start up, maybe. This has been a bit of a . . . These are images of Ethan from October. He

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was born on October 4, 2009. These images go until his 12-month birthday, pretty much. There are two images at the end that are shown at a newborn photography session.

His vaccine injury was so debilitating for him that I was no longer able to take pictures of him. As a mother, I regret it now. I wish I had photos to show you of him with the eye-rolling, with the seizures, and with all of his symptoms. I am a mom, I not going to be able to say, Oh, this is great. It was not great. I wish I had them, but I do not.

If you look at these photos, you will see that he has eye contact. I do not know how many of you are parents. I do not know how much experience you have with children. He was a perfectly neurotypical child. He met all of his milestones—he made eye contact, he was smiley, he knew me, he loved me. I am his world. After his vaccine injury—nothing. I was no one to him. It could have been any of you. I was no longer able to soothe him, and breastfeeding was over. That is not to mention all the physical symptoms that Andrew talked about today—his gastro issues, his face with all the colour gone and his eyes sunken. He was the sickest little boy. He was so sick.

I really do not even know where to go with it. Sorry, it is just really, really hard. I do not want people to think that these kids are all born this way, because they are not. I am a very active mother. I am not a refrigerator mother, which used to be what autism was caused by. I am an OCD person. I did everything I was supposed to do, with all the prenatal vitamins and every doctor's appointment. I was seen by the head of gynecology, an obstetrician, at the IWK for all of my children. Dr. Zilbert is retired now, but he delivered babies. He had only a small number of women that he treated, and he delivered all the babies. I am pretty sure that if knew there was something . . . You saw how sick my son is, right? He has brain damage, right? We met this doctor for years.

Nobody saw a problem until there was a problem. I am with this kid his whole life. The only variable that changed during that time was vaccination. I would love to blame it on anything else. I would love to walk through this life, being like everyone else, just believing he was born this way and accepting it, but I cannot because I saw it happen.

I have to live with the responsibility of that because I brought him in there. I did not stay home. I did not research enough. I brought him in there. I did that to him. This doctor that we see is my doctor. She has been my doctor for 37 years. She followed my mom when my mom was pregnant with me. She gave me all my vaccinations.

(Mr. Northrup took the chair as vice-chairman.)

Ms. Mosher: I tried so hard to get this printed for you guys to see. I found my baby book a couple of weeks ago. My mom was apparently OCD as well and she filled this thing out like crazy. Maybe they had way more time in the eighties—I do not know. This thing is insane. It has all the dates of my vaccinations and an insane number of reactions. She even wrote “Had a reaction to rubella vaccine” in my baby book. If you guys want to see my phone, it is on here, I will e-mail it to you. I do not care. But nobody informed me. This doctor, whom I have seen my whole life . . . I brought my newborn baby in. She knows my history. She knew about my

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reactions. There was no informed consent at all. I was not told about the risks of the vaccines, the safety, the effectiveness, or whether they work. I went in there, and I asked. I had doubts about it. I did not go with my gut. I went in, and I trusted this woman. I have known her my whole life. I went in and said: I believe that vaccines could harm my child. What can you tell me about this? The reply was: Oh, it is going to be fine. No problem. He will be fine. Trust me.

Unfortunately, my mom did not offer any information either about my history with vaccines, so I just went in and trusted everyone. I kept trusting the situation until he was gone.

079

16:45

Again, he is smiling. He knows who I am. You will see pictures of him interacting with other people, with our pets. After his injury, pets did not exist. Other people did not exist. Nothing. Nothing. There was nothing.

As I mentioned earlier, I had to bring him in and say: He is sick. He is poisoned. It has been eight years now. Nobody cares. I heard someone mention yesterday: Oh, yes, you must report all adverse reactions. I have been reporting for eight years. To whom do I report? Because nobody is listening. I have gone to my MLA. I have gone to my MP. We have gone to the Minister of Health in Nova Scotia. The list is huge. To whom are we reporting?

I am not looking for compensation. I just want people to know what to look for. I was walking around not even understanding what vaccine injuries look like. They are everywhere. I am vaccine-injured. Terra-Lynn, who spoke earlier, is identified as vaccine-injured, and I can show you. I am so sick. I have been sick ever since those shots. I have gastro issues. I have had cancer. At 34, I was diagnosed with cancer. I have another child at home. She is four. I had to postpone cancer treatment so I could deliver her. We found out I had cancer during that pregnancy. This is what is going to happen to society.

I do not know if it is normal, but when I was a kid, if my mom talked about a friend who lost a baby or had cancer, that was rare. That was not just everyone, and in the day and age where we are, we have Facebook. I have everyone on my Facebook with whom I went to high school—I want to say, like, 800 people. You get a real window into your peers. It is pretty crazy to me that I have lost half a dozen people to cancer. I am 37. We have not had our 20-year reunion yet. There have been a few lost to heart attacks, random multiple sclerosis diagnoses in their 30s, or cancer.

The number of infertility issues among my friends is insane. It becomes so insane that it is now normal. These parents are almost expecting a loss before the gift of a child. They are so used to it. I am a photographer. It is so mainstream now. We have things called rainbow baby photo shoots. You can hire me through this program, and photographers will come in and document the loss of your child if it is stillborn. That how normal it is. It should not be like that. In the eighties, every third person was not having fertility issues, as far as I know. I do not know the data. I am not a scientist. I just see what I see.

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If I see a healthy person in my friends list, I think: Good for you, because you are rare. Everybody is dealing with something, whether it is eczema, allergies, cancer, or whatever. They are just going to get sicker, because my vaccine schedule was, what, 7? We are looking at 70 now.

I just want people to be aware. I think that everyone is in the dark. I feel people do not know what is going on, and I just want people to research and to be informed. Doctors are not telling you, even if you ask. If you believe that there is a vaccine injury and you go to report it, nobody cares. I really do implore you, if you do pass this mandate, to acknowledge these parents.

I do not appreciate being called an anti-vaxxer. I was a pro-vaxxer, and I did everything I was supposed to do. I followed the narrative, trusted the doctors, and trusted the system. I have no reason to be here but to try to help people. It costs us money to be here. Nobody paid me to be here. I am not a member of Vaccine Choice Canada. I came here to share this with you guys. This is so important.

I am actually shocked that we are all still sitting here, that you guys are not in some level of distress from what you have learned. Vaccines are not safe. That has been proven. They are not. Look at all the information you have learned. Why is there not more research? Why isn't anybody a little more concerned about what I am telling you about what is happening to people? These doctors who are vaccinating your kids are not able to tell you which ones are going to get these reactions that are listed on the manufacturer's inserts. Seizure is there. Autism is there. Brain swelling is there. More reactions. Even the disease you are vaccinated for is there. You might get measles from your measles vaccine. I just want people to know what is going on.

080

16:50

I think that is most of what I had to say about Ethan and what went on there. As you can see—you met him earlier—he is a completely nonverbal child. He could not interact with friends. He is looking at the camera and sees me.

After you get a diagnosis like this for your son, your life is over. I heard someone saying: If they get the measles, parents are going to have to take two weeks off for their kids. I have not worked in eight years. I have no friends. I have no family. He does not even get the mainstream therapy and treatment that doctors recommend. He is not getting speech therapy. He is not getting a service dog. I had a GoFundMe for two years just to build a fence. He gets nothing. He is disregarded in society. Like I said, we go to doctors and all of these things, and I do not understand it. I just do not understand it.

If there is anything else that comes up with Ethan, I will mention it, but I am just going to move on for now.

(Hon. Mrs. Anderson-Mason resumed the chair.)

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I brought Taylor in today because I wanted to introduce you to Taylor. She is an unvaccinated child. Don't be scared. She is fine. She is healthy. She is actually so healthy that when I go in to see my doctor—I unfortunately have to go there all the time—the doctor is literally asking: How are your other kids? She never sees them. They never go in there. I do not even know the last time Taylor needed an antibiotic; it might have been for an ear infection a year and a half ago. I cannot even tell you. She and her sisters do not get sick. I babysit kids in my home; they do not get sick.

I have cancer. I am one of those people you want to protect, right? I live with unvaccinated children. I do not have the measles. I do not have polio. I do not have diphtheria. I am not getting those diseases. Those are not epidemic. Autism is an epidemic. You are looking at one in two. You are all going to know someone on the spectrum. You will. I am not going to say that they are all going to be as severe as Ethan, but you are going to know someone on the spectrum.

I want to talk about what you are doing to society if you eliminate someone like this from school. She is brilliant. She is beautiful. She is smart. I do not think she needs to be forced to be given something that none of you can prove to me is safe in order for her to get an education. What is going to happen is that you are going to have a huge population of children who are underdeveloped socially. They are not going to know what is going on with regard to dealing with the public, trying to get a job, and all those things.

I also wonder about the rationale and the logic behind the mandate, because it makes no sense to me. If you are not mandating it for the adults, the teachers, the bus drivers, and if you are not going to have the end game of cheer clubs and Brownies and all that, then what is the point? Homeschooling actually takes less time than public school. I have a friend who homeschools, and she tells me that she is just about done with the schedule before lunch. That actually allows me to have more time in society. Are you kicking me out of Sobeys? Because I am going to be there. She is going to be there. Her being unvaccinated is not stopping these diseases.

Also, to me, all this is doing is spreading fear of things that do not matter. I really want you to be afraid of what is happening with people in terms of cancer, fertility, or autism. I do not know anyone with the measles. I have not heard of anyone dying of the measles. I just do not understand. I cannot comprehend it. It makes no sense to me at all. Unless there is an end game to buy an island and send us all there, I do not see the point of it. I really do not. It just does not make any sense.

One thing I read online that stuck with me—and this was mentioned too—was about immunocompromised children and how we do not want to vaccinate them. Well, babies are born with an immune system that is not developed yet. Newborn babies should not be given vaccinations, based on that logic alone. They do not have the immune system to stimulate what you want from your vaccine. It makes no sense to do it.

I read this:

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Vaccinating at birth means parents won't notice their kids regressing: kids will just fail to progress, absolving vaccines.

There is no scientific reason to vaccinate before 2-3 years of age. The vaccines aren't effective and can't be utilized by the immature immune system as they're intended. The only purpose of vaccinating children this young is to get new parents in the habit of allowing them

—doctors or whomever—

to inject toxins into their child. Babies can't tell you the pain they're feeling but a 4-year-old can.

That hit me. Why are we saying that we need to protect all these people with cancers and seniors and immunocompromised people? Babies are those people. They fit in that demographic. This whole thing is just a mess to me.

081

16:55

I am not going to talk about the reporting. I talked about that.

I guess the last thing I want to say is this: My body, her body—that is our business. Our medical decisions are our business and our doctors' business. If there were an apocalypse or a plague, I would be in. Let's do something about that. But there is not. There are not people dying all over New Brunswick from what you guys want to mandate for. What that is going to do to these kids, to these people . . . You have heard all these people say that they are going to leave New Brunswick. If this happens here and transfers to Nova Scotia, I am out. I will leave Canada. I do not need to be here. I do not need to live in a place that takes away my freedom and makes these decisions for me.

Do you have anything that you want to say? Okay, great, perfect. How much time do we have?

I do have a video that I would like to share. I was just wondering how much time is left.

Madam Chairperson: You have 13 minutes.

Ms. Mosher: Okay. Does this have sound or not? Do we know? I want to talk a little bit about fertility. I believe there is sound so you guys can hear this.

(Video was attempted to be shown.)

Ms. Mosher: It is unfortunate that the video is not working. She is talking about a whistleblower at an insurance company that has data of parents. We submitted a thumb drive that has this video on it, along with 20 other videos, including the movie *Vaxxed*. I would really recommend that you watch it and share it. Some clips are really short; the movie is long. This clip is on it; Ethan's slideshow is on it. We handed it to her, so you will get that.

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What she is talking about is the insurance whistleblower who kept getting these insurance claims in. You can see on these forms that it has the doctors' visits, the mom's name, the dates when she went in for her vaccinations while pregnant. Then, there is the insurance claim form a few days later. There are multiple in this video. There is just one after the next, one after the next, one after the next—fetal demise, fetal demise, fetal death, fetal death. It just does not end. It is very, very compelling. It is terrifying. I really, really, really . . . I do not know. You guys should have a movie night, get my thumb drive, and watch them all together. It would enlighten you. It is going to scare you. I really think that you need to do it.

The last thing I want to say is this. I get the vibe that maybe you guys want this to be—or maybe Dominic wants this to be—the leading province in Canada. Mandating vaccines is not going to do that for you. What would do that for you is acknowledging the vaccine-injured community, implementing what Andrew and I are doing with our son, and saving people—saving children and helping children. As I said, when his first vaccine injury happened, he was gone. I do not know if I can replay it, but he was gone. There was no acknowledgement of me. I remember crying, holding him, and saying: Please say “Mom” again. He just never said it again.

When we started implementing biomedical therapies . . . I will call it that for now, but we can get more in-depth with it. He is speaking now. I can ask him questions in a yes-or-no fashion. Ethan, do you have to go to the bathroom, yes or no? He will say “yes” or “no”. He is discriminating about the questions, and he is answering me appropriately. I can say to him: Ethan, can you go get me a drink from the fridge? And he will bring that to me now. This is after just one year in. It is one year in for a kid who was poop-smearing. He did not even know who we were and did not know who our pets were. He was abusive. He stims a lot still, but it was way more. He knows who I am. He loves me. He asks me for things, he reaches out to me now, and he wants to cuddle.

082

17:00

This has been 5 years, I guess, because his injury happened when he was around 12 or 15 months old. The diagnosis came at the age of 2. He has wanted nothing to do with me since that happened. Now, we are friends again, since biomedical . . . He is coming around. He has met a lot of people here today. He is really interested in other people. He never cared before, but he is able to play with his siblings now. There are just so many gains. That is how you will change the world. It is by helping these kids. So, that is what I recommend you should do with your time. That is it. If you have any questions for me, he will probably answer them. Go ahead.

Madam Chairperson: That is my husband never.

Ms. Mosher: Right? I am just exhausted, you guys. I tried so many times to write a speech and to be formal like everyone else that you saw. My life does not give me that luxury. I was up until 2 a.m. last night with my son, in the hotel. This has not been fun. This has not been a trip. Nobody paid for me to be here. As I said, when you have a kid with a diagnosis like Ethan's, you are just shoved on assistance. We are not given respite or help. I cannot go to work. There are

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two or three people on this planet that can watch him for me, so that is it. It is what it is. I am here to just deliver this information.

Madam Chairperson: Thank you very much. Are there any questions?

Ms. Rogers: Of course, it probably goes without saying, but the first thing I have to say is: Thank you.

Ms. Mosher: Thank you for listening. I know I am a lot.

Ms. Rogers: Thank you for having the courage and the strength to come here.

Ms. Mosher: Thank you.

Ms. Rogers: I recognize that it is not easy.

Ms. Mosher: It is not, and I have told the story 20 times. As I said, I have met with every MLA and MP at home, but this is the most traumatizing event that has ever happened to me. I would swear on everything I have that this is my biggest regret. If there is one thing I would change, it is to never go to the doctor that day.

Ms. Rogers: I would like to suggest: Do not blame yourself. But, that is not for me to say.

Ms. Mosher: I try not to. I am down to thinking I am maybe 3% responsible, but I still feel responsible.

Ms. Rogers: So, I appreciate that you are coming from another province, because, as you said yourself, you foresee that if this should go through in New Brunswick, it would set a precedent for other places. And you care about your neighbouring provinces as well.

Ms. Mosher: I have family in Moncton.

Ms. Rogers: Yes, good. That is my city.

Ms. Mosher: They are not around, but . . .

Ms. Rogers: I do not even know what I can ask.

Ms. Mosher: I understand that.

Ms. Rogers: You have been quite thorough. Really, we appreciate very much the personal and experiential expertise that lived experience brings.

Ms. Mosher: I have no reason to lie about this to you guys.

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Ms. Rogers: It is not just the academic aspect. It is the lived experience that teaches us as much as the academic research.

Ms. Mosher: Yes.

Ms. Rogers: What we know about causal effects is still inconclusive, but your lived experience is giving you lots of indicators. It is at least enough to be afraid of the schedule as we see it and to fear a mandatory one-size-fits-all approach. I do appreciate that.

Ms. Mosher: Thank you.

Ms. Rogers: I think I will stop there and just say thank you. The message is taken.

Ms. Mosher: Thank you so much.

Mr. Fitch: Once again, I just want to say thank you for your presentation and the passion with which you gave it. Our hearts go out to you because we could see, just from your presentation, what are you going through. Most of us know people with autistic children. I know for a fact that, within the group, there is autism within the families.

Ms. Mosher: Right.

Mr. Fitch: And, again, this is a very severe case, as you showed us firsthand. I just have two questions. Specifically, what area are you from in Nova Scotia?

Ms. Mosher: I am in Waverley, which is around 10 minutes from the airport. We are still considered HRM.

Mr. Fitch: Okay, I know where you mean now. Andrew made reference to the well water getting tested. He gave us some levels of the different metals. I did not totally catch the amounts, and I do not know what a normal level would be, so I cannot . . . I did not understand what the number itself, whatever it was, meant compared to what is normal. You know, you go to the doctor, who takes your blood pressure and says whether you are high normal, mid normal, or you are way up. So, could you just maybe fill out some of those blanks that I have on that part?

083

17:05

Mr. A. Mader: Sure, no problem. With arsenic, the acceptable level, from what I understand, is 10 ug/L. Mine was 127 ug/L. I am not sure how I was able to get on title with that house with a record of that being two years prior to me even coming into Shannon's life and that house. I have no idea how this happened to me. Legally, I have no idea how this happened. I should not have been able to be added to that title with that level of arsenic in that well. With the manganese, it was 480 ug/L. The acceptable level is 50 ug/L.

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Taylor, as well, incidentally, was exposed pediatrically, prenatally and in the very young years of life. I did not figure this all out until . . . It took time to understand.

Ms. Mosher: Even still, my doctor should not have vaccinated to begin with. I really wish that I could show you guys my reactions to vaccines. That should have been enough, but they are not following the old protocols of, oh, these people should not have a reaction. They are just giving it to everyone, even if you have a concern. Again, they cannot pick and choose which kid is going to get a reaction and which is not. They do not know. At seven weeks old was when I got my first one. How do you know who I am? Parents are more concerned about when they should introduce peanut butter to their one-year-olds than vaccines to their seven-week-olds. I just cannot understand.

I was there. I was that person. You just trust the system. I totally get that side because I was that side. However, there is no transparency. Nobody is being truthful. If someone actually gave me the manufacturer's insert and let me read it and would not make it so lock-and-key for us to have access to, then I would have been able to make an informed decision. I feel as though I was lied to. I feel as though this was fraud. I do not even know what to say. If I could, in a sense, do anything, I would, but, as I said, there are no vaccine compensation programs in Canada except for Quebec. There is nothing that I can do.

Mr. A. Mader: I hear a lot about this vaccine injury compensation and we are getting way ahead of ourselves. My child has a provincial medical plan. He is a beneficiary of that, and that is not being honoured in any way, shape, or form. He is a beneficiary. The rights are his, and, all over the place, the liabilities are already in existence. We need to take care of the current mess, not add more onto it. This is already a really dirty place that we are in that needs to get cleaned up. Pushing this forward would be the worst mistake of your lives.

Mr. Fitch: Thank you, Madam Chairperson. That was the question or comment that I had. I will relinquish the floor now.

Ms. Mosher: Thank you.

Madam Chairperson: Mr. DeSaulniers, we have one minute left.

Mr. DeSaulniers: Pardon?

Madam Chairperson: The last minute is reserved for you.

(Interjections.)

Mr. DeSaulniers: Thank you, Madam Chairperson. First, I want to thank you for being here.

Ms. Mosher: Thank you.

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Mr. DeSaulniers: I really must say that you have taken a negative thing that happened that would ruin a lot of people . . . You, on the other hand, have decided to turn what has happened to you into a positive force in helping your fellow human beings. I, for one, want to tell you that I commend you greatly for that.

Ms. Mosher: Thank you so much.

Mr. DeSaulniers: I commend you greatly for that. Thank you very much and keep up the good work.

Ms. Mosher: I really appreciate that because it has not been an easy road and it has taken a lot to get here. For a lot of parents, including myself, depression and all of that comes with this job.

Mr. DeSaulniers: My oldest son is on the autism spectrum. I know a little bit about what you are going through.

Ms. Mosher: Okay. Yes, you know.

Mr. DeSaulniers: Anyway, it is what it is.

Ms. Mosher: Alright. Thank you so much for your guys' time. Again, watch my thumb drive. It is awesome. Thank you.

Madam Chairperson: We are going to wrap up the day with Kenneth Neilson. Welcome, Mr. Neilson. Again, I know that you have been present so I am not going to give you the summary, but I would ask you to please introduce yourself for the record.

084

17:10

Kenneth Neilson

Mr. Neilson: My name is Ken Neilson and I am from around the Hartland, New Brunswick area. My MLA is Stewart Fairgrieve. My story, I guess, begins with my oldest son. When Kaelyn was born . . . I am sorry. But when Kaelyn was born, we, as parents, were so excited. We wanted to do everything right and do everything that we thought possible for this kid, so we did the vaccine regimen and stuff like that. But when he was born, we noticed that there was a rash around his face, and we questioned the doctors about this rash. We said: We want to know what this rash is. The first response was: It is cradle cap, and it will be gone in seven days. Being the parents we were, we said: Okay. Seven days is not bad.

The rash did not disappear in seven days, but we continued the vaccine program because, you know, we had faith in the doctors. We had faith in the system, and we continued the vaccine program. At two months . . . We kept asking about this rash. It went from his cheeks to up over his head and down over his back. It covered his whole body, and you would swear to God he had measles or chicken pox or whatever. So we kept asking the doctors. We wanted to know what

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this was. We wanted an answer. Anybody would want an answer, right? Nobody was giving us an answer, so my wife and I sat down and said: Okay, we are going to stop everything. At the time, my wife had a really great doctor who supported us. We stopped vaccines, and she said: Okay, no problem. We have no problem with that.

We wanted to go to a dermatologist. She set it up for us to go to a dermatologist and actually squeezed us in to the dermatologist in Saint John. His only answer was steroid cream, and I gave the tube of steroid cream. We put it on the baby. The baby looked picture-perfect. I mean, there was no rash. There was no . . . He was just glowing. He was just a picture-perfect baby. But it did not change the symptoms inside of him.

You know, I am going to make a statement. Maybe you . . . He never farted. And I never understood what that meant at the time. He burped a lot, but he never gave out gas like babies would give out gas and stuff like that. We went on with this year going back to the doctor's office time after time, and we wanted an answer to what was going on. Even though he was a picture-perfect baby, we knew there was something going on inside of him. We wanted an answer to what was going on inside of him, and nobody had an answer. My wife and I sat down one day, and we said: We will take him off steroids and see whether this thing is cleared up.

We took him off steroids, and I remember holding Kaelyn. His head started sweating. I was holding him like this, and we were getting ready to go to the ER. At the time, my wife's family doctor decided that she was not going to do family practice anymore, so the children and Roxanne ended up with no doctor. We relied on the ER system. So, I had the baby. I was holding him, and his head was sweating. I turned to comfort him, and his head smelled literally like rotting meat. It just smelled like rotting meat. So we went to the ER, and I remember the doctor who was there. After a long wait, we got in. We were talking to the doctor, and he was an Asian doctor. As parents, we were expressing our concerns. I thought that they would swab his head or do something, right? They would try to find an answer to this situation. But they did not.

The doctor said to me: Well, maybe you could go home and washed his head in Selsun Blue. I looked at the doctor, and I said: If I came in here with my head smelling the way that this kid's head is smelling, would you tell me to go home and wash my head in Selsun Blue? That doctor said the most amazing thing we heard of all the times that we have been going to the doctor. He said to me: Mr. Neilson, I have absolutely no idea what is going on with your kid—absolutely no idea.

085

17:15

That is when my wife and I decided that we had to try to find out ourselves what was going on with him. So my wife started looking into her family's history and my family's history to see what could go on, and she found that celiac disease ran in her family's side. She decided that we were going to strip this kid of everything that has gluten in it. We were going to strip his diet right down. She was breastfeeding at the time, so she was not just restricting the child. She was restricting herself, to see. We slowly took him off this steroid cream.

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Amazingly, his rash started leaving his body. He started clearing up. We found out, through controlling his diet and stuff—which, even today, we have a struggle with—that as long as we could control his diet, his body would remain normal. It would not break out and stuff. This put us on high alert to the fact that if we had to control his diet, we had to control what goes into this kid. We had to control every aspect of whatever was going to go into him.

I remember when H1N1 broke out. Stephen Harper was making this big deal about H1N1, and we were all getting on the fear factor. I got on the fear factor. I mean, as a parent, I thought it was my mandate, my personal mandate. My own conscience said that I had to protect this child with my life, so I was the first one to go down and get the H1N1 vaccine. My wife got the H1N1 vaccine. But we stopped at the baby because we said: We know that we have to control what goes into this child. We need to know what is in this vaccine.

So, we went and called the nurses' line, and we said to the nurses' line: Listen, we need to know what is in this vaccine. Nobody is telling us anything. The person on the nurses' line said: Well, it is an egg-based vaccine. She said: You have to test him for eggs. Has he been tested for eggs? I said: No. We did not test him for eggs. We did not know that we had to.

We boiled up some eggs. The nurse was still on the line, and Roxanne had the baby. When the eggs were boiled, we took a little tiny piece of the white and put it into his mouth, and immediately, just like that, he turned as red as that chair. He was having a reaction to the eggs. Well, the nurse heard us and our panic. Roxanne was trying to dig the piece of egg out of the baby's mouth, and the nurse on the line was saying: What colour is he? What colour is he? What colour is he? Is he choking? After Roxanne got the piece out of his mouth and he calmed down, we said to the nurse: He is okay. Nothing is going. He is calming down, and stuff like that. I can hear the nurse's voice right to this day. She said: By no way give him that vaccine.

It was at that point that we decided that we were not going to vaccinate out of fear anymore. That is my stance. I said that I will not be feared into doing something simply because the masses think that it is the right thing to do. My obligation as a parent is to stand up for my children. I mean, if you look at my family, you see that we send our sons over to the grandparents' house. And God bless the grandparents. I love them to pieces. But they grew up in a day . . . I remember talking to my father-in-law. You talk to him and say: Well, you have to watch my son's diet. You cannot just feed him anything, and stuff like this and that. You have to understand that he has to be on this restricted diet whether he likes it or not. He will tell you the biggest story to get the biggest piece of pie that he could ever get, but he has to be on this restricted diet. The grandparent's response is: Well, I grew up in the day, and it did not bother me. I turned out perfect.

Well, that is great. But if you walked into Sobeys 10 years ago and looked at how many gluten-free products were there . . . You know, this happened 10 years ago. We were scratching around trying to find food to feed the baby because gluten-free products were not available. But today, if you walk into Sobeys, you can see aisles of gluten-free food because it is becoming a well-known thing.

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17:20

Our thing from this was that we were hoping that the Medical Society would look at this or the doctors would look at this and say: Hey, we can learn something from this case. We can learn something.

So, are we anti-vax? No. Do we scrutinize vaccines? Yes. That is my job as a parent, to look at you. If you force me . . . You know, when I heard about this Bill 39, it put fear in my body for my family because I believed that you were stripping me of my right to say no. All the time that this was going on with Kaelyn, my oldest son, every time we went into the ER, they said: Are his vaccines updated? We thought: We are not here about our vaccines. We are here about this child and getting an answer for him.

I remember one time when I was out West. I work out West to this day. I remember that I was out West, and Roxanne called me. She was pretty upset because my oldest son went to the hospital. He had a breathing problem. It was strep throat or something. I do not know what it was at the time, but he had a breathing problem. She went into the ER and talked to the doctor. He said: Are his vaccines up-to-date? She said: No. We do not do the vaccine thing because we are very picky about what goes into his body and we need to know a lot of information about what they contain. We need to know all this information.

The young doctor, because the vaccinations were not up-to-date, did not want to take the liability. He sent my wife to Fredericton, which is an hour away. She got into Fredericton at two o'clock in the morning with this son. She had to make arrangements with the grandparents to watch the other son. My wife and son were there for six hours, waiting for the doctor to come on the day shift. The doctor came in, looked at him, and said: Well, you can go home now.

That was simply because we were not vaccinated. It was not the fact that we were carrying a plague or anything. It was simply that we were cautious parents. We put the onus . . . As I tell doctors all the time, it is not my right, not my place, to tell you that vaccines are not good. But it is not your place to tell me, without proof, that you are not going to harm my child. I want to know, without a shadow of a doubt, that you will not harm my child.

In saying all that, this is how I assess all situations. I am not a doctor. I am just a concerned parent. My wife can tell you that I analyze things right to death. You see, that is my training. I work out West. They have problems. My job is to go in, analyze a problem, and write up a report of what that problem is and the best situation to correct it. It may be a mechanical aspect, but that is my training. I will show you an example of that.

My oldest son went into swimming this year. He has been in a swimming pool all of his life, in a chlorine pool, even as a baby. I love swimming. He was there with me, and we went swimming as much as we could. So he decided that he was going to join the swim team this year, and I was very proud of him. This was the first athletic event that he wanted to go into. He got on the swim team, and he was doing really good. The swim team decided that it was going to buy these swim caps to represent the team. He was really excited about this year's swim cap and everything. He

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slapped it on right out of the package, got in, practiced with the team, and took it off. He was getting into the car to go home, and bam, just like that, he had an allergic reaction. I mean, he was ripping his shirt off. He was just red. He looked as though he had another T-shirt underneath because he was breaking out in these hives and having this allergic reaction. Well, we were trying to calm him down because he was scratching his body and saying: I am burning up. I am burning up.

We got him home. We have a process because we have been drilled as parents to deal with these situations. We do not know when they are going to happen. We got him home, and my wife decided that we were going to get him an antihistamine—I think it was that—to calm it down and everything like that. She got him one of them. But before we gave it to him, do you know what thought went through our heads as we looked at each other? Is there anything in this antihistamine that is going to create another reaction? That is the thought that went through our heads. But, you know, he was in this situation, so we gave it to him. And immediately after we gave it to him, we took him to the ER. We wanted the doctor to look at him. We wanted the doctor to make sure that everything was okay with him. We explained everything. We took the bottle of Benadryl with us and said: This is what we gave him. Is there anything? The doctor reassured us and said: No. That is what I would have prescribed.

087

17:25

That was our situation with him. But the thing that had to happen after that is that we, as parents, had to find out what triggered the reaction. We needed to know because we needed to inform the doctors, the ER, as to what triggered it. With my detective skills, I told my wife: It is either the bathing cap or the powder on the bathing cap that triggered the reaction. We had to do an experiment to separate the two to find out what the reaction was. We came to the conclusion that it was a reaction to talcum powder, so we have to make sure that everyone and all the doctors understand that they cannot pull gloves out of the box and start handling our son because he is allergic to talcum powder. We are very, very effective in letting everybody know about our child.

To say all this here, I feel that Bill 39 would restrict our rights as parents. Through our experience, they are so dependent upon vaccines. They are so dependent on processing and, in our own experience, just saying okay. The reason I say this is that I remember when our youngest son had this really bad cough. There were warnings that whooping cough was going around at the time and stuff like that, and he had this really bad cough. My wife took him in four times. Four times he went to the ER. Four times they sent him home and said it was just a viral infection. They just gave him something to calm down the throat and stuff like that. But the fourth time, the receptionist who was there working triage was the secretary for my wife's doctor, and she recognized the cough. She said to my wife: We are going to get you in to the doctor in the morning and make it a priority. Just come down first thing in the morning.

So, we sent him down. They took a swab of his throat and found out he had whooping cough. I got whooping cough from him. The thing that was amazing about the whooping cough was that my wife was breastfeeding him at the time and she never got whooping cough. My oldest son, who played with him day in and day out, never got whooping cough.

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I was working out in Fort McMurray. When my wife called me, I said: Okay, I had better go down and report this at the hospital. I thought that I was going to go into the hospital. I thought they were going to quarantine me and quarantine the house that I was staying at and everything. The doctor said: No. Just make sure that you make limited contact with people. Tell everybody in your house to come down, and we are going to prescribe something that can be picked up at the pharmacy.

That was the whole thing, and I literally thought that I was going to be quarantined. I mean, that is when I decided that I was not going to fear anymore.

Now, I brought this magazine with me because in the magazine there is a really good article. The article is about this woman who was vaccinated for whooping cough. You have to understand that I was vaccinated for whooping cough too, three years prior to getting whooping cough.

(Interjection.)

Mr. Neilson: Okay, I will shut it down here quickly.

The woman was vaccinated for whooping cough and got whooping cough, and I read the article because I really wanted to compare what she went through and what I went through. The symptoms and everything were great. But you know, what I deduced out of this article was the simple fact that just being vaccinated does not mean that you are not going to get it. They quarantined this woman here. I wanted a source that was outside of my own personal thing because I did not want you to think that I was fabricating the stories, right? They quarantined her because they were afraid that other people were going to get whooping cough and all this and that.

088

17:30

I do not belong to any vaccine group or anything like that. I will tell you the God's honest truth. This is the very first time that my wife and I have ever spoken publicly about this. Her family is very pro-vaccine. They believe in vaccines. We were too. We do not talk about it. We share nothing about it because it is not our right to influence other people's decisions. It is their right to choose what is right for their families, and all we can do is respect that. That is what this is all about. It is not a religious exemption. It is nothing.

I will leave you with this thought. I have a doctor, a family doctor. My wife does not have a family doctor. My children do not have a family doctor. Who is going to write the medical exemption? You can take your case to the doctors. We have talked to doctors before. Their thing is: Well, you do not vaccinate, and we really do not know you. We have no history with you.

Now, I do not fault my doctor for not taking my family on. You know, her reasoning was that she did not want to take on any more patients. I know how busy doctors can be. I think that before we start trying to remedy one situation, such as creating all these vaccines, we should step

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back and look at the system itself. Maybe we should look at the system and make sure that it is ready for these changes we are trying to implement.

You know, my doctor, I see her every two years. She laughs when she comes in. She will say: Ken, well, it has been two years since I last saw you.

I am a very healthy person. I have never taken a flu shot in my life, outside the H1N1. I have never missed a day at work. They would tell you that I have never missed a day at work. My kids are really quick to bounce back from any sickness or anything. They never, ever get earaches or anything like that. They are very healthy kids, and we maintain this. My point is that I go in to see my doctor every two years. She said to me: Ken, it has been since 2009 that you had your booster. I will give you your booster right now.

I sat there and thought, well, gee. Because I went through all this with my son, do you know what thoughts went through my head? One, she did not tell me what the ingredients in the vaccine were. Two, she did not explain to me the side effects of the vaccine that she was going to apply to me. Three, there is no law that covers that she has to. I am thinking that if you talk about informed consent . . . I hope that I am not going over.

If you want to research something, then you want to read this here. It is called *The million-dollar drug*. It is one of the greatest Canadian inventions or discoveries. It is called “gene therapy”. They are basing it on Chicoutimi, Quebec. This drug, applied once, would utterly change a person’s life. It would cure the defective gene in the person’s body. A pharmaceutical company bought the rights to it and started manufacturing it, but the company found out that there was only a onetime application. It was only a onetime application. So the company figured out what it should make out of this drug for a profit, and it came up with a number like \$1.4 million for a person to get this shot.

I watched this, and I was reading the different things that the president of this company said. He justified it because of the shareholders and stuff like that. But I encourage you to read and watch this. This was put on by the CBC. It is called *The million-dollar drug*, and it really gives you an insight. The guy makes really . . .

“The drug industry is accustomed to failure. Only a fraction of drugs in development ever make it to market.” This is what the CEO is saying, right? “But unlike most experimental compounds that end up being too toxic or ineffective,” this drug really works. It really works, and that is what he said. And the thing is, he goes on to say that in “a perfect world”, we would be putting this drug on the market.

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17:35

I do not see politicians breaking the door down to this pharmaceutical company, trying to say: Hey, it is inhumane for you to be able to hold this drug back. I do not see doctors signing petitions. I do not see pharmacists going after these guys and saying: Hey, you should be putting this on the market.

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I will tell you that if I were in one of the families in Quebec that was affected by this disease or lack of gene, I would be really furious to know that there is a cure and to not get it. I mean, there are 31 cases that they have done clinical trials on and 31 that they had successes with. I encourage you just to sit down some night, look up the CBC, and google “the million-dollar drug”. I will stop there. Thank you.

Madam Chairperson: Thank you very much. We do have time for questions, and I can see one coming right over here. Go ahead, Ms. Rogers.

Ms. Rogers: Thank you very much for sharing your story. We can tell that it was difficult. You said that it is the first time you have told this, and we appreciate it very much. And thank you for taking the time to come here to add to the discussion for this bill.

I just wanted to clarify. Correct me if I am wrong, but I think that I heard you say that you got whooping cough three years after you were vaccinated for it.

Mr. Neilson: Yes.

Ms. Rogers: Your likely immunocompromised oldest son did not get it when you had it, and your other son had it.

Mr. Neilson: Yes, the baby had it.

Ms. Rogers: Okay, thank you. Is your biggest problem with Bill 39 the lack of confidence you have in the broader medical system?

Mr. Neilson: No. I think that the lack of . . . My greatest fear with Bill 39 is that it takes the right to say no away from the parent.

Ms. Rogers: For the individual.

Mr. Neilson: Yes. We should be able to say: No, we do not feel that this is good.

I mean, if you are going to . . . To give you another thing, this is what I do. Down in the States, they have this virus going around that is called triple E. I do not know whether you have heard of it or anything like that. It is a really big outbreak in Massachusetts. Now, four people have already died from triple E. There is no known cure for triple E. I was watching the program, and it had the chief medical officer for the hospital of Boston. They asked him who is most at risk, and his response stunned me. His response was that the ones with a compromised immune system are the most at risk. It is the ones who have a compromised immune system. That is why it is so important to me as a parent, right? He went on. They asked him how to take measures to keep from getting triple E here and asked him what you should do.

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I told my wife that when I hear something like this . . . I mean, Massachusetts is next door. Wind blows north. Most storms come north, and I am quite sure that mosquitoes are going to come with these, whether hitchhiking on a bird or what. To me, we should take measures right now to prepare for what likely could happen. If it does not happen, then that is okay. At least I know what to expect. With vaccines, I do not know what to expect.

Ms. Rogers: So, again, it is the unknown with vaccines, but it is also the fact that there are no-vaccine illnesses that can still affect the immunocompromised. It is those two?

Mr. Neilson: Yes.

Ms. Rogers: Okay. Thank you so much. I will pass on to someone else.

Ms. Mitton: Thank you for your time today. I wanted to ask you a question in relation to your concerns about Bill 39. From what you have said, it sounds as though you are opposed to this proposed legislation, and I guess that I wanted to ask about your specific concerns. From what I am hearing, I wonder whether your son would be covered under the medical exemptions. I am wondering whether you could speak to where your concerns are coming from and whether you agree with that. That would be my interpretation.

090

17:40

Mr. Neilson: Okay. If my sons could be covered under the medical exemption, who is going to give them the medical exemption? They do not have a doctor.

Ms. Mitton: I would agree that there is a lack of primary care practitioners and a lack of people being able to access them. Your concern would partially be around access to health care resources.

Mr. Neilson: Yes.

Ms. Mitton: Okay. Thank you. That is all, Madam Chair.

Mr. DeSaulniers: Thank you, Madam Chair. Thank you for being here. I have to ask you what you do when you go out West. What is your line of work?

Mr. Neilson: What is my line of work? I work for United Rentals out West, and I am a service tech on-site.

Mr. DeSaulniers: United what?

Mr. Neilson: United Rentals. We put out support equipment for the sites up there.

Mr. DeSaulniers: Generators and the like?

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Mr. Neilson: What was that?

Mr. DeSaulniers: Is that generators and the like, that sort of thing?

Mr. Neilson: It starts out with generators and so on, but we actually put out support equipment for running villages and stuff like that there. We have to go out. A lot of times, with a lot of equipment, you have to diagnose a lot of things, especially if they have a complex compound. You have to go in and look at all the compounds that they are running, the computer systems and stuff like that, to come up with the best possible system that would work for them. A lot of times, we sit down with Syncrude with all of them there, and we all have to hash it over. In my position, there are times when I would override Syncrude or its people because I understand our equipment. They might have to rewire their compound and stuff like that.

Mr. DeSaulniers: I worked out there as well. The reason I ask is that you seem to be very astute at problem solving.

Mr. Neilson: That is my job.

Mr. DeSaulniers: That is why I brought it up. That is all I have to say. Thank you.

Madam Chairperson: I too want to reiterate the sentiments of my colleagues. I very much appreciate your being here today. I appreciate the personal stories that you gave and the travel. I do think it is incredibly important that we have the public engaged in these conversations, so thank you again.

Before everyone leaves, I would like to have the opportunity to speak with the committee. As such, I end today's proceedings. We will reconvene tomorrow morning at 10 a.m.

(The committee adjourned at 5:42 p.m.)