

**Standing Committee on Law Amendments**  
**Comité permanent de modification des lois**  
**Not finalized / Non finalisé**

**August 29, 2019**

**le 29 août 2019**

004

10:02

(The fourth meeting of the Standing Committee on Law Amendments was held in the Legislative Council Chamber on Thursday, August 29, 2019, at 10:02 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 would like to call this meeting to order. Welcome to Day 3 of the public hearings on Bill 39.

Again, I will remind everyone that there are interpretation devices at the back of the room over here. They are not just so that you can hear the proceedings in the language of your choice but also they will assist you in being able to hear the evidence that is being provided and the questions being asked, because sometimes, it is more challenging for the people who are sitting at the back of the room. That being said, we are actually missing eight devices, so if anyone has taken any home, please feel free to return them. It would be greatly appreciated. Mention that to your family and friends who are not here today.

Please refrain from photography and recording of the proceedings. Please also refrain from applause. This is not the appropriate place for that to occur. It does not occur in courtrooms nor in the Legislature, and it should not be occurring here.

(Interjections.)

**Madam Chairperson:** I think that is debatable.

We will begin today with Lily Smallwood. I welcome you here. I will remind you that we have allotted 30 minutes for you to give your information. I do highly recommend that you allow us some time to question you, as I think it is of value. I will warn you when you have reached the 20-minute mark, but really, it is up to you how much time you take to present the information that you want to give us today. Thank you. Please give yourself an introduction for the record. Thank you very much.

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10:05

**Lily Smallwood**

**Ms. Smallwood:** Good morning. I want to start by thanking you for the opportunity to speak with you today. I know you have been hearing from many doctors and experts on this issue over the past couple of days, but I come to you today as simply a New Brunswick mother, a

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community volunteer, and a passionate fighter for the safety of my children. I will not offer you endless studies, theories, or statistics. I simply want to share with you our journey, the struggles we now face as a family, and the difficult decisions being thrust upon us to protect our children. I will tell you truthfully what it is like to be the mother and real-world protector of medically vulnerable children.

You see, I was not always a fighter for my kids. I did not have to be. When my first child was born, we experienced the same level of love and awe that I am sure many of you felt when holding your child for the first time. I remember the weigh-ins and checkups, and of course, I remember the vaccinations. They were just part of the routine. Having in-laws who are doctors and a father who is a pharmacist is quite handy for a first-time mother. We did not need all the baby books when we had a family physician on speed dial.

When it came time for vaccinations, there was not much research necessary. We wanted to protect our baby as well as the community around us. We wanted to do our part as good parents and good citizens, so our first child received his shots. Even from the beginning there were reactions, but nothing drastic at first. He just got sick shortly after, and it was just a coincidence. That is what we were told, and we believed it. After his third round of shots, he got really sick and ended up in hospital. Again, we were told it was just a coincidence. Even so, I did not give him another shot for a year. He continued to struggle with his weight gain and growth. Even today, at 13, he still has not managed to get back on the growth chart.

With our next child, I admit, I was a little more hesitant. He followed a slightly delayed schedule and had some minor reactions—just coincidences—but he did have all his shots before starting kindergarten. For my third child, I felt differently. I could not fully say why, but on the morning of the appointment for his vaccinations, I felt a serious sense of dread. I remember my husband talking me into it in the parking lot, saying it would be okay. Our sweet baby, Tally, was about a year old, and he really was just a beautiful child. I did not want to face even the slightest chance that something would happen to him, but I also wanted to do the right thing, the thing we are supposed to do, so in I walked to the Public Health office.

That appointment changed our lives. Within the next couple of weeks, our son's skin became covered in eczema, and it steadily became worse. I am not talking about your typical eczema here. I am talking about a child who, from then on, lived in only white cotton washed in the mildest detergent, was given prescription creams for his medical condition, and started a restricted diet, yet still, he was covered head to toe in bleeding, extremely itchy spots. I remember once standing in my driveway one day, crying in public, as blood seeped through the back of his white pants. Tally cried, and I cried. But it was just a coincidence.

Still, we went for our next appointment. He had his next shot eight months later, and within the next couple of weeks, his ankle swelled and he cried in pain. We thought it might be an allergic reaction, but the Benadryl did nothing to ease the swelling. The anti-inflammatories eventually helped, and after a time, the swelling subsided. It was brushed off by doctors as just another coincidence. At this point, the coincidences were piling up and I decided, once again, to take a

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break from shots, though, by now, it was too late for my son. His downward spiral was well underway.

I cannot fully explain to you what it is like as a mother watching your beautiful child experience challenge after challenge. By the of age of 3, he felt like a medical mystery to me, strangely reactive to everything. It seemed to culminate in episodes of sudden-onset fevers that led to seizures. Tally would suddenly say he felt unwell and then lie down, and we would find him seizing. Nothing is scarier than seeing your child seize, vomit, and start aspirating his vomit with clenched jaws.

I cannot tell you how hard I tried to pry his mouth open, trying to hook out the vomit that was going into his lungs. I cannot tell you how hard I prayed. I cannot tell you exactly how it felt to sit there helpless as the firemen and paramedics arrived to suction him and transfer him to the ER by ambulance, and then, in the following weeks, I cannot tell you how hard it felt to sit there in the pediatrician's office and be told he was a perfectly healthy boy, that the reactions were really just coincidences to something in his environment.

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10:10

Within a couple of months, Tally stopped walking due to severe swelling in his joints. After spending an entire summer in and out of the emergency room, after rounds of tests and procedures done in search of an answer, it was at the end of August that we finally got it, a diagnosis for Tally. He has juvenile arthritis, an autoimmune disease. After vaccination, his immune system was triggered, and it just did not turn off. It was not just inflammation in his joints but also previously undetected uveitis, which is an autoimmune inflammation in his eyes. The uveitis was not caught soon enough, so he was already suffering from corneal scarring on one side. That fall was a flurry of trips to the IWK in Halifax every month for a barrage of treatment plans that all failed and brought us to where we are today—a child who takes weekly immunosuppressant medications. He is one of those vulnerable children that Bill 39 is aiming to protect.

I have told you about my first child's reactions, as well as my third son's long journey, and I would like to tell you now a little bit about child number two, who seemed to tolerate his shots okay. Well, he became sick last year. He started passing blood. He became pale and eventually severely anemic. Once again, the path to a diagnosis took months, months of frustrating tests and treatments before finally being referred onto the IWK yet again and eventually identifying what was wrong with him—Crohn's disease, another autoimmune disease. Yet this one led to my 10-year-old being on a feeding tube from January to June of this year. Our home has become a flurry of charging pumps, mixing bags and formula—endless amounts of formula, formula that he still relies on today to keep his immune system from overreacting again. Here we are, a house with two vulnerable sick kids.

You can imagine my conflicted nature when I first heard about the bill, all the reports about how we need to protect immunosuppressed children by vaccinating everyone else. This discussion is very much real and alive in my own home. You see, Tally has two younger siblings. I should

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specify. Tally has two younger unvaccinated siblings. We are a house divided. You see, when the time came for my daughter's shots, I just could not do it. The coincidences were just too much. I could not roll the dice and see what might happen. I could not live with myself if she became sick as well. With two sick siblings, the odds are not in her favour. Even so, she does not qualify for a medical exemption. The doctors say: Just try it and see what happens.

Where does that leave me, a mother struggling to do what is right for all her children? I want to protect Tally, but I have to ask: Whose rights win here? The hard truth of having medically vulnerable children is that I cannot fully protect them and I cannot expect others to assume personal risks of medical procedures in order to protect my family. That would be unethical. The fact is that even if every child in New Brunswick was voluntarily fully vaccinated, my son would still be at risk, just like every other immunocompromised child. What I have learned the hard way is that it is not overt illnesses that put Tally at the greatest risk. It is the Tylenol-covered viruses, the sneaky little ones that are masked and sent to school, that, in the average child, are harmless, but that, in my child, can quickly become life-threatening. We had to increase Tally's immunosuppressants, and he got sick—really sick. A mild cold turned into a retropharyngeal abscess, a swelling behind his throat so that it made it nearly impossible to breathe and for which he was hospitalized for a week in seclusion. That cold was one he picked up on his last day of kindergarten.

Presenting Bill 39 as the way to create a safe school environment for vulnerable children is wishful thinking. As we have experienced in the recent outbreaks, the major illnesses get caught and treated heavily, but the just-as-dangerous everyday illnesses walk through the door all year long. I know the outbreaks were scary. We were directly exposed to pertussis in our children's schools. I know the fear that other moms of sick kids felt. We felt it too, and I in no way want to diminish those feelings and the stress involved. The problem is that they are always there with every call from the school about exposure to one thing or another.

But in the outbreaks this spring, something did become clear: The current policy regarding vaccination has proven itself to be effective and sufficient. When the outbreaks were declared, schools were notified. Those who could and wanted to be vaccinated were. Those who could not, or who chose not to, stayed at home for a time. The outbreaks were contained. The current policy worked.

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10:15

Vaccination comes with undeniable risks. All medical procedures and treatments do. That is just the reality. But no matter how small the percentages are—even one in a million—when it happens, it is devastating. For members of the government, as lawmakers, to be the ones who brought about that devastation would be unconscionable.

You may hear doctors and experts fight and squabble, weighing the benefits versus the risks, but I am asking you to let parents make the decision with their doctors—not with coercion from the proposed legislation. Making medical decisions for my children is what I do regularly—which drugs to try, or which plan to attempt to control Crohn's, for example. I have to make that call.

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The doctors give me options, but I have to decide what is best for my children. It is a terrible burden, but it is one I must bear as their mother. No one could care more about their well-being than I do.

God gave me these children. Why now should the Department of Education get involved in my family's private health care decisions? I assure you, the choice is hard enough to make as it is, yet they are adding to my burden, pressuring families like mine to make decisions based on financial and educational factors, not on what may be best for the family's health.

The role of the government is the provision of education and health care, and that is why I believe this bill crosses the line. My children deserve the best education this province has to offer. Expecting me to attempt to give them some sort of education on my own is unfair to my family as taxpayers, but it also cuts my kids short. They deserve the opportunity to participate in the extracurricular activities that our wonderful school provides. They deserve the richness of a complete education—one that I do not feel qualified to provide. And our local schools deserve to have them in the classroom.

As for myself, I am a dedicated volunteer. We are on the sports teams and the drama crews, running fund-raisers, and helping in the library. I personally run the garden club at our elementary school. My husband, who is an educator, has spent the past six years working on a literacy curriculum, and I have worked in the school system. We care deeply about the education and well-being of not only our own children but every child in this province. Exclusion is not the answer. This province has stood up for inclusion in the past. I had hoped that today would be no different.

We have been through a lot as a family. We have had to learn a lot along the way. We have looked serious illness in the eye, and my children have faced it so bravely—every poke, every test, the hospitalization, the constant medication, the loss of a chance to be normal. My 10-year-old had even conquered placing his own feeding tubes by the end of it. I could not be prouder of how strong they are, each and every day.

My son resists regular food for yet another glass of formula. He has had incentives, though. His biggest goal has been to get his health back so that he can try to make the soccer team in middle school.

My kids really love their school. They have lost some of their childhood. The futures we once wrote for them have had to be altered. We work on short-term goals now. It is an immense loss to give up on life as you know it can and should be, but that is the life we have now after doing our part to protect the community around us. We did our part. I am asking you now to please do your part and not to exclude my children from their childhood. Do not take their schools away. Thank you for your time.

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

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**Ms. Rogers:** I would like to thank you very much for sharing your story. It was very heartfelt, and if I heard correctly, you were trying to make the strong point that your immunocompromised children would be further immunocompromised when someone comes to school with a cold or with other illnesses that are not vaccinated for. Am I right?

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10:20

**Ms. Smallwood:** No. What I said was this. It is the common cold that vaccinated children or anyone carries that can take out a child who is immunocompromised or someone who cannot receive it. It is a thing that we just sneeze.

To be honest, our schools were affected in the recent pertussis outbreak in Fredericton, and I happen to know the family personally that had the pertussis. An issue presented itself in that they were all fully vaccinated. One child had just had his booster in the fall. The issue was that they had immunity to protect themselves but not enough immunity to protect them from getting it and carrying it to school. Because they were vaccinated, it actually allowed them to have such a mild cough that they all went to school for weeks before it was caught on, so we had been directly exposed repeatedly because their cough was really mild and they did not think it was something as serious as whooping cough. Whereas, for those who have something as serious as whooping cough and do not have any immunity, when they get it, it is full-blown and they stay home.

**Ms. Rogers:** Thank you. I was saying the same thing. I just did not relay it correctly, I guess. In other words, in the wide scope, let's say that even if we had 100% vaccination for the illnesses that we vaccinate for today, it would not have prevented the immunocompromised children, this group of vulnerable children who attend our public schools, from still being impacted.

**Ms. Smallwood:** Absolutely.

**Ms. Rogers:** Okay. I really do not have any other questions, other than, again, to say thank you for your courage in coming out to be a person to testify with your personal family story and for bringing your family with you today. Thank you.

**Ms. Smallwood:** Thank you. I would like to add this because I have been on Twitter. I do not know why, but I went on Twitter and saw repeated references to people being stooges, shills, or brought here by an organization. The only person who brought me here this morning was my husband in our minivan. We live down the road, and we are here on our own this morning. We are here to speak for our family because this is who we are and what we are facing. I am not anti-vaccine, as evidenced by my children's immunization records and by the fact that my in-laws are doctors. I was raised in a household that believed in science, and that is why we have made the decisions we have made.

I welcome any questions. I would love to have this conversation over a cup of tea and not necessarily in this scary venue.

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**Mr. Northrup:** Thank you, Ms. Smallwood, for being here. We can get you a cup of tea, if you would like one. We do have it here. I applaud your courage for being here and for bringing your young family with you. I cannot imagine the mornings, afternoons, and evenings with having four children and going all over the place with them. We talked a little early. You said you have spent some time at the Circle Square Ranch, and I am sure your kids enjoyed it there very much so.

I am very intrigued about one of the statements that you made here. I think it kind of sums up what we have heard over the past couple of days. You said: I am asking you to let parents make the decisions with their doctors and not with coercion from proposed legislation. Making medical decisions for my children is what I do regularly. I think that kind of explains everything that has happened here in the past couple of days. I think you explained this very well in this letter, but I was very intrigued by that statement. I am wondering whether you could elaborate a little more on that. If you were sitting in our seats and we were sitting where you are sitting, what would you recommend?

**Ms. Smallwood:** What I have seen and what I have read is that there are those trying to make this a debate about vaccine efficacy and safety, and that is not what the issue is before you. This is not about whether vaccines are safe. We know they work, but we also know that there are undeniable risks. The issue before you today is whether the government of New Brunswick can deny public services to taxpayers based on their private health care decisions. Can the government of New Brunswick discriminate against children who have not received a vaccination? That is the issue you are facing. I am not talking about whether they work, which is what everyone seems to be talking about. I know they did fly some people in to talk about how horrible vaccinations are, and that is not what I am going to sit here and say to you because I do not believe it.

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10:25

But I will sit here and say that as a mother, as a parent, no one cares more about their safety than I do. For the Minister of Education to tell me that not having children allows him to be more callous and unbiased and make decisions about the safety of my children is extremely hurtful—extremely hurtful. We do not parent with callousness. We parent with the care that children require. Of course, I am going to do what is best and in their best interest and for their safety. Also, I care about the community around me, and I have proved that by vaccinating my children in the first case. That is what I did. But there comes a point where, for my personal family—and I speak only for myself—we could not offer up our children anymore as a sacrifice for herd immunity. We could not do it. I could not even offer up my daughter to save my son's life.

How can we ask other parents who really feel strongly that it is not in the best interests . . . I do not believe that there are hordes of people out there who are making this decision just based off the Internet or based off, as Dominic Cardy said, Russian bots. I do not believe it. I believe that there are families in New Brunswick who are making this decision because of their private family medical history. He had talked to me about getting a medical exemption for my kids. I do not know how a Minister of Education can have that kind of power over doctors, but I am

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intrigued to find out. Even if my kids got a medical exemption, I would still sit before you today and make this case for the other children who do not have the case that we have, for my nieces and nephews who are genetically tied to my kids. If it is just bad genes, hey, they might have them too. I would make the case for other families who have family issues down the line. It is the fact that we do not know and we cannot stand in the shoes of somebody else or sit in the seat of judgment over mothers' decisions when they are honestly trying to do the best for their children.

We are not talking about something that is life-saving. We are not talking about children who are about to die and you, as the government, are interceding to save their lives. You are talking about prophylactic treatment that is not indicated. I remember that, at one point, when swine flu was on the go, my older child got swine flu. The doctor gave us a prescription for Tamiflu for the other children just in case. It was my decision whether or not to take the Tamiflu. Now, could the government step in and say that I was wrong not to give a prophylactic treatment for Tamiflu? It was my call to make. The doctor acknowledged that it was my call to make. He put that in my hands. If my kids had then gotten sick, would you come and prosecute me because I did not give them Tamiflu? You do not know what is going to happen. You cannot prosecute someone on hindsight. It is completely unfair. Parents are trying to do the best they can for their kids. To infer otherwise is—I do not know—misogynistic at best to tell a mother that she is tainted by her emotions toward her children. I just cannot even with that. It has to be left in the hands of the parents who are actively doing their best.

To say that I am making this up off the Internet . . . I spent too much time in hospitals to make this stuff up off the Internet. We are literally leaving here and going to an appointment at the hospital for 11:30 a.m. That is my life. I am not on the Internet looking up spook theories from Russian bots. To imply that I am some sort of sellout is insulting and demeaning, so I will stand here and boldly say that that is not what I am.

**Mr. Northrup:** Thank you for being here, and thank you very much for sharing your story. That is all I had, Madam Chair.

**Ms. Mitton:** Thank you, Madam Chair. Thank you for your time this morning. I appreciated that you said that this bill should not be a debate about the efficacy of vaccinations. I would agree. I support immunizations. I think the most important thing is getting New Brunswick kids vaccinated. But as you acknowledged, not every single child can. There is a reason that there are medical exemptions. Could you elaborate just a little bit more on the impact that Bill 39 would have on your family? Thank you.

**Ms. Smallwood:** My family directly . . . I am pretty sure that of my five children, all five would be excluded. My younger two who are unvaccinated cannot get a medical exemption, but the real kicker is that my two children who are sick, even the immunosuppressed child, cannot get a full medical exemption. So, if my sick children cannot get a medical exemption, who can? That is what I do not know. I do not understand. If my child . . .

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I have had this ongoing discussion with the specialists at the IWK. Again, this is an ongoing conversation in my life, regularly. They have wanted to have boosters for the kids. They contacted me during the measles outbreak in Saint John, and they wanted to give measles boosters to my 10-year-old—my 10-year-old who had just stopped bleeding after a year of bleeding, okay?

I know what the vaccine will do to someone with an autoimmune condition. I know because I have already experienced it with my other son. Once we got him walking again and doing okay, we could not get the eyes to settle down, so he had to go on serious immunosuppressants. Before we did that, they wanted to increase his vaccination. And I agreed. We gave him more vaccine and put him back in a wheelchair. We had just gotten him walking, and the vaccination put him back in a wheelchair. We got through that flare-up. They wanted to give him another shot. I allowed it. I am a very compliant mother, it seems. We did it. He lost the whole use of one of his arms. For the first 72 hours, they brushed it off as a normal reaction to vaccination, but when it had progressed for over a week, for 10 days, they started to acknowledge: Okay, this is an adverse reaction. They did not really take notes. They did not do anything with that information, but at least they acknowledged that that was what it was.

I know what happens when you give a vaccination to someone who has an autoimmune disease. My child is currently in a controlled remission state. Am I going to give him a measles booster? Am I going to give him his shots in Grade 7? No. I will not put his health at risk just because that is what I am told to do. I will not do it. I cannot go back to the feeding tubes. I do not know how . . . Do you want to talk about how busy our mornings were? When you have to get up at 6 a.m. and make fresh formula and hook it up to a tube in your child's nose, that is a busy morning. I can do five kids in a morning, but I cannot go back to the feeding tubes. If I have to give him his shots in Grade 7—his boosters—that is what is going to happen, so no.

Even my sick kids will be excluded from school, and I cannot even wrap my mind around that. There is not even a space. To be fair, the Department of Education cannot dictate to doctors what to give medical exemptions for; that is overreaching. I have been promised that. Oh, yes, we will give guidelines. But you cannot. You cannot give guidelines to a medical board on what it is going to sign as a medical exemption. Some are not going to do it. It is their own conscience; they are private practitioners.

That is what is going to happen. All five of my kids will be removed from their schools, and I do not even want to imagine what that will do to our family. I could not stay in a province where the burden of education falls solely on my head. We had to get jobs and work. We had to take care of these kids. To be honest, taking care of two sick kids is kind of a full-time job. I cannot slip in an English lesson.

**Madam Chairperson:** That is exactly the question I would have had for you. Because we are running low on time, I am going to be selfish and get my question out there. What effect will it have on your family if your five children are unable to attend school? I have heard you say that

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they love school, and I appreciate that, because my children love school as well. What other effects will this have on your family?

**Ms. Smallwood:** I do not know how we will be able to stay in New Brunswick. I really do not. I do not know how we will be able to stay here, which is heartbreaking, because we chose New Brunswick. This is where we want to be. We bought a home here. We have been here for I do not know how many years. With all the years we have been here, I have spent more time here than in my birth province. This is where we want to be, and I do not know how we will be able to stay in a province that segregates my children and “others” them and excludes them from a normal childhood experience and a proper education.

I am not saying that homeschooling is not a proper education. It can be for those who choose it, but to force it upon those who are not equipped or who do not feel capable of giving that to their kids is completely unfair of this government. I do not know how it can even be allowed. I do not know how this has not escalated into some kind of human rights case.

**Madam Chairperson:** Do you feel you have the capacity to homeschool your children?

**Ms. Smallwood:** I could give them an education. My children are bright. They are avid learners. But could I give them the full richness of the current situation that they have with their education? Absolutely not. You cannot quantify how deep a public school education can be. I thoroughly love our school. When I say I love it, I know lots of kids love it. We are so involved, it is almost ridiculous. I said that I run the garden program at our school, and I do. I am a library volunteer. I am on the PSSC and in the home and school, and my kids are in every drama production or sports team . . . Any group you could have, they are part of it because they love that richness and fullness. They partake in the community. That is what we have. Our school is our community, and if they lost that, it would be very detrimental to their well-being.

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10:35

As I said, my kids have issues. When my son was going through his feeding tube, he would not leave the house. He would not go to Costco. He would not go to the mall. There was only one place he would go in public with that feeding tube, and that was school, because school was his safe place. That should send a pretty powerful message that that is the kind of community that we have.

**Madam Chairperson:** Mr. DeSaulniers, do you have any questions?

**Mr. DeSaulniers:** Thank you Madam Chairperson. Mrs. Smallwood, I want to thank you very much for appearing here today. I want to thank you for bringing your family as well. I want to tell you that your presentation has amplified in my mind some of the issues that I have been hearing this week. There is a commonality, a common thread, appearing in the testimonies and in the presentations that I have heard. I thank you very much for amplifying that in my mind, because it is going to help me. Thank you.

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**Ms. Smallwood:** Thank you. Thank you for listening. I know sometimes I was emotional or impassioned, but I am a mama bear, because I have literally had to fight for my kids for years. That was not easy, but it has made me the woman I am right now, so I am thankful for the struggle, I guess.

**Madam Chairperson:** Thank you. Thank you very much for your time. Thank you for your courage. Your presentation was absolutely appreciated, and your notes will certainly be reviewed. Thank you.

**Meagan Eskritt**

**Madam Chairperson:** Thank you very much for being here. I understand the documents are being handed out.

**Ms. Eskritt:** Yes.

**Madam Chairperson:** You are familiar with the time frame.

**Ms. Eskritt:** Yes.

**Madam Chairperson:** I will warn you when we get to 20 minutes, if you get that far . . .

**Ms. Eskritt:** Thank you.

**Madam Chairperson:** . . . for questions.

**Ms. Eskritt:** Thank you very much. Good morning. My name is Meagan Eskritt, and I am here today as a parent and a concerned citizen to stand in opposition to Bill 39, *An Act Respecting Proof of Immunization*.

As I am sure you are aware, it seems that there is no topic that evokes such passion in people as the topic of vaccines, and understandably so. Vaccination is regarded as a miracle of modern medicine. Unsurprisingly, people are shocked to find that there are those who oppose vaccines altogether, or those who choose to follow an alternate schedule. Many people sincerely believe that all vaccines are safe and effective, and that adverse reactions, both immediate and forthcoming, are extremely rare.

I know scientific data exists showing that vaccines can cause harm. While I believe vaccines may contribute toward immunity against contracting some diseases, research shows that they are also responsible for causing autoimmune and other detrimental lifelong illnesses, though these effects are rarely disclosed to the public.

The topic of immunization became of interest to me as I experienced ill health following a series of vaccinations nine years ago. Shortly after receiving the flu vaccine and a combined hepatitis A and B vaccine for international travel, I was diagnosed with two autoimmune conditions. I

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accepted the diagnosis and treatment, being told that I would have the conditions for the rest of my life. There was no explanation for these mystery illnesses. There was no cure. I had always believed the conventional wisdom that vaccines were safe, effective, and necessary. When my doctor recommended the vaccine for international travel, I gladly accepted. I was not informed of any risk associated with the vaccination, despite statements on the vaccine package's insert to discuss possible side effects, and despite recommendations by the Canadian Medical Practice Association to discuss with the patient and obtain consent for such situations as injecting vaccines or other drugs.

Informed consent is a necessity for patients' autonomy and the right to make one's own health decision, and the principle of patient autonomy applies to all treatment, whether medical, surgical, or investigative. Therefore, Bill 39 violates informed consent, the right to determine what shall and shall not be done with one's own body, and the right to be free from nonconsensual medical treatment.

012

10:40

When I began to investigate the published research for myself several years after being vaccinated, I was taken aback. We are told that there is no research proving harm from vaccines. We are told that this information does not exist. What I have learned, however, is that neither the public nor the legislators and our medical professionals are being made aware of the growing amount of medical research that does exist showing not only that vaccines have been linked to a wide variety of severe and chronic illnesses but also that they are not as effective as we expected them to be or as necessary as we once believed. Despite this growing body of evidence being documented, policy-makers completely dismiss it. Here we are now facing a push to remove our medical rights and freedoms.

While I understand that you may have doubts about what you have heard and what others before me have presented to you, there is evidence. What you see here in this binder is just some of the research that I myself have compiled over the years. This represents medical knowledge that is not being addressed in medical education or taken into consideration by policy-makers when it comes to making recommendations on vaccination for public health purposes. What fills this binder is peer-reviewed scientific studies published in the world's largest medical library, the U.S. National Library of Medicine, many published in prestigious medical journals. Most of these journals are free for the public to view and read, so I encourage you to investigate for yourselves, and I encourage the public to do the same.

The research contradicts most of what we have been told, what we widely believe about vaccine safety and real-world effectiveness. As quick examples of what kinds of studies you could find amongst the medical literature and that are contained within this binder, I will summarize here. An FDA study which found that while the pertussis vaccine can prevent symptoms, it does not prevent infection or transmission of whooping cough. A National Institutes of Health study found that individuals with relatively common genetic defects are more susceptible to vaccine injury. There is a World Health Organization recommendation for the use of high-dose vitamin A in the treatment of any case of measles which requires hospitalization in order to prevent

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complications. There is a CDC report showing that over 92% of the decline of mortality from measles in the United States in the 20th century occurred prior to the introduction of the vaccine. There is also a report funded by the U.S. Department of Health and Human Services which found that less than 1% of all vaccine-adverse events are ever reported due to lack of awareness by medical professionals.

I would encourage you to visit <[www.vaccineguide.org](http://www.vaccineguide.org)> for an excellent compilation of scientific literature.

Now, if I could share some of the research in a bit more detail with you, regarding autoimmune conditions, I have included a copy of several papers for you to peruse. One details serious autoimmune adverse events. I will also reference two others. With the first study, I was not able to access the full article, but I thought it was important to share. I will summarize here, and you can access the abstract if you wish. The study is titled “A case-control study of serious autoimmune adverse events following hepatitis B immunization” from the journal *Autoimmunity*, June 2005. I quote: “chances of exposure to hepatitis B virus in adults is largely life-style dependent. Adults should make an informed consent decision, weighing the risks and benefits of HBV, as to whether or not to be immunized”. This study calculated the risk of serious autoimmune adverse events reported to the U.S. Adverse Event Reporting System database after the receipt of a hepatitis B vaccination compared to a control group that received a tetanus-containing vaccine instead. Adults who received the hepatitis B vaccine were five times more likely than the control group to develop multiple sclerosis. The hepatitis B vaccinated group also had a significantly increased risk for rheumatoid arthritis, optic neuritis, lupus, alopecia, vasculitis, and thrombocytopenia.

A second study that I included for you—I believe it is the first one—is “Evolution of multiple sclerosis in France since the beginning of hepatitis B vaccination” from the journal *Immunologic Research*, December 2014. I quote from the article: “The figures . . . in France . . . show a definite statistical signal in favor of a causal link between the HB vaccine . . . and . . . MS”. In France, cases of multiple sclerosis rose by 65% in the years following an aggressive national campaign to increase hepatitis B vaccination rates. This paper found a significant correlation between the number of hepatitis B vaccine doses given and the number of multiple sclerosis cases one to two years later.

013

10:45

Just from hearing this information, we can look at the benefit-versus-risk analysis. One may ascertain that giving a one-day-old baby a hepatitis B vaccination is not a good idea. However, if you refuse this as a parent, you are told that you are putting your child’s life in danger. If you decide to refuse that vaccine altogether, your child may not be able to have an education.

This bill is a one-size-fits-all agenda. It is in direct violation of the Universal Declaration on Bioethics and Human Rights, the Nuremberg Code, the *Canadian Charter of Rights and Freedoms*, and the Canadian Constitution.

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Some proponents say that it is unethical not to vaccinate, that it is our moral obligation to protect the herd, and that individual rights should be superseded. But to debate their ethics, we need to understand the facts, and the facts are undeniable. Vaccines involve risk. Whether that risk outweighs the benefits is the individual's choice to make—a parent's choice for his or her child. That is not a choice that should be mandated by the government. That is not a choice that should be made without true informed consent. This is a choice that must be made by every person considering vaccination.

A certain percentage of the public will be harmed, and the problem is that we do not know who will be harmed. What we do know is that in the United States, the Vaccine Injury Compensation Program has paid out more than \$4 billion due to vaccine injuries and deaths. The *National Childhood Vaccination Injury Act* of 1986 removed all liability from vaccine manufacturers. This historic law acknowledged that vaccine injuries and deaths are real, that the vaccine-injured and their families should be financially supported, and that vaccine safety protections were needed in the mass vaccination system.

Even the CDC admits that there are risks with vaccines. In a document entitled *Vaccination Mandates: The Public Health Imperative and Individual Rights*, the authors state:

*Vaccines are safe and effective. However, they are neither perfectly safe nor perfectly effective. Consequently, some persons who receive vaccines will be injured as a result, and some persons who receive vaccines will not be protected. Most adverse events associated with vaccines are minor and involve local soreness or redness at the injection site or perhaps fever for a day or so. Rarely, however, vaccine can cause more serious adverse events. Whether an adverse event that occurs after vaccination was caused by the vaccine or was merely temporarily related and caused by some totally independent (and often unknown or unidentified) factor is often difficult to ascertain. This is particularly problematic during infancy, when a number of conditions may occur spontaneously. In a given instance, determining whether vaccine was responsible may be impossible.*

*Acknowledging that vaccines, as with any medication, are not without risk to the patient, that vaccines, unlike other medications, are a medical intervention generally given to healthy individuals, and that vaccination has benefits beyond the individual by significantly benefitting the public health through creation of herd immunity, the VICP was established to shift the monetary costs of vaccine injuries away from vaccine recipients and manufacturers.*

I share this article, number one, to reiterate the fact that vaccines can and do cause harm, and, number two, to investigate the statement that “vaccination has benefits beyond the individual by significantly benefitting the public health through creation of herd immunity”. The theory of herd immunity claims that if enough people are vaccinated, herd immunity will be achieved and chains of infection will be disrupted.

Let me bring light to this with a summary from several studies. The first, I believe, was mentioned in a previous presentation. It looked at the largest measles epidemic in North America

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in a decade, in Quebec, Canada, in 2011. It was from the *Journal of Infectious Diseases*, March 2013.

The paper analyzed the details of the 2011 outbreak—725 cases, of which 678 occurred in one outbreak. Measles vaccination rates were high when the outbreak occurred; 97% of children had received one dose by 28 months of age, and 90% had received two doses. Rates were even higher by the time the children entered school. The person who initiated the outbreak was vaccinated during childhood. During the outbreak, 21 infants contracted measles, and 4 were hospitalized, but none had pneumonia or serious complications.

In a school outbreak where vaccination status was shown, 49% of all measles cases were in children who had received two doses of the measles vaccine. Passive surveillance significantly underreported the number of measles cases that occurred in fully vaccinated people. Waning immunity in adolescents who received two doses of the measles vaccine suggests that the elimination of measles may not be possible, even with a 100% vaccination rate.

014

10:50

There is a second study, a copy of which is provided to you, titled “Outbreak of measles among persons with prior evidence of immunity, New York City, 2011”, from *Clinical Infectious Diseases*, 2014. I quote from the article: “this is the first report in which a person with a verified secondary vaccine failure despite receipt of two doses of MMR was demonstrated to be capable of transmitting disease to other individuals”.

To summarize, scientists know that people who are vaccinated against measles can still get the disease. However, they originally believed that only unvaccinated people could spread measles to others. This paper provides evidence that measles can be transmitted from a fully vaccinated person to other fully vaccinated individuals. A 22-year-old woman with documented evidence of having received two doses of the measles vaccine transmitted measles to four people who were supposedly immune. Measles antibody levels are expected to decline over time. However, the loss of an asymptomatic natural boosting that used to occur when measles freely circulated could affect population-wide immunity against the disease.

Widespread measles vaccination reduces public exposure to the measles virus, reducing opportunities to boost immunity among vaccinated people, which may contribute to waning antibody levels, loss of population immunity to measles and an increased ability of vaccinated persons to transmit the disease.

A third journal I will share . . . I do not have a copy of that one, but you can look it up. It is titled “Asymptomatic transmission and the resurgence of *Bordetella pertussis*”. This is whooping cough. It is in *BMC Medicine*, June 2015. This study shows that there has been an increase in the incidents of whooping cough. Three reasons are usually given to explain the rising cases: waning immunity following vaccination, evolution of *B. pertussis* and low vaccination rates. The authors of this study provide evidence of a fourth reason to explain the resurgence: asymptomatic or sub-

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clinical transmissions of *Bordetella pertussis*. Vaccinated individuals who do not exhibit signs of the disease are able to infect other people.

The documented failure of cocooning, which is vaccinating family members to protect newborns and infants, is compelling evidence for the asymptomatic transmission of the disease from vaccinated individuals to susceptible people. This study provides a scientific explanation for *B. pertussis* genetic patterns: the failure of post-natal cocooning, the resurgence of whooping cough, and why herd immunity and eradication of the disease may be unattainable.

I have included other studies showing evidence of the imperfect immunity provided by pertussis vaccination, for you to look at. They corroborate the findings that I have just outlined, which are that vaccination does not guarantee herd immunity and that vaccinated individuals still spread disease.

People who take the time to make an informed decision know that the science is inadequate to state that vaccines are perfectly safe. We want choice when there is risk. We want people to know that they have a choice too and that they have a right to question the vaccine schedule. We do not have to look back very far in history to see that vaccines are problematic and that there have been very serious reactions to vaccines that are no longer in production but were used despite evidence of harm. You have heard stories of that in the previous presentations.

One example: According to the 1985 Institute of Medicine study by the Committee on Issues and Priorities for New Vaccine Development, Division of Health Promotion and Disease Prevention, the Whole-cell pertussis vaccine doses reached 17 994 600 yearly. The result was 7 197 840 cases of minor reactions. There were 10 283 convulsions, 160 cases of encephalitis, and 58 cases of chronic disability. There were also an estimated 2 to 4 deaths per year.

As a result of these findings, the Institute of Medicine recommended a switch to the acellular version. A few years later, in 1992, a study in the *American Journal of Epidemiology* confirmed that “Significant associations were revealed between encephalopathy and receipt of DTP vaccine less than 7 days before onset of illness”. Still today, you can open the product monograph for INFANRIX, which covers DTaP-IPV-Hib, and you will see that what used to be labeled SIDS, now sudden unexpected death, is listed under Adverse Reactions. I have included a copy of one study regarding sudden unexpected death following vaccination for you to peruse.

015

10:55

Now that you have heard a bit of the science, let’s talk about what we all want, which is the health and safety of our children. Let’s talk about what is stopping us and how to move toward the common goal. To do that, the public needs to be given all the facts. Many have never made an informed decision regarding vaccines and other interventions. They simply comply because they trust their doctor who trusts the medical and pharmaceutical industry’s recommendations. If a parent expresses apprehension, instead of the doctor providing solid research, the doctor ensures parents that their concerns are unfounded. Doctors need to practice informed consent.

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I will share an interesting story regarding informed consent. At 8 weeks of pregnancy, I fainted and was taken to the hospital for a checkup. The doctor on duty recommended a tetanus shot because I had fainted and received a small scratch. A tetanus shot means a Tdap vaccine. Now, if you check the National Advisory Committee on Immunization, it clearly states it does not recommend administration of this vaccine before 13 weeks. It states that it “should ideally be offered at 27-32 weeks of gestation”.

Moreover, the product monograph for BOOSTRIX, which is the tetanus, diphtheria, and acellular pertussis booster vaccine used in Canada, states: “The use of BOOSTRIX may be considered during the third trimester of pregnancy. . . . should only be used when the possible advantages outweigh the possible risks”. It also clearly states: “Human data from prospective clinical studies on the use of BOOSTRIX during the first and second trimester of pregnancy are not available.”

I ask this: Should we question our doctor’s advice, or should we be informed to make those decisions with our doctor? I suggest that we need to rethink and review the data and decide whether the risk of getting certain vaccines outweighs the benefits and that we look at the disease-prevalence risk versus the risk of an adverse event. With the growing body of evidence that vaccines can cause chronic, life-long illness, we cannot simply do what we have always done. We need safer vaccines for those who want them. We need to take a deeper look at what is going on, we need to ask hard questions, and we need to demand the answers. We need to listen to each other. We need to acknowledge the facts.

Fortunately, there are a growing number of doctors, scientists, and other medical professionals who are voicing their concerns about the safety and efficacy of vaccines. Sadly, some of those individuals are ridiculed and discriminated against. Should those who make informed decisions and oppose mandatory vaccinations be labeled as dangerous and delusional and be accused of spreading misinformation? It seems many proponents of mandatory vaccinations do not want to have a peaceful discussion. They do not want to acknowledge the emerging research. They do not want to investigate the experiences of countless parents who watch their children fall ill or worse after vaccination.

They have been telling and continue to tell the public the same thing: The science clearly shows that vaccines are the most important health advance of the 20th century and that the science is settled. This is what we are being told, despite the documented research. We are told that the consensus is that the benefits outweigh the risks for every single person. To quote Michael Crichton: “Historically, the claim of consensus . . . is a way to avoid debate by claiming that the matter is already settled.” There is no such thing as consensus science. If it is consensus, it is not science.

It is obvious that the governing body directs us to science that is biased in its favour. When in a debate, it dismisses that the science is there and that there is science showing that vaccines can cause damage. This has happened throughout history. Vaccine hesitancy and opposition is not a new phenomenon. From the earliest days of vaccination, many people opposed for many reasons

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but mostly because so many children suffered serious health problems. Vaccines have and continue to cause harm to some individuals.

The issue here is not black and white. There is no right or wrong. Science is never 100%. It is always changing and evolving. If vaccines are capable of causing both acute, short-lived adverse reactions and chronic unremitting problems, then perhaps the strategy for disease prevention requires reevaluation. It seems that we are trading acute short-term childhood illness for chronic lifelong illness.

016

11:00

Please understand the serious implications of this bill and the importance of your due diligence on this matter. Now that you are aware of the risks of vaccines, now that you have heard some of the facts, you can decide for yourself. Is it ethical to mandate a pharmaceutical product with known side effects and documented injuries, to discriminate against individuals who either do not want to take the risk or have already been harmed previously by vaccines? Is it ethical to deny unvaccinated children the right to a public education?

Before you make your recommendations, I implore you: Become informed about all issues regarding vaccine safety. Explore the history of infectious disease and vaccinations. Let this public hearing be a starting point. Research all the information being presented from both sides, and make your decision from that. Please give parents the choice to make this decision for their children.

Thank you very much for your time.

**Madam Chairperson:** Thank you very much. Questions?

**Ms. Rogers:** I have just one question. Thank you very much for the very articulate and also scientifically grounded sharing of data. My one question would be this. Given the data that you shared with us today, much showing how, for example, the eradication of some of these diseases for which we vaccinate is unattainable, some showing that those who are vaccinated can still get and transmit the illnesses for which we are vaccinating, and that there is growing research in the scientific community that is not known by or shared with the general population, even governments or health practitioners, what do you think the impact of Bill 39 going through would be, specifically, in your opinion?

**Ms. Eskritt:** I think that the implications are huge. You have heard from parents who are devastated. They do not know what they are going to do. They are being discriminated against. Their children will not be able to attend school or will not be able to go back to school if they are already in school. The implications of this are huge for children because there are risks for families. They want their children to receive a public education. They want their children to not be denied that right.

**Ms. Rogers:** Okay, thank you very much.

**Madam Chairperson:** Thank you very much. It seems that there are no further questions. Oh, there is Mr. McKee.

**Mr. McKee:** Thank you, Madam Chair. Just reviewing quickly the documents that you provided, I guess with regard to the studies about MS being caused by hepatitis B, there seems to be competing research out there that would say that it does not cause MS. I looked quickly at the CDC and the Institute of Medicine, and they have conducted their own research as well as reviewing published and unpublished research, including from France, that would lead them to conclude that hepatitis B shots do not cause MS. Are you in disagreement with those findings?

**Ms. Eskritt:** No, not at all. I am just saying that when there is evidence that there could be risks, we should have the choice.

**Mr. McKee:** Similarly, you talked about the pertussis vaccine, the DTaP. I guess, looking quickly over the documents, vaccinated children can, this says, still carry the disease. But would you agree that the symptoms are less severe and the risks are diminished significantly if the person is vaccinated?

**Ms. Eskritt:** Sorry, could you say the last part again?

**Mr. McKee:** It was just that it has been shown that vaccinated children can still carry the disease, but . . .

**Ms. Eskritt:** Less severe symptoms? Yes, I have read that, and I agree.

**Mr. McKee:** Would you agree that the symptoms and the risks are less severe if people are vaccinated?

**Ms. Eskritt:** From what I have read, yes, they can be less severe.

**Mr. McKee:** Thank you, Madam Chair. Thank you.

017

11:05

**Ms. Mitton:** Thank you, Madam Chair. I guess I just wanted to address some of what you were speaking about today and challenge some of the blanket statements that you were making around science and scientific consensus. The overwhelming data that is out there does support vaccinations, and I do not think the scientific community has ever said that there are no risks. I think that is part of science. Science keeps evolving. There are certainly risks, but science supports that vaccinations, for most people, are good and that they are a good public health idea and public health policy. I guess I just wanted to sort of make that clear that the scientific consensus is that we should have vaccinations and that we should have high vaccination rates. I guess I just had a comment wanting to clarify that. Thank you, Madam Chair.

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(Interjection.)

**Ms. Mitton:** I guess I just wanted to comment. I can ask a question. My question would be whether you have anything specific to add on Bill 39, since this really is not a hearing on the science of vaccinations. It is really on this specific part of Bill 39. We already do have mandated vaccines in New Brunswick, but we have some exemptions for public schoolchildren.

**Ms. Eskritt:** Thank you.

**Mr. Chairman:** Did you want to respond to that question?

**Ms. Mitton:** I was just wondering whether you had anything to add specifically on the topic of Bill 39 since that is what we are here to discuss today.

**Ms. Eskritt:** Okay. Yes, I understand that there is overwhelming research that shows that they are safe, but I guess it comes down to where there is risk, there has to be choice. Even if we go with the 1 in 1 million statistic of serious adverse event or death, if I knew that it was going to be my child, I should have that choice to make.

**Madam Chairperson:** Thank you very much. Thank you for taking your time for being here to present.

Next, we have, from the New Brunswick Pharmacists' Association, Paul Blanchard, Executive Director, and Brett Jackson, Secretary-Treasurer. I have noted that you have not been with us for the last two days, so I am going to give you a brief overview of our expectations. I would ask that you provide an introduction for the record of the people we have with us today, just to make sure that I was correct. Also, you have been allotted 30 minutes to give a presentation, although I understand that there may be a request from the committee.

**Mrs. F. Landry:** Yes, Madam Chair, we would request an additional 15 minutes for questions, because we wanted to have more time for questions.

**Madam Chairperson:** There is an additional 15 minutes that is being requested for technical questions. Are there any objections, or is there consensus on this? I understand that Daniel LeBlanc, who was scheduled for 11:30 a.m., is no longer making an appearance, so that does actually free up a bit more time on our schedule.

**Hon. Members:** Agreed.

**Madam Chairperson:** Is what I am hearing a 15-minute extension?

**Hon. Members:** Agreed.

**New Brunswick Pharmacists' Association**

**Mr. Blanchard:** Thank you very much. Mr. Jackson will introduce us.

**Mr. Jackson:** Good morning. I would like to thank the committee for the opportunity to speak here today. My name is Brett Jackson. I am a pharmacist working in Oromocto, New Brunswick. I graduated from Dalhousie University in 2013, and I have been practicing pharmacy for seven years, primarily in Saint John and Oromocto. I sit on the board of directors of the New Brunswick Pharmacists' Association and am currently the secretary-treasurer. I am joined today by Executive Director Paul Blanchard.

018

11:10

I would like to preface my comments by saying a couple of things. Bill 39 primarily deals with children entering school. Pharmacists in New Brunswick do not have the right under the pharmacy Act to provide vaccines to children under the age of 5. Most of the vaccines we are talking about here today are administered between 0 months and 4 years of age. Pharmacists will not be able to immunize the majority of upcoming students.

Moreover, vaccines that are being administered under the public health program are purchased directly from manufacturers through a tendering program, and pharmacists are not involved in these transactions in any way. Our motivation for being here today is to support this legislation, which will lead to more people being immunized and better health outcomes for New Brunswickers.

I am a health professional, and based on an overwhelming amount of evidence, I know that vaccines work. I have already personally administered many thousands of vaccines. Other than the occasional minor irritation at the injection site, I can state that I have never had a reportable adverse event. I am not surprised by this. Nothing is perfect, but the statistics related to vaccine injuries indicate that the number of adverse events is indeed very low. Vaccines work.

We understand that Members of the Legislative Assembly are receiving calls and complaints from people telling them that vaccines are a danger to humans. We are getting those calls too. You are hearing those stories today. We want you to know that the majority of New Brunswickers still support vaccines. We are in the process of gathering signatures for a petition in support of Bill 39, to help you see the support and also to generate discussions with patients at the counter. Vaccines have saved more lives than any other medical development or invention.

I have seen patients with weakened immune systems. These are people who are fighting cancer, HIV, or chronic illnesses. Some are children with immune deficiencies. These are people who cannot be vaccinated but want to be. These are vulnerable members of our community who rely on the rest of us to get vaccinated.

Herd immunity is the term used to indicate that when you immunize the herd—i.e. the majority—the small minority who are not unimmunized will not be able to spread the virus to the

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rest of the community. Outbreaks will be minimized because more than 90% of us are vaccinated. Measles, for example, can be spread quite easily. If someone in this room is not vaccinated against measles, and if I have measles, there is a 90% chance that that person will contract measles from me. Eventually, these more vulnerable members of our community could contract measles and may not otherwise be able to recover. They did not have a choice.

Vaccines are like a training course for the immune system. They prepare the body to fight disease without exposing it to disease symptoms. A vaccine is a biological preparation that improves immunity to a particular disease. A vaccine typically contains an agent that resembles the disease-causing microorganism. It is often made from weakened or killed forms of the microbe, its toxins, or one of its surface proteins. The agent stimulates the body's immune system to recognize the agent as foreign, to destroy it, and to remember it so that the immune system can more easily recognize and destroy any of these organisms that it encounters later.

As is the case with any approved medication in Canada, vaccines have been studied and have been shown to be safe and effective. Health Canada requires manufacturers to demonstrate safety and efficacy before providing a Notice of Compliance and a Drug Identification Number. Even once vaccines are approved, any adverse events related to drugs and vaccines are to be reported so that we can effectively continue to monitor drugs and vaccines after they are approved.

As is the case with any medication or vaccine, there are always potential side effects. We know about them because they have been researched. They have to be communicated to the patient. Here is what you should expect. Here is what you should be worried about. Pharmacists go through this type of important counseling every day. For example, there is a 1 in 1 million chance that you could get encephalitis from the MMRV vaccine, but the chance of getting encephalitis from measles is about 1 in 1 000. Measles in pregnancy can lead to stillbirth. Measles can lead to meningitis. Measles is not trivial.

Here in New Brunswick, concerns about vaccine safety have led some people to decline recommended vaccinations for their children, leading to a resurgence of diseases such as measles and whooping cough. According to a recent Brunswick News report, almost 25% of students entering the New Brunswick school system do not have proof of immunization. We believe this is inappropriate.

019

11:15

During the most recent measles outbreak in the Greater Saint John area, pharmacists from all across the province, but especially in Saint John, were inundated with people trying to find the MMR vaccine. People planning trips for baseball, basketball, and summer hockey league events were concerned. Parents of children with immune-compromised systems were concerned. Patients who are undergoing treatments for cancer or dialysis were concerned. Many were showing up at the pharmacy because pharmacists are by far the easiest health care professionals to contact.

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In Canada, we are fortunate to have access to vaccines against measles, mumps, rubella, and polio. Many countries around the world do not immunize their populations against these diseases. These are not harmless childhood diseases. My great-uncle had polio and was deformed for the rest of his life as a result. It put a tremendous hardship on him and his family.

By 1996, measles had been eradicated in Canada due to effective vaccine programs. According to the World Health Organization, reported measles cases are the highest they have been in any year since 2006. There have been three times as many cases reported in the first seven months of 2019 than at the same time last year. The United States are reporting their highest case count in 25 years. The World Health Organization's most recent data concerning death rate for measles is from 2017 when 110 000 people died from measles. It would not have the 2018 until later this year, but it seems clear that the global death rate from measles will be higher. Measles outbreaks are entirely preventable through a two-dose vaccine.

We have let emotion and political correctness dictate policy, which has led to the return of measles and other vaccine-preventable diseases. We have provided in this briefing a list of vaccines which, according to Health Canada, should be administered to school-age children. We fully support Bill 39 which will require that children entering the public school system provide proof of immunization unless they can provide a medical exemption. Examples of these medical exemptions would include children undergoing treatments to fight cancer which often suppresses their immune system or, oftentimes as well, children who are taking immunosuppressant medication commonly for autoimmune types of diseases. We provide a list here of vaccines, according to Health Canada, that children should have received for your reference.

We want to speak briefly about what pharmacists can do. Pharmacists in New Brunswick have been administering vaccines under the *New Brunswick Pharmacy Act, 2014*, for more than 10 years. We do not however have the ability to vaccinate children under the age of 5. Pharmacists in communities all across New Brunswick would not likely be providers of vaccines for children entering schools as most of these publicly funded vaccines should be administered before the age of 5. However, pharmacists can play a small but important role in any catch-up program which the Department of Education and Early Childhood Development may want to consider. Given that between 20% and 25% of students entering the school system cannot provide proof of vaccines, this is likely to be a problem for families who need to meet the requirements under the proposed legislation.

British Columbia includes pharmacists as providers for all publicly funded vaccines. The province recently experienced a similar measles outbreak earlier this year. It responded by holding over 3 500 public health clinics in three months, between April and June 2019. The number of children fully immunized against measles in those three months was over 37 000, as part of its catch-up program. B.C. community pharmacists immunized just over 1 200 people in those three months compared to only 21 in the same period in 2018.

The facts are these: Vaccines have been proven safe and effective. They have saved millions of lives worldwide. The Department of Education and Early Childhood Development said that as many as 20% of New Brunswick students could not provide proof of immunization when they

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entered the publicly funded school system last year. We are at risk. The facts are that these diseases are not harmless childhood diseases. Measles symptoms can lead to diarrhea and vomiting. They can lead to the misalignment of the eyes, infection of the membrane surrounding the brain and spinal cord, or infection of the brain itself. Mumps can lead to inflammation of the testicles, inflammation of the brain, and meningitis in up to 15% of cases. Pertussis or whooping cough can lead to pneumonia.

Our neighbours to the south are bringing stricter immigration rules which will provide fewer resources to fund vaccines for immigrants in that country. This would likely lead to more outbreaks of measles and other diseases. Since Canadians and New Brunswickers travel frequently to the USA, we are likely to continue to see more outbreaks here in Canada. Canada is a very multicultural country, with thousands of visitors coming and going daily. We support Bill 39 since it will protect our children and provide herd immunity to the most vulnerable members of our society.

I will now turn over it to Mr. Blanchard, our executive director.

020

11:20

**Mr. Blanchard:** Thanks. There are a couple of comments that I want to make, quickly. We have actually timed this out to go for 15 minutes. I am not sure if we are still on our time.

Mr. Jackson alluded to Health Canada in terms of how it oversees drugs and health products which are approved and made available in Canada. If there is sufficient evidence to support that a vaccine is safe and effective under the new drug submission process, the product is issued a Notice of Compliance and a Drug Identification Number indicating that the biologic is approved for sale in Canada.

Health Canada, in collaboration with the Public Health Agency of Canada, also monitors biologic adverse events, investigates complaints and problem reports, maintains post-approval surveillance, and manages recalls as required. All drugs that are marketed in Canada are subject to the *Food and Drugs Act and Regulations*. The Biologics and Genetic Therapies Directorate is responsible for the review and the approval of all types of drug submissions for Biological (Schedule D) and Radiopharmaceutical (Schedule C) drug reports, including but not limited to the new drug submissions and clinical trial applications.

Companies that apply for a Notice of Compliance for a new product have about 20 years of patent exclusivity. It can take 7 years to get your product to the market through the approval process, which is complex and rigorous, as it should be.

One of the questions before you today is whether or not it is ethical to mandate that students attending public schools should be vaccinated. We believe they should. A growing percentage of students entering our schools are not showing proof of immunization. The vaccine hesitancy is growing, due to people who have come before you already, picking out pieces of manufacturers' drug profiles, sometimes out of context. It is promoting fear and distrust through social media.

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Unless the government is prepared to spend as much money and effort on PR campaigns to promote the safety and benefits of vaccine, we believe the legislation is the next best solution.

For example, people do not have the right to smoke in public because the choice puts other people at risk. We are currently putting children at risk by exposing them to students who are carrying diseases. The rights of individuals who resist are overtaking the rights of vulnerable students who are immunocompromised.

I have a survey here on the screen. In early 2019, following the flu vaccine season—this relates only to the flu—Abacus Data performed a survey of 500 New Brunswickers. The company asked a series of questions related to vaccines, three of which we wanted to bring to your attention. Only 52% of New Brunswickers said yes when asked if they got the flu vaccine. You might be interested to know that, of those who answered yes, 62% voted for the Liberals. I know you guys always ask these questions. Also, 60% voted PC, and 43% voted for the Green Party. The People's Alliance was not part of a national survey, so I am sorry about that.

The company asked the question of who did not get the vaccine and why they did not. Some 25% answered that they do not need vaccines, 14% answered that they do not trust vaccines, and 13% answered that they never get vaccines. These answers tell us that a significant percentage of the population may not ever get vaccinated—certainly not against the flu. It is a disturbing trend.

Certainly, in terms of the demographics, seniors are more likely to get vaccinated. I am talking here about the people over the age of 60. As for the people between the ages of 40 and 45, some 50% are likely to get vaccinated. People between the ages of 18 and 29 are less likely to get vaccinated. So, again, there is a lower trend. This slide is in the package that I circulated. There is a chart there.

A little over a month ago, we began encouraging pharmacists and members to place a petition in their pharmacies, inviting people to show their support for vaccines and specifically for Bill 39. We also wanted to use this as a tool to initiate discussion, which it has. Some of our members have been more engaged in this initiative than others. I note that Mrs. Landry is here, so I am going to speak specifically about her region. I know she knows Éric Lee, a pharmacist in Clair. I am sure he is well respected and known there. He has already provided us with over 600 signatures, which he has given to me and asked me to share with you today. I will be happy to do so after this presentation and discussion. Clair is not a very big area; it has a population of roughly 750 people, with a catchment area of about 5 000 or 6 000 at most. So this represents a significant number of people in terms of support for this initiative overall.

021

11:25

The last thing I will say, quickly, is with respect to electronic records. The Department of Health . . . We have a Drug Information System in pharmacy. We have had one since 2016, so we are now able to see every prescription. Every drug that has a drug information number is in the system. We have the capacity, because every vaccine has a drug information number as well, to potentially put vaccines in the existing drug information system. We understand that the

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Department of Health is also working on a more complex vaccine registry in the next couple of years. We believe that in the short term, the DIS could be an interim tool in rolling out and measuring vaccination rates.

I know that we had only 15 minutes and recognize that we were given a bit more time here. I think that we will stop here. We are happy to answer any questions you may have. Thank you very much.

**M<sup>me</sup> F. Landry** : Merci, Madame la présidente.

Good morning. Thank you for being here. I understand and I want you to be clear that you represent pharmacists and not pharmaceutical companies.

**Mr. Jackson**: Yes.

**Mrs. F. Landry**: Okay. There are technical questions that we might have had, but we will ask you mainly to express your opinion, if I can say that.

**Mr. Jackson**: Sure.

**Mrs. F. Landry**: We have had some witnesses who have said that we do not have any solid or enough adequate and reliable research on vaccines. You just told us that they comply to introducing . . . The research is done to comply to what is being asked. But we had different opinions which said that the research on vaccines is not as rigorous as that on any other regular drugs being introduced. We had examples such as the DTaP being monitored for 8 days, MMR monitored for 42 days and for 342 children, polio monitored for 3 days, and HIV for 3 days. What is your opinion on that? There is contradicting data on how research on vaccines is being made and whether it is done as rigorously as it is for other drugs being introduced. What is your opinion?

**Mr. Jackson**: Thank you for the question. I think that one thing . . . I have heard some of the presentations over the past couple of days. I guess to start off, one way to address part of the question is that I do not believe you are going to find a medical professional who is going to come before you here today and ever express that there are zero risks with vaccines. They are medications. All medications carry with them a benefit and risk profile. We acknowledge that there are risks to any type of medication or vaccine.

The data that we use in the scientific community are compilations of many, many studies. We are using advisory boards such as the CDC, who have compiled the evidence over decades of vaccine information, and their panels of experts across the world have clearly indicated that vaccines are safe and effective. They are not without some risk, as the CDC will also allude to, but the benefits of a vaccination schedule far outweigh the risk profiles associated with it.

**Mrs. F. Landry**: Thank you. You have just talked about the schedule. What would be your opinion on the schedule actually proposed in New Brunswick?

**Mr. Jackson:** The implementation schedule from childhood?

**Mrs. F. Landry:** That is right.

**Mr. Jackson:** My understanding from the research that I have read and been privy to is basically that the schedule we have in New Brunswick is based on the best clinical guidelines that we currently have, with Health Canada and with the CDC as well.

**Mrs. F. Landry:** Okay. Awareness campaigns—I do not know whether you, as the Pharmacists' Association, are involved in awareness campaigns. What are your thoughts on how effective these campaigns are in New Brunswick?

022

11:30

**Mr. Blanchard:** Are you speaking about . . .

**Mrs. F. Landry:** About vaccination.

**Mr. Blanchard:** About the government, the province of New Brunswick awareness campaign, and so on?

**Mrs. F. Landry:** Yes.

**Mr. Blanchard:** We are not very aware of them. If we are not very aware of them, then I would say that the public is even less so, right? This is a combination of things. We are talking about legislation here today, but also explaining it and providing appropriate information to the public in terms of what the benefits of vaccines are and what the risks of vaccines are. It is to put confidence into the system. We think that there should be a bigger effort, I guess, with respect to patient education. I think that is part and parcel of any type of a program. I am sure that it would require some funding.

**Mrs. F. Landry:** We also had some witnesses—at least one guest—who suggested that there was a lot of money made from the vaccination business and businesses. That is why I made the point at the start. Pharmacists do not provide vaccines for 0 to age 5, I guess. I was not aware that the government was dealing directly with the companies. What do you say? What would be your opinion on whether there is a pressure on the government to buy more vaccines and to introduce more vaccines in the system?

**Mr. Blanchard:** Pressure from the manufacturers?

**Mrs. F. Landry:** Yes.

**Mr. Blanchard:** Look, I think I talked earlier about the process and about how a drug gets approved. Anytime research begins, manufacturers, at some point, have to come in and buy their

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rights to that idea or the product. That is where the 20-year clock starts to tick. They have to get their product into the cycle and into the marketplace. Often, it can be 12 years that they will have exclusivity. Lots of times, they are taking that risk and the research does not bear out, so their product does not get there. We are not experts in terms of why the pricing is what it is. We have different pricing structures in Canada than they do in the United States, for example. Health Canada has a Patented Medicine Prices Review Board. That board sets the price for drugs in Canada, and right now, it is based on 7 comparative countries across the world. There might be 11 soon. It is looking at that. Our prices, generally, are lower than in the United States.

Once that is in place, the province of New Brunswick will negotiate directly with the other 10 provinces on vaccine schedules. My understanding is that it goes to tender. There are one or two big winners. There is one major provider. We will have 80% of the vaccine that will come from one manufacturer this year and 20% that will come from the secondary manufacturer. There are two reasons for that. One is that you want to maintain competitiveness. Second, manufacturers are not foolproof and failproof, so they often—frequently—have shortages of vaccines or shortages of product, so you have to have a secondary supplier.

With respect to the pricing, we are not aware of what the pricing is. We certainly know that the government is buying vaccine for less than what community pharmacists could buy it directly. I am not sure whether that answers your question.

**Mrs. F. Landry:** Yes, thank you. There was an outbreak of measles earlier this year. What role did the pharmacists play? Was there a shortage of vaccines in that particular situation?

**Mr. Blanchard:** Initially, when an outbreak occurs, it is an unplanned event. The first thing that happens is that people call the pharmacist, because we answer the phones. That is the issue. They are oftentimes summertime or weekend events. Initially, pharmacists will carry or have access to a private source of vaccine. Mr. Jackson or others in Saint John, especially, were immunizing people with the MMR vaccine because people were asking. Those people were paying out of pocket. I do not want to say that there was a level of desperation there, but there certainly was a heightened level of urgency. It was not something you thought about before there was an outbreak, and then, suddenly, the outbreak occurs. Everybody was phoning the pharmacy to find out whether they could get the vaccine. We were immunizing people who needed to get caught up, certainly in the short term. Beyond that, we were not involved with the public health clinics and so on that took place.

023

11:35

**Mrs. F. Landry:** Thank you. Those are the questions I had. I might have some colleagues who have questions.

**Mr. Savoie:** Good morning. The questions I am going to ask may be a little bit outside your sphere, and if that is the case, I apologize. I have some questions. As pharmacists, you would have the list of ingredients in the products that pass through you to the rest of the medical community. You would have an entire list or breakdown of what is in these vaccines.

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**Mr. Jackson:** That is correct.

**Mr. Savoie:** Not all, but some of the other presenters have made claims that there are aborted fetal . . . I do not even know if “product” is the appropriate word, because you are taking a piece of a human being and typifying it as a product, but I do not know any other way to say it. There are aborted fetal products in vaccines. Some people have talked about aluminum, but I have heard others talk about aluminum salts. Are these the same thing? I will let you answer those two first, and then I will have some follow-up questions.

**Mr. Jackson:** Aluminum is one that we speak to a lot . . . I should not say “a lot”. We do not get a ton of questions at the pharmacy concerning opposition to vaccines. As for the ones we do get, the aluminum is in the vaccine as an adjuvant, which is basically a way to heighten the effect of the vaccine, thus reducing how often you have to administer the vaccine. It basically renders it more effective.

The amount of aluminum in vaccines would be trace amounts. Aluminum is a very common metal. It is found all around us in the water we drink and the food we eat. It is quite common. In fact, one analogy we use sometimes is the common antacid in Tums. It has a high concentration of aluminum. Mind you, you do not absorb as much aluminum through ingestion as through injection. Still, there are plenty of ways for the body to come into contact with aluminum in much higher amounts than you would find in any regular vaccine.

**Mr. Savoie:** What about the other part I asked about—the fetal product?

**Mr. Jackson:** I am not aware of that component in the vaccine, to my knowledge.

**Mr. Savoie:** Okay. In these ingredients, do you ever get source material as to where the ingredients came from? I do not know your industry, so I am asking how deep this goes when you see the list of ingredients. I am probably not using the right word when I say “ingredients”. How deep does that go in term of your knowledge, or a pharmacist’s knowledge, when you are giving these things out and saying: Okay, I know where all this stuff came from?

**Mr. Jackson:** We would know the main components of the vaccine, and certainly the main adjuvant. I cannot say that the matter to which you are referring is something that I have come across in vaccines that I dispense and administer.

**Mr. Savoie:** Forgive my ignorance. Again, I am not a chemist, but when I think of aluminum, I think of the metal—the stuff you use in the box of a truck, the flashing around your windows, or things like that. Is the chemical composition of aluminum similar to that, so that in my head, I can make a connection? Or is this completely different stuff?

**Mr. Jackson:** I guess we would be thinking of a small trace amount scale—the actual chemical component or the molecule.

**Mr. Savoie:** The molecular level, yes.

**Mr. Jackson:** We are talking about such a fine level. It is somewhat comparable, but again, when you are talking about the molecular level . . .

**Mr. Savoie:** Chemically, it is slightly different. Okay. The thing I have heard is that there are minimal levels, but they are amplified by multiple doses. You get one vaccination, but it has different vaccines within it, so you will get multiple doses of that. Are these factors considered when combining doses, and in conjunction with the overall schedule? As an industry—or as a pharmacist, because you are not a pharmaceutical industry but a pharmacist—you must be aware of the overall dosing and how that works in the human body. Is there a problem here? That is what I am trying to understand.

024

11:40

**Mr. Jackson:** I know that has certainly been studied as far as the accumulation of an aluminum metal is concerned. The studies that I am aware of have shown that the accumulation is very, very minimal over a period of time and, sometimes, not detectable at all after a regular immunization schedule.

**Mr. Savoie:** Okay. Can you typify for me what a period of time might be?

**Mr. Jackson:** I would have to reference the studies specifically. I do not want to misspeak on the exact timeline of the study, but I can certainly provide that after.

**Mr. Savoie:** That is fair, but for me, a timeline could be six months or it could be 60 years. I do not have a reference point. Would you have a rough reference point?

**Mr. Jackson:** Yes. We would be talking more . . . It is certainly not 60 years. We would be talking, most likely, within a 10-year period.

**Mr. Savoie:** Okay. Great. Thank you. Those are my questions.

**Ms. Mitton:** Thank you for being here today. I will start off with a question that is related to something that you brought up in your presentation around medical exemptions. I am not sure, within your scope of practice, where that would fall, but you did address medical exemptions. I am wondering whether you are able to tell us a bit about what would qualify as a medical exemption. I do not know whether you would know currently, in terms of medical exemptions for the current mandatory policy, and whether you could speak a bit about that.

**Mr. Jackson:** As a pharmacist, I would not be someone who would be issuing a medical exemption under the Act. However, I am in contact with a lot of families of children who are in immunocompromised states. The main immunocompromised children groups that we tend to speak of are childhood cancers, which are the first ones that usually come up. Those patients, to

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my knowledge, depending on where they are in their treatment schedules, would be considered to be medically exempt.

The other one that I think is important to address as well is the children who have autoimmune diseases, which are quite common. They range from being rare conditions to others such as juvenile arthritis, which is fairly common in medical terminology. For those patients, most often, because their immune system is attacking their own body and causing that medical condition to present itself, the only way that we can typically treat these patients in the most successful way is to essentially suppress their immune system, sometimes by high doses of steroids and other medications, which essentially stop the body from attacking itself. These are patients that we see very commonly who would be prime examples of people who would be medically exempt, who are just not able to be vaccinated, and who are certainly at a high risk of disease presentation, should they be exposed to those microorganisms of communicable disease.

**Ms. Mitton:** Thank you. One of the most important things for me is making sure that New Brunswick kids are getting vaccinated if they are able to. Obviously, there are some who have cancer and autoimmune diseases that may not be able to. We have heard from some parents whose children . . . They are concerned that they will not be able to get the medical exemption because there seems to be certain criteria or a certain level. I wanted, sort of, to flesh that out a little bit.

**Mr. Jackson:** Without commenting on anyone's cases particularly, as I do not know the background, my understanding is that these medical exemptions are going to be applied in a rational sense. They are going to be starting with their family physicians. Most of these children who have autoimmune diseases are being seen by pediatricians as well, given the state of their probably more serious medical condition. Without speaking to some of the cases, not knowing the details, I cannot imagine that these medical exemptions are going to be withheld from children who are deemed to be in an immunocompromised state.

025

11:45

**Ms. Mitton:** Thank you for that comment. We did hear from someone yesterday who said that they do not have a family doctor for their child, so that was their worry. It was more that they have a lack of access to medical care.

I am wondering, which you addressed a bit in your presentation around vaccine hesitancy, whether you can speak to how we can decrease anti-vaxxer sentiments, vaccine hesitancy, and, I guess, what other steps are needed to improve vaccination rates and get to the root causes of this issue.

**Mr. Blanchard:** I guess I will jump in on that. I think maybe the first place to start . . . I think the province is on the right track with respect to measuring rates. It introduced a vaccine registry system, which is coming online. I am not sure whether it will be next year or the year after, for getting a sense of what the gap is in terms of where we are, but we already know, I guess. Part of the reason I brought this survey out is that we know that younger people are less interested in

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getting vaccinated than seniors are. There is an issue there with respect to whether it is education. You talk about vaccine hesitancy. We know that partly through surveys.

Can we measure it? Do we have a vaccine registry in place? No, we do not have that sort of thing in place yet. That is the kind of thing that would definitely help us with respect to identifying that gap, but there are clearly many people who will never . . . People have their minds made up about one thing or another, which is very polarizing. That group is never going to be brought to the other side of the argument, I guess I will say. We view it as a constant evolution. We talked about this issue with respect to medication and approval of medications. We think it is important to continue to monitor, and we are part of an adverse event reporting process as well. Those are things that need to continue.

**Ms. Mitton:** Thank you. Do I have time for another question?

**Madam Chairperson:** Yes.

**Ms. Mitton:** Okay. Thank you. I guess I want to follow up . . . I have lost my train of thought. The first thing I will ask about is whether you can follow up and speak a bit more about the adverse reporting system. Could you explain that a bit?

**Mr. Jackson:** The adverse event reporting system is something that all health care professionals are expected to be current and engaged with. For example, if a patient reports an adverse effect to us, especially if it is not represented in the literature as we see it right now, it is our duty to inform Health Canada of that adverse event, for the particular reason that if it notices a trend of a certain adverse effect in relation to a certain drug or vaccine, that prompts it to take action.

We have seen, over the years, medications that have been removed from the market due to that exact reason. As we have gone along, we have seen certain trends, and it has caused us to reevaluate dosing in different types of medications. It is quite a straightforward process, the reporting to Health Canada, and Health Canada accumulates that data into a large database.

**Ms. Mitton:** Okay. Thank you. I guess my other question is around the information you had regarding people's behaviour related to the flu vaccine versus other vaccines. I do not know whether you think people have different behaviours and different feelings about the flu vaccine versus other immunizations. I guess my other question would be connected to that. What do you think the role of education and information is in this? I think that there is almost, sort of, a spectrum of vaccine hesitancy, potentially. Can you speak to the role of education in this issue?

**Mr. Blanchard:** It could be part of the education curriculum, I mean, in terms of explaining it to people, even at a young age, especially. It does not have to be a costly measure. We talked about aluminum earlier, and aluminum salts and so on. Aluminum is one of the most common elements around us. I have a tendency, as you do, to go to an aluminum baseball bat in my head, or you were talking about ladders. It is something that has been in vaccines for over 70 years, so we need to do a better job of explaining that and walking people through that, right?

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11:50

With respect to the survey, I forgot to mention this, and this is in the packages that went around. I just got this this morning. We were concerned about whether it was just the flu vaccine or others, so we commissioned a survey through Narrative Research. I just got the results this morning.

We asked specifically about whether or not the public supported this question. We had 400 respondents, and 88% of the respondents support what is in Bill 39 right now. There were 10% opposed. While we were looking at this negative trending, the vast majority of members of the public in the province were supportive of the legislation as it is presented. The question is there. It is in your packages. We will probably be releasing that later in the day. I hope it helps you.

**Madam Chairperson:** Okay. Can I just ask a follow-up question to one of your questions? It is in relation to the reporting. You indicated in your testimony, Mr. Jackson, that you have had almost no reporting. What constitutes something that is worthy of reporting? Suppose someone calls you and says: My child had a fever after receiving the vaccine. Would you consider that to warrant reporting?

**Mr. Jackson:** Something like a mild, low-grade fever after a vaccine is well established in the literature as a possible side effect of vaccines. Basically, your body is mounting an immune response, which is a good thing. Something that is well represented in the literature is typically something that we would not feel . . .

**Madam Chairperson:** You would not report that.

**Mr. Jackson:** Correct.

**Madam Chairperson:** If someone had a mild rash, you would not report that either?

**Mr. Jackson:** Correct. If someone reported to me something that was not documented in the literature, or something that was considered to be extremely rare, we would view as . . .

**Madam Chairperson:** You only report what you consider to be extremely rare, not what you consider to be common side effects.

**Mr. Jackson:** The common side effects are typically something of which we inform the public when we are administering a vaccine like that. We will let the public know that there is a fairly likely chance of some mild discomfort at the injection site, or some redness. That is something for which we prepare them through counseling.

**Madam Chairperson:** If it is something that you consider to be a common reaction, you do not report it.

**Mr. Jackson:** Correct.

**Madam Chairperson:** Thank you.

**Mr. DeSaulniers:** Welcome, and thank you for being here. I want to say from the outset that I think it is inappropriate that you introduced politics in your slide show.

**Mr. Blanchard:** I am sorry?

**Mr. DeSaulniers:** I think it was inappropriate that you mentioned politics in your slide show.

**Mr. Blanchard:** Sorry.

**Mr. DeSaulniers:** I do not think you should have brought that into it.

You mentioned from the outset that your motivation for being here and your motivation for supporting Bill 39 was to have better health care outcomes. I think everybody in this room would like to have better health care outcomes. It goes without saying that that is a motherhood and apple pie-in-the-sky kind of thing.

Having said that, I want you to know that I believe pharmacists should have an expanded role in the health care system. You could do things that others would not have to do. Having said that, I will bring you back to your motivation. I would suggest to you very strongly that you also have a monetary, financial gain motivation. Is that not true?

**Mr. Blanchard:** With respect to the vaccination program in schools?

**Mr. DeSaulniers:** If we were expanding it, you would get more business, right?

**Mr. Blanchard:** When we are talking about just this specific issue, we are talking about children entering the school system. Pharmacists cannot vaccinate anybody under the age of 5, so the majority of what we are talking about here is not something we would be dealing with in pharmacies.

As Mr. Jackson alluded to in his comments, there is a role to play with a catch-up program, which is what they did in British Columbia. If you have people moving here from other countries or from out of province—a 12-year-old who needs to be vaccinated, for instance—sure, pharmacists can do that. But that is about 3%. There are 35 000 people in British Columbia who are part of the catch-up program, and pharmacists would get about 3%.

**Mr. DeSaulniers:** You would have everybody in this room believe that you would not get any financial gain whatsoever from the implementation of this bill?

**Mr. Blanchard:** We are not saying that. We are just talking about . . .

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11:55

**Mr. DeSaulniers:** I just want to establish that . . .

**Mr. Blanchard:** I think I just answered that. If there is a catch-up program, sure, we have actually said that we think we can play a role there.

**Mr. DeSaulniers:** I am going to move to a different area. Has your association met with and/or lobbied the present-day government in regard to Bill 39 before it was introduced in the Legislature?

**Mr. Blanchard:** Yes. We talked to the Minister of Health and the Minister of Education about this, primarily the Minister of Education.

**Mr. DeSaulniers:** You encouraged the government to implement the new bill, make amendments to the bill.

**Mr. Blanchard:** To implement the bill?

**Mr. DeSaulniers:** To encourage the government to make amendments, to introduce legislation.

**Mr. Blanchard:** No, we talked to them after the bill was introduced.

**Mr. DeSaulniers:** Only after? I asked you whether you met with them before, and you said yes.

**Mr. Blanchard:** I am sorry. I misunderstood the question. We met with them as soon as the bill was introduced. The bill was introduced, and it became an issue of public concern, so we certainly had an opinion on it.

**Mr. DeSaulniers:** That kind of reinforces the motivation argument. There is more than the better health care outcomes. Anyway, I am going to ask you a couple more questions. You may not like them. You said that you support Bill 39. I am going to put this to you. If the bill is enacted the way it is, it could—not “could” but “will”—put certain families into a situation where they have to take their children out of school or they have to suck it up and take a vaccination when they do not want their children to have it. That could create social implications, financial hardships on families, and such. And you find that an acceptable trade-off for this bill, or you find that an acceptable collateral damage.

**Mr. Blanchard:** This is an ethical question, and it is a question that . . . You are all policy-makers. You are all going to have to make that decision. That is the question.

**Mr. DeSaulniers:** Yes, but I am asking you whether that is okay with you, because you support the bill.

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**Mr. Blanchard:** Absolutely. What we have said—and we have been very clear about it—is that there is a choice to deciding whether or not you are going to be vaccinated, but the people who are immunocompromised . . . Mr. Jackson gave examples of people with juvenile diabetes, children who are going through cancer treatments, and so on. They do not have the choice, right? They have an opportunity . . . You have kids coming into the school system who are potential carriers of measles or other things. One of those two groups is going to be at risk. For somebody who has been dealing with juvenile diabetes, at the end of that road, it is just one more thing: Now, I have to keep my kid at home. They did not make that choice.

**Mr. DeSaulniers:** When you remove nonmedical exemptions, you are putting people in a hard spot and you are okay with that. I just wanted to establish that as well.

**Mr. Blanchard:** Yes. We think that they are carriers. They are bringing in . . . If you look at the flu vaccine in the province, children up to the age of 18 are eligible for the vaccine. They are not at risk. But the reason that they are eligible for a publicly funded vaccine is that they are carriers. They share a lot of germs. That is what happens. We are going to have school open here in a week or two. There are going to be a lot of sick kids. This is just the way that it is. We recognize that the schools are places where people will get sick. They are sources of sharing germs, so are day cares.

**Mr. DeSaulniers:** Who could disagree with that? But it is the compromise that people are going to be forced to make. That is the point that I am trying to make.

**Mr. Blanchard:** It is a hard choice.

**Mr. DeSaulniers:** Do you know what? A lot of the problems that we have in regard to vaccination rates could also be addressed through education and public awareness.

**Mr. Blanchard:** We think it is a combined piece, yes.

**Mr. DeSaulniers:** My last question has to do with the charter. I guess it would be fair to say that you probably agree that it is a fair compromise to have people's individual rights and freedoms under the charter taken away as well.

**Mr. Blanchard:** We did not get a legal opinion on this. I know that other groups have, but maybe we will leave that to . . . It seems certain that this is going to be challenged.

**Mr. DeSaulniers:** Those are the points that I wanted to make, Madam Chair. Thank you.

**Madam Chairperson:** I do still have a few more questions. You have included a survey from Abacus Data. Who funded this survey?

**Mr. Blanchard:** We did.

**Madam Chairperson:** And what was the purpose of funding this survey?

**Mr. Blanchard:** We wanted to know what people's opinions were . . .

**Madam Chairperson:** You also included how they voted.

**Mr. Blanchard:** That was a different survey.

**Madam Chairperson:** What was the purpose of including, when they answered their questions, how they voted?

**Mr. Blanchard:** That was in a different survey. It was the earlier survey. It just happened to be . . .

028

12:00

**Madam Chairperson:** Do you find that that is critical to the science?

**Mr. Blanchard:** It is one of these questions. Well, first of all, this Abacus Data survey was a different one.

**Madam Chairperson:** Yes.

**Mr. Blanchard:** The company asks questions for a variety of different consumers. So, it put that in there, in terms of what is important to them.

**Madam Chairperson:** But you felt that it was important to include it for the purpose of your presentation.

**Mr. Blanchard:** It is included . . . I often get asked that question, I guess, when I make presentations.

**Madam Chairperson:** I happen to notice that you left out the People's Alliance and the NDP. Is there a reason for that?

**Mr. Blanchard:** Well, it was a national survey. We did not ask that question specifically. It was a national survey. It was not just a New Brunswick-specific survey. And, yet, 500 people were surveyed.

**Madam Chairperson:** Abacus Data, is that a national survey company?

**Mr. Blanchard:** Abacus Data is a national survey company.

**Madam Chairperson:** And how many people were surveyed for this?

**Mr. Blanchard:** There were 500 people in New Brunswick who were part of a national survey.

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**Madam Chairperson:** So the information that you have presented here is the result of the 500 people from New Brunswick.

**Mr. Blanchard:** Yes.

**Madam Chairperson:** Go ahead, Ms. Rogers.

**Ms. Rogers:** Thank you very much. I really do thank you for being here. As my colleague said, I think that some of our questions are technical. I have a few, but I think they are short answers. Just quickly, following on Mr. DeSaulniers' question, the vaccinated can still be carriers. Is that right? They can still transmit measles, for example.

**Mr. Jackson:** Yes.

**Ms. Rogers:** Okay. So, I have another question. If you would only report, as a pharmacist—and I understand that there are other reports, as there are those that come from medical doctors—adverse reactions to vaccination . . . If the reports are only those outside of what is commonly reported or what is already stated on the little form . . . You know, the long sheet that is usually attached to drugs . . .

**Mr. Jackson:** Yes, the monograph.

(Interjection.)

**Ms. Rogers:** The insert. That is a good word. If it is not recorded on there or if it is not something you take as common, it is not reported. I think I heard that. If that is the case, when the science reports . . . Science is obviously not static. It is always evolving. If the science reports and if it is only hearing what is different from what is there, it is still going to keep calling something rare. Is that not the case? Because we are not accumulating the incidents of these reports.

**Mr. Jackson:** So, I guess, the original data . . . When a drug or a vaccine is going through the approval process, there is the list of side effects or adverse events that are being reported in the monograph, as you see it. That report is being generated based on, oftentimes, a number of clinical trials and large-scale trials that have been able to replicate the data that initially occurred. It is important to note, as well, that with the information that is being provided, as far as the odds of certain adverse events occurring, those percentages have been generated over a long period of testing. And they have been replicated, typically, as well. Typically, we have confidence in what is reported in the monograph as a starting point. Certainly, anything that appears unfamiliar to the information represented is something that we would want Health Canada to be aware of.

**Ms. Rogers:** Okay. So, you are looking at reporting what is new. Your answer brings me to follow-up on . . .

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**Madam Chairperson:** If there is a desire for the group to extend the time allotted, it would have to be by consensus.

(Interjection.)

**Madam Chairperson:** I know that there are other questions out there, so that is why I pose the question to the committee. Everybody has been looking at me saying they have more questions.

**Ms. Rogers:** I will try to be brief. I just want to clarify something, because I did hear my colleague's question about the difference in the pre-use scientific testing for the use of vaccines. I could be wrong, but I think the answer was about drugs. I think I understood, but I am not a natural scientist. I am a social scientist. I understand the research methods, but I am not a natural scientist. Are vaccines called biologics and other drugs called drugs? Is the testing for the two different, i.e., you do not have to go through the same 10 years before it is administered? Do vaccines still have to go through the same rigorous testing as drugs? I guess that is my question.

029

12:05

**Mr. Blanchard:** The short answer is yes. It is a different stream, I guess, within Health Canada. One goes through the . . . The Canadian Agency for Drugs and Technology in Health is doing a common drug review. The whole drug piece goes down one stream. Biologics are live, and I guess you could talk a little more about this.

**Ms. Rogers:** Are biologics the live . . . Sorry.

**Mr. Blanchard:** Yes, they use certain live cells. The vaccine or the biologic could be a drug as well. It can come from a live cell or a dead cell, right? They are sort of two different things.

**Ms. Rogers:** I think that clarifies something for me. I have one final tiny question. What is the difference between staying in the body . . . I will pick aluminum as an example, but it could be mercury, glyphosate, or anything else that is attached to a vaccine, I think. With all those adjuvants, any of those added components to the vaccine, if something is ingested versus injected, what is the staying power difference in the body?

**Mr. Jackson:** As far as the ingested versus injected, it depends for every type of substance, I guess. There is not . . . I do not want to generalize it to one, as a one-size-fits-all kind of answer. It is different based on how every molecule is absorbed. Some are absorbed very readily through the gastrointestinal track, and some are not. That depends on element by element, so it is hard to put a blanket statement on it.

**Ms. Rogers:** The testing would look at both.

**Mr. Jackson:** Correct.

**Ms. Rogers:** Thank you.

**Madam Chairperson:** A double-blind, placebo control group that is used . . .

**Mr. Jackson:** Yes, there have been plenty of studies for these types of . . . Sorry. To clarify the question, are you referring just to adjuvants particularly or vaccines in general.

**Madam Chairperson:** Vaccines in general. They are subjected to a long-term double-blind placebo-controlled study.

**Mr. Jackson:** Correct. Usually, oftentimes, there . . .

**Madam Chairperson:** Correct, usually, oftentimes. What . . .

**Mr. Jackson:** Without having all the data right in front of me, the opinions from the CDC are based on multiple large-scale trials, and there are ones that I am aware of that are blinded trials.

**Madam Chairperson:** To the best of your knowledge.

**Mr. Jackson:** Correct.

**Madam Chairperson:** Okay.

**Mr. Fitch:** I think that was the line of questioning that I was wondering about, the rigours of the testing between the vaccines and normal drugs, and I think you answered that question with an affirmative answer. They go through the same rigour and disclosure amongst the various departments in the public once the testing is done.

**Madam Chairperson:** I have a couple questions. Can you tell me what risk a newborn infant is exposed to that requires them to be vaccinated for hepatitis B on the day of their birth?

**Mr. Jackson:** I feel as though I would be pushing comment directly on that. That is probably something better posed to a pediatrician.

**Madam Chairperson:** I have a couple of other questions. I have heard even from your own evidence that there is an absolute, a certain percentage, of the population that will have an adverse reaction. Do you feel that it is responsible for us to put this legislation in place without a compensation fund, knowing that there will be people who will be harmed?

**Mr. Jackson:** I cannot really comment on a compensation fund. I guess in my comments, I am looking at it in comparison, as well, to the children who are going to be at risk of contracting illness if the population is not properly immunized. I have not really . . .

**Madam Chairperson:** You have not put your mind to this.

**Mr. Jackson:** No, I have been focused mostly on the medical outcomes for vaccines.

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**Madam Chairperson:** That is not included in your petition, the details that there is no compensation fund associated with this. I see that your answer is no. Okay. Those are all my questions.

**Mr. McKee:** Thank you, Madam Chair. I have a quick comment. Mr. Jackson spoke briefly about polio, which is in his report, saying that his great uncle had polio as well.

**Mr. Jackson:** Yes.

030

12:10

**Mr. McKee:** I want to share this, I guess, with the committee. I think it is appropriate at this time. It is something that was not talked about much over the past few days, but at one time in our region, we had problems with polio. My father actually contracted polio at 22 months, in 1942. For the first six years of his life, he was in and out of hospital. He had four major surgeries in his life before he was 16 years old. He spent an extended time in a hospital in Montreal. He was lucky he had the family to back him and give him a quality of life. Selfishly, I am thankful for the man he is now. I would not want him to be any other way. But I just wanted to say that, for him, the vaccine was a decade too late. I just wanted to share that. Thank you.

**Madam Chairperson:** That is all for our questions. Thank you very much for taking the time to be here today.

We will now adjourn for lunch and return at one o'clock.

(The committee recessed at 12:11 p.m.

The committee resumed at 1:10 p.m.)

031-037

13:10

**Madam Chairperson:** I would like to call this meeting to order. I would like to welcome Melissa Richard. Thank you very much for joining us this afternoon. You have been with us throughout the day. You know the rules. You can start whenever you are ready.

**Melissa Richard**

**Ms. Richard:** If you could warn me at 20 minutes, that would be great.

**Madam Chairperson:** Excellent.

**Ms. Richard:** My name is Melissa Richard. I am originally from Campbellton, which is in northern New Brunswick.

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Étant donné que je suis francophone, s'il y a des membres du comité qui veulent me poser des questions en français, je n'ai aucun problème avec cela.

Je vais faire ma présentation en anglais, parce que c'est beaucoup plus facile pour moi d'aborder le sujet dans cette langue.

I had originally prepared a speech which you all have in your hands. You do not need to look at it. I decided to scrap that. I have been here for the three days and listening to the questions from the MLAs, and I wanted to make points more of what I have seen and things that might need to be said. One of the persons that I wanted to speak to is not here yet, so I am just going to start with . . . Actually, he just arrived. Is it Mr. Saulniers?

(Interjection.)

**Ms. Richard:** Okay. I am not very political. I was just saying that I have scrapped what I was going to say originally. I have heard a lot of questions coming from the MLAs, and I thought I would take a moment to actually answer some of those things if I could. I want to start by saying, too, that it is difficult for me to speak here today. You have heard that from so many people. I am actually a registered massage therapist. I may lose my license. I have no idea. I could get reprimanded, just like Dena. It is the same thing. I am taking a risk by speaking publicly.

I want to add to that that one of the things that Cathy Rogers has been bringing up is whether some people cannot speak who might want to be here and who those people might be. I just wanted to make a point that I met two people here so far. Yesterday, I met a woman who is a naturopathic doctor who is gagged way more than I am. She cannot speak. She wanted to. She has such a heart, but she could not. I met a chiropractor at the public debate that we held with our experts on the first day. She also cannot talk. I just wanted to make a point that there are a lot of people whose jobs are already threatened just by talking about this subject.

That being said, I just wanted to answer some questions, because you were asking some things about the CDC, the Canadian CDC, and how we are overseeing things. I just wanted to clarify some things. There is no Canadian CDC. CDC is a branch of the American government. I am not sure why some parts of the world are deciding to follow the CDC schedule for vaccines, but it tends to have the say on the vaccine schedule. We do follow its guidelines. I was going to show some proof about how we are also in sync with the FDA, which is the federal drugs administration, but the pharmacy people did that for me. There is no division between the United States and Canada when it comes to this subject. These companies are international. Sanofi Pasteur is international. Merck is international. We have the same vaccines that everybody gets in the states. When they were talking about Health Canada checking out the studies, they just said that they look at the FDA which looks at the CDC which looks at Merck. These companies are intertwined.

I had a great video about this very subject. I am not going to show it. I am going to send it to you. I really hope that you watch it. It is very important. I might quote it if I have time. The

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companies . . . It is important to understand that vaccine injury as well as diseases do not care about borders. It does not matter where it comes from. We suffer the same issues.

038

13:15

Also, just recently, this has come up. I am not sure if you are aware of it, but HHS (Health and Human Services), which is also a branch of the United States government, just recently decided to restore the exemptions that had been pulled away in the States. This is supposed to be effective in November of this year. They were asked . . . This is actually from the Trump government, believe it or not. They were actually wanting to restore the exemptions. You might want to look into that.

The medical exemption—the holy grail of this bill—is problematic. Mr. Cardy, when he presented this bill, could not even tell us what those medical exemptions would be. We heard some from the pharmaceutical people this morning, and they were either misinformed or lying. The girl who testified this morning has immunocompromised children, and she testified that the IWK would not give her children those exemptions. For those medical exemptions, according to the CDC, you would have to have anaphylactic shock to qualify—or death.

Pregnant women should never be vaccinated. They have never tested it. When I was young, it was contraindicated. We are seeing a lot of people having miscarriages. Dr. Theresa Deisher—you really need to research her—has a lot to say. She actually founded and patented the stem cell. She is a very intelligent, compassionate scientist. She has her own lab. She is trying to make vaccines that will be way less dangerous. That is her whole goal. I can get behind that. She talks a lot about fetal DNA. It is an issue. It is a big issue.

A pharmaceutical company claims that we have had aluminum in our vaccines for 70 years, but we have never had the schedule we do now. Seventy years ago, those kids did not get the amount of aluminum that they are getting today. And the aluminum in our environment is not the same as what we are getting in our vaccines. We have heard from experts—and this is true—that if you ingest aluminum from our environment, you are actually only going to take in 0.2%, because you poop and you pee. It comes out of your body. But when you inject it directly into the cells, into the muscle, into the bloodstream, it never goes away. It goes into our organs. It causes problems with inflammation. This is what we are seeing with side effects.

I want to make sure also that you understand the difference between policy and real life. The policy of a medical exemption looks great on paper, even if you cannot really describe it. But we are seeing that, under the auspices of the doctors, it is not happening.

With that, again, I want to bring in what happened with Dr. Bob when he was here. I was very saddened by the attack on his character and the way he was berated. He is a pediatrician. We had him come in because it is very difficult to find people who will speak about this, and he only has probation. When you call his past into question, or his profession, you have to understand that the only reason he has those probations is a mandate like this. Those people in California—those

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women, those mothers, those parents—must be so thankful that he is there, because of what he is risking every time he writes medical exemptions.

He had a probation, as he has also said, that was cleared in court. He was right to give that person a medical exemption. He was still given probation, and his character has been ruined so that people can berate him.

That is what will happen to us. Right in your Assembly today, you are seeing what is happening in the world. You are seeing the effects of mandates like this that silence the doctors. They are reprimanding doctors. The woman who spoke this morning could not even get some pretty severe side effects from her vaccine reported.

When we talk about VAERS (Vaccine Adverse Event Reporting System), I was not even aware that we had a VAERS in Canada. I thought there was one program in Quebec. I have looked into this. My kids are older—my daughter is 16, so this was a long time ago for me. I have looked into it recently, but as far as I knew, it was not even here. This is an issue. How can a doctor completely ignore and downplay the side effects? We are acting as though it is one kid in a million that has a side effect.

039

13:20

We have fetal DNA now in our vaccines, and that was never tested. That has only been there for about 30 years. We do not even know the side effects of that. It has never been tested, so how can a doctor be trained even to see a side effect from a vaccine and then report it? And no, they are not legally bound to do so, nor could they even be qualified to see it.

I have a friend who has a son. During his first shot—right after the shot—his eyes crossed. This is a sign for people who know, for people who have read up on the subject, that when the eyes cross, there could potentially be a problem leading to autism. The doctor did not pick it up. It does not seem like much, right—the eyes crossing. They never reported it. The doctor did not caution her to go forward, so she went back for the second shot of MMR. The kid is autistic now. He is very difficult.

When we hear the medical association say things such as: This is preventable, and parents suffer when their kid is sick and they have to stay home for 7 to 10 days. Yes, we do that when we are parents and our kids get sick, but for the woman who has an autistic child, it is not 7 to 10 days. There is a big difference between illnesses and diseases. It was really blown up today as a measles . . . I do not know if I will have time to get into that, but I do want to say that there is a big difference between an illness that lasts 7 to 10 days, such as the chicken pox or the measles, and a disease such as cancer. There are immunosuppressant people and there are people with brain damage or inflammation. Aluminum has been shown to have a link with Alzheimer's. We have no idea. This is the problem. There is a lack of science. There are blanket statements—absolutely blanket statements—being made by people who are pro-vaccine: no mandate. You can be pro-vax and still be pro-choice.

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There are people who are militant about this. These are blanket statements. When you say the science is settled, that is a blanket statement. When you say vaccines save lives, that is a blanket statement. When you even say that 110 000 people died last year from the measles . . . The man from the CDC actually quoted that. He said that was from the USA data of the CDC—that 110 000 people had died of the measles. He made it sound like that happened in the States. It did not.

It is not the CDC, it is the WHO, and it is 110 000 deaths in the world. That is mostly in Third World countries. The USA has had fewer than 10 deaths from measles in the past 10 years. The people in the Third World countries also die from diarrhea. They die from all kinds of things because they are compromised. We are not a Third World country. We have treatment for some of these diseases. We can choose, as a parent, to treat our child when they are sick rather than trying to prevent it and put them in a bubble.

A deficiency in vitamin A is linked to the measles. You can treat with that. The numbers are showing that for 10 years prior to the vaccine being introduced, we had 400 deaths. There were 4 million to 5 million children who caught the measles. There were 400 to 500 deaths. That was 10 years prior to the introduction of the vaccine. That is out of 4 million to 5 million children, never mind how many humans there were in America. The chances of dying of measles is like 99.999999%. You are safe. You have a 0.0004% of actually dying from this disease.

I am not trying to make it look like it is nothing or that there cannot be some issues with it, as there are with even the flu, but the statistics are not calling for so much propaganda and damage over this. It is important also to make note of that.

Another issue I have is this. I need to talk about litigation here—the litigation theme. That is what I have called it in my head for the past three days. There is this whole idea about the law. First of all, you cannot separate this bill from the issue of vaccine. You guys cannot separate that. When you say that nobody is talking about this bill . . . We all are. This bill would not exist if it were not for the fact that we are waiving public health because vaccines save other people who might get sick. That is the ammo. You cannot take away the ammo of why the bill would be supported and ignore that factor. I am sorry, you guys are going to have to look deeply into the question of all the science.

040

13:25

The lady who presented this morning was not making any blanket statements. She brought in everything she needed to back it up. Rob McKee came back with: Well, the CDC said this. Well, the CDC is not a good source. If you have another source, that is great, but I would not consider the CDC a good source. It is under watch for fraud, from its own scientists, for destroying data about autism and its relationship to the MMR shot. And the CDC makes a profit. It patents those vaccines, and then it turns around and does the schedule for the vaccines it patents. It makes money on every jab.

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First of all, you cannot look at research from a company that is making a profit from the schedule that it decides. Second, let's talk about the law. I cannot tell you about sections 7, 11, 2(a), 2(b) . . . I do not know, but I can tell you what I know about what has been going on with mandates in Canada.

I think Ms. Mitton made a comment this morning saying that vaccines are mandated in New Brunswick. That is not true. Proof of immunization for access to school is mandated in New Brunswick. This mandate that only two provinces have . . . I think that some stuff happened recently in Ontario and B.C., but I have not been part of that, since my kids are 16. We are the most rigid province in all of Canada. So when I hear Mr. Bossé, the Child and Youth Advocate, saying we have to do more, I say: We are the one province that is doing the most in terms of vaccines.

In 1982, a litigation team tried to do this. It tried to mandate vaccines. Proof of immunization is what came out of that. The reason these exemptions were added when proof of immunization was mandated was that it was going against the Constitution. It could not pass without these exemptions. You wonder whether it would pass or would not pass. You have also asked: If you are so sure it will not pass, what is the big deal? Why not just let the courts decide? Who is going to pay for that? Will it be me? Because I will go the Supreme Court of Canada, with VCC. I absolutely will. Do I have to go through that? I should not have to. I cannot even believe I am here, to be honest. Nova Scotia shot this down before it got to this point, as did Newfoundland.

The litigation is not that simple. Do I think it would pass or not, if you were to ask me that? Logistically, I would pray that it would not, and I would think that it would not. But I would wonder: Who is judging that? At this point, with the veracity of this . . . Considering how polarized this issue is, I do not know who would be making this decision. If that person is as polarized about vaccines, because it is not unbiased, I am not so sure if it would pass or not. I do not know, to tell you the truth. It cannot hold up, and that is why the exemptions were added.

If you are going to strip those exemptions away, you had better damn well have a good reason. It has to be a plague. It cannot be about measles, guys. If we are going to take away those rights, it has to be something very, very important. And it should be temporary. I can guarantee you . . . If we had a plague, and if there were a vaccine for it, do you not think I would be in line? You would not have to mandate it. Why do you have to mandate this? Why do you have to force people to take it?

Why is the hesitancy growing? There is a reason for the movement and the power behind that. And the parents . . . There are thousands of people who are rising up against this. Have you ever seen so many people in your Legislature come in to advocate and get engaged over any other subject in the time you have served? It is not nothing.

041

13:30

We have a lot of people who are hurt. I know that we are trying to downplay. You know, Jennifer Russell, the Chief Medical Officer of Health, even said that this mandate would not

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really make a difference. When she is asked whether the cases in Saint John were vaccinated or not, she will not answer that question. Excuse me, we have been asking too. There is no reason. This is public information. We are allowed that information. Why? Because it has nothing to do with the identity of the child. We are just asking for the status. These are statistics, and they report on it all over the place. I can guarantee that if those kids were all unvaccinated, it would have been public.

How can you even start to think about having this mandate if you do not even know if those kids were vaccinated? This is an issue. This is a huge issue. And the genotype . . . They will not answer about that either. That is certainly not identity—the genotype of a disease. Is it wild measles, or is it vaccine-induced?

There is so much more that I could say, but there is something that I have to read—I have to do this—from my actual speech. I am going to say this and be free for questions.

Bill 39 is a private bill put forth by the Minister of Education and Early Childhood Development, Dominic Cardy. I do not even understand why that is happening. Why is this not coming from the Minister of Health?

Our schools are suffering. We have teachers who are burned out. We would think that the Minister of Education and Early Childhood Development has a lot to do in his own field, rather than coming up here to talk about health, which he knows nothing about, clearly. Who is this man? Does he have a background in medicine? In education, even? Who are his affiliates? Why is he being so heavily lobbied by the pharmaceutical industry? By the way, they were there before the bill. What is his character? Is he a man who inspires trust, loyalty, respect, fairness, level-headedness, compassion, empathy? Does he encourage dialogue and try to understand another's point of view? Is he trustworthy?

I am going to sacrifice this time on him. I would like to get more, because I have to do this. This has nothing to do with anything else, but I have to.

I am going to read some of Mr. Cardy's quotes from his responses to constituents. People you have seen today . . . Everybody has commented about it. Some of us have complained officially about it. Everybody who has come up here has said . . . Some have been in tears, trying to defend that they are good mothers. Excuse me, that is just terrible.

These are some of his responses to constituents who take issue with this bill and have valid concerns and questions. He has publicly called us cranks, anti-vaxxers, bullies, crazed, nut patrol, child abusers, deluded, anti-Semitic, and anti-LGBTQ. I will ask you: Do you think this is who we are? Is that the impression we have given you?

This is his reply to a mother from this province whose child has been damaged and injured by vaccines. I will quote this. He says:

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*Here's an article that answers your questions. Not that you'll believe it, you've abandoned reason for dangerous conspiracies. I'm tired of pretending your position deserves respect. Antivaxxers deserve SHAMING and CENSURE.*

We all know vaccines can and do cause harm, but when we are faced with such a case, do we dismiss it? In this case, not only did Mr. Cardy dismiss her, he insulted her. He shamed her, and he silenced her in the process.

I also had a similar experience with Mr. Cardy. I was trying to inform him that measles is, in fact, not life-threatening to Canadians. In 1958, Canada declared measles non-life-threatening, and the vaccine came in 1963. I explained that statistics put forth by organizations like the WHO are misleading and should be clearly referencing Third World countries. His reply was that we should all be condemned. That is being put to death. Needless to say, that was the last of my interactions with him. I did actually try to recontact him to invite him to the public debate we had. I do not know why I bothered, but anyway . . . I could go on. There is more. You will find all those quotes in your binders. I have included that for you.

042

13:35

This man is the Minister of Education and Early Childhood Development. There are ethics involved, and a code of conduct for public servants. I have it in here. I was going to quote it. I do not have time. I think you should be aware of it. Lashing out, belittling, public humiliation, shaming, bullying, and mocking those with different views are certainly not part of your code of conduct. His stance and speech are inflammatory, prejudiced, and hateful. He is encouraging division between his constituents. He has clearly demonstrated that he does not serve all his constituents. Only the ones who share his ideologies deserve public services. This is the character of the man who is introducing this bill, a man with affiliations with the pharmaceutical industry. It is not only embarrassing to our province but also shocking . . .

**Mr. Savoie:** On a point of order, Madam Chair, we have a witness who is alleging that a minister has a relationship with an industry, a relationship of which there is no proof, and I am sure that if there were proof . . .

**Ms. Richard:** It is in the letter.

**Mr. Savoie:** I have the floor. Unless the minister has any sort of record to prove that he is being paid by the pharmaceutical company, people should not be inferring that he has any sort of undue relationship.

**Madam Chairperson:** You have made your point, and I would ask you to continue with the remainder of your presentation, please.

**Ms. Richard:** Thank you. This is the character of the man who is introducing this mandate, a man with affiliations with the pharmaceutical industry. It is not only embarrassing to our province but also shocking that he sits as a representative of the House, even more so as a

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minister in the field of education. We teach our children in schools and at home to be inclusive, not to bully, to have zero tolerance for violence, and to treat each other with respect regardless of our own thoughts, beliefs, opinions, perceptions, or religious views. Yet this is how the leader, our minister, behaves toward his constituents. It is not just childish. It is deplorable. He should be sanctioned if not asked to step down altogether.

**Mr. Savoie:** Madam Chair, I have a point of order again. We are here to discuss the merits or demerits, depending on your position, of Bill 39, not to attack a sitting minister of the Crown. This witness has spent a significant amount of time dealing with the minister's point of view rather than the issue of the bill itself.

**Madam Chairperson:** I am attempting to keep up with her, because I see that many of the statements that she has made are reflected by his social media comments that are included in this document. Is that accurate?

**Ms. Richard:** Yes, and personal exchanges. That is what I am saying. Publicly, on social media, in front of anybody who can see, he has been calling us all those names, belittling us, mocking us.

**Madam Chairperson:** I am just going to interject. I had some objections to comments that were made earlier this week because it is my opinion that it is best for us to behave in a professional manner. I think that everyone deserves respect. I am using that word "I" a lot here. You are asking us to respect your opinions, and we are all expecting each other to treat each other with respect. I would just remind you of that for the remainder of your presentation.

**Ms. Richard:** I am done. That was the bit I wanted to read. I think that the minister needs to be reminded to respect people.

**Madam Chairperson:** And you have provided, in your submission . . .

**Ms. Richard:** Yes, that is all I have about him.

**Madam Chairperson:** You have provided a plethora of social media responses from the minister for us to be able to review.

**Ms. Richard:** Yes. I did not really want to spend any time on him, but I thought it was really necessary because all the women are in tears over here, saying that this is how we are being treated when we try to talk to him about our concerns. I think that is very relevant, even if this is about the bill, because that is the man who is introducing it. People have concerns. They are allowed to express those and be treated fairly, with respect.

**Madam Chairperson:** Are there any questions? We probably have time for one. You have two minutes. Go ahead.

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**Ms. Rogers:** Okay. I will be specific and pick up on something that you said. You said that in 1982, somebody tried to make vaccines mandatory, and that is when exemptions were made?

**Ms. Richard:** It was a long time ago that I looked into the question, so I think you really need to dig. That is why I was talking to the litigation team, so it could really look into that. I am not sure whether it came from Manitoba. Manitoba is the only other province that has a mandate, but the only mandate it has is for the MMR vaccine. We have 11 vaccines in this mandate, one of them being tetanus, which is not even contagious, so there is really no reason to even include this in the mandate that we have. In Manitoba, the mandate that they have for proof of immunization to go to school with the exemptions, because you do not even have to have those shots, is only for the MMR. I am not sure whether that came first in Manitoba and they were the ones who were pushing for the mandate. I really cannot answer the questions, but I know that this is kind of how it had come out. It started there, and the mandates that we actually have in New Brunswick and Manitoba . . .

043

13:40

In British Columbia, it is my understanding that the mandates they were trying to do, because they have been trying to mandate there, were really only about getting the school to have the records from the children, and that has been actually fought from the parents because that is also an infringement on our rights, to even give over our records to the schools. They are fighting that, and I think they are introducing this seminar.

That is also what I meant to talk about in my presentation. Seminars are being introduced. They are meeting with a lot of litigation. This is not an easy thing to pass, with reason. The Constitution is there to protect us. It is very difficult to go against those rights. I mean, public health is really . . . Herd immunity is the only thing they really have to try to fight that.

With respect to the people giving science here, it is actual, real science. The emerging science is not supporting. Even the pharmaceuticals said that they had done inert placebo double-blind studies on the vaccine. That is not true. It is not true. You should have asked them to give you those studies because there has never been an inert placebo double-blind research done on any of the vaccines or the schedule. It is very difficult.

**Madam Chairperson:** Thank you very much for your presentation this afternoon.

**Ms. Richard:** I did not mean to offend anybody. If we come off strong . . . What you need to understand is that it is hard for us. We are being attacked all the time, so sometimes, we respond in a bad way.

(Interjections.)

**Mr. DeSaulniers:** Thank you, Madam Chair. I just want to correct you on something. Can you read that from there?

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**Ms. Richard:** No.

**Mr. DeSaulniers:** It says: “Canadian Adverse Events Following Immunization Surveillance System”. That is what Health Canada has, so there is a system. We do not have VAERS per se, but there is a system.

**Ms. Richard:** Is it a system that we use? Is that just for vaccines, or is it for all medicine?

**Mr. DeSaulniers:** Google that for yourself, but there is something there.

**Madam Chairperson:** Thank you very much. Thank you for your time today.

**Elizabeth Kramer**

**Madam Chairperson:** Elizabeth Kramer, welcome.

Again, for people who were not here this morning or over the previous few days, there are translation devices at the back that may assist people in hearing the discussion and in hearing the presentations in the language of your choice. Please do not take them home.

State your name for the record, please, because it is not . . .

**Ms. Kramer:** I want to ask whether it is normal procedure that an MLA who proposed a bill is not present to hear the standing committee.

(Interjections.)

044

13:45

**Ms. Kramer:** Is it the norm that he would not be here?

**Madam Chairperson:** Look, I am new to this gig.

**Ms. Kramer:** It is not the norm to be here.

**Madam Chairperson:** It is the norm that they are not . . . He is not a member of the committee, so he is not obligated to be here.

**Ms. Kramer:** Okay.

**Madam Chairperson:** I can only relay what past experience has been, and it is not uncommon that the minister presenting the legislation would not be present. It does not mean that he is not listening. This is streamed on the Web, and knowing how detail-oriented Mr. Cardy is, I suspect that he is absolutely paying attention to every bit of this. He is a very conscientious individual

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and has put a great deal of effort into this legislation, which he is very passionate about. Go ahead, Mr. Fitch. He has more experience than I have.

**Mr. Fitch:** The gallery is open to anyone who wishes to attend, which includes MLAs and ministers as well.

**Ms. Kramer:** Okay. Ladies and gentlemen of the standing committee, my name is Liz Kramer, and I am compelled to come here today and announce my position on this issue. That is that I oppose Bill 39. Before I get started, I am going to let you know that I have a lot of questions. This is all I have—unanswered questions, although I do not expect you to answer them, because that is not what we are here for and most of you do not have the answers anyway, I assume. I gave birth to a son late in life, quite simply the best thing to happen to me. I am thankful to God that I was able to deliver a healthy baby. A lot of thought went into how I behaved during pregnancy to make sure that my child had the best start possible in life—things that I was in control of such as eating right and raw as much as possible, taking vitamins, exercising, trying to be happy and not stressed.

It was late in my pregnancy that I was reading the book entitled *What to Expect When You're Expecting*, which is government-issued reading for all new parents, as given out in most prenatal classes in the province. I read that my baby would need a hep B shot before I left the hospital with my newborn infant. I started looking at what this injection is, since I was planning to have a birth with as little intervention as possible. As I understand it, hepatitis B is a disease that is transmitted through blood products or sexual intercourse, so I did not understand how my baby was going to be exposed to that disease. This made me curious and worried, and I read countless hours and research outcomes of the hep B vaccine in infants. There was very little information to be had from the official sources such as Health Canada and the CDC, other than the recommendations of strictly adhering to the schedule and that vaccines are safe and effective.

I wanted to know about safety. Every time I tried looking for evidence, all studies pointed to efficacy, that is, the effectiveness of the immunization rather than the safety issues and side effects. Actual statistics on the safety of vaccines here in Canada and in the United States are not collected via rigorous clinical trials and double-blind inert placebos, which most drugs that are released to the public are required to go through. You would think that this would be an important step in the approval process before millions of Canadians are expected to succumb to the shots. Instead, the actual vaccine makers collect side-effect data that have been reported in the clinical studies that are determining efficacy. So, literally, it is just a sideshow to the efficacy study. Apparently, safety testing is not required. Apparently, vaccines are exempt from the safety testing, because they are classified as biologics. If anyone can show me a single study that was performed here in Canada regarding vaccine safety, please enlighten me. All I see are references to the assumption that the studies have been performed, but no actual data seems to be available.

I decided that my child did not require a hepatitis B shot at birth, then again at two months, then again at six months—three shots at the infancy stage for a disease that there is zero risk of contracting in infancy. I then began researching the history of vaccines. I had not thought much

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about it until this point. Much like anyone else, I believed that vaccines were important and saved lives. That was what we had been told since the beginning, just as we were told that tobacco was safe, DDT was safe, thalidomide was safe, glyphosate was safe. All vaccines were safe and effective for all children.

045

13:50

Why do the media not report on adverse reactions, much less report on any negative news where the pharmaceutical industry is concerned? Why the media blackout on this topic? Why are so many people being ignored when they say their children have been injured by a vaccine? It is not doctor-verified? Try getting any doctor to admit anything negative about a vaccine. Try getting a doctor to issue a medical exemption. In my specific case, I have no hope of doing any of that, because the requirements for a medical exemption say that my child has to experience an adverse event in order to even be considered for a medical exemption.

There are parents all over the world who want to save others from a life of tragedy and disaster, because that is what it is when your kid gets sick with unexplained, prolonged illnesses and you are told that it is beyond your control. No one knows where it originated, even though the parents of the child witnessed the change right after the shot. Parents are the people who tend to their babies 24-7 and are able to assess the slightest oddity in the condition of the child from one day to the next, because that is what we are supposed to do. Stop ignoring the people who care most about their children—parents.

We are not just talking about autism, by the way. It is annoying that most people automatically assume that you got your information from Andy Wakefield, the discredited doctor who had the license ripped from his hands. How dare he say bad things about vaccines?

This is much like the way Dena Churchill was portrayed by Mr. Cardy. I interpreted a portion of what Mr. Cardy said during Monday's session. Basically, he said: I just want to let everyone know that her license was ripped from her and that anything she has to say is completely invalid because of that. I just want to make that clear. No one is credible, apparently, except for the pro-vaccine side, even though the minister does not have any medical training.

Quite frankly, there is such a range of little disasters that can occur in a tiny little body that is trying to grow and become stronger when you intervene and disturb the natural development process by injecting chemicals that are mass-manufactured using questionable ingredients. These are the very same ingredients that you would never feed your child, but it is okay to inject them into soft tissue, bypassing the body's natural defenses.

The automatic retort that the pro side is thinking of right now is that the amounts of these chemicals are so small that they have no effect other than the intended immune response. The small particles are exactly the problem. Those small particles are more inclined to move through the body via blood and body fluids, and they may cross the blood-brain barrier. What havoc those chemicals cause in the brain and on the way there is anyone's best guess.

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I choose not to guess. I am relying on a God-given immune system that has kept us going for all these years. Imagine all the adults running around who are not vaccinated according to today's recommended schedule. How have they stayed alive all these years? How have I?

Does this bill introduce the concept of “our bodies, the government’s choice” instead of “our bodies, our choice”, as Mr. Cardy has so uncomfortably advocated? What does the future hold for us in terms of eroded freedoms if, by some disaster, this bill goes into action? Are we to assume that adult mandates will be coming soon? Will the unvaccinated be identified by a band on their arm so that they can be kept out of public places? What about vaccinated children being exposed to privately educated, potentially unvaccinated, children in the community? I do not think Mr. Cardy thought this one through.

046

13:55

Notice the increase in the number of vaccines on the schedule. Do you remember getting all those shots? There are 16 different shots on the New Brunswick schedule from age 0 to 18 months. These 16 shots cover 9 different diseases—16 jabs by 18 months. Are you not shocked that we are over-injecting our most precious babies when they are most vulnerable? They cannot speak; they cannot communicate with us. We, the parents, are just learning how they behave and what their normal is when they are infants. It makes no sense to do this.

Did you know that Japan does not give any vaccines until the age of two? Its rate of infant death and adverse reactions drastically declined after changing the age of vaccination. Why are we not paying attention to what other countries do, besides the almighty USA?

Unfortunately, I did see the documents that were filled out regarding the lobbying efforts of the pharmaceutical companies to the province of New Brunswick, specific government offices, and also the government of Canada. These visits and discussions were held unbeknownst to the public, of course, since, apparently, it is none of our business. The timing of these visits just happened to be a couple of weeks before the release of the measles outbreak at the KV high school. Why is the government having closed door discussions with the pharmaceutical industry? Is this in our best interest?

How about the measles outbreak? All reports lean toward the unvaccinated being the problem. I saw it time and time again. The media was definitely scratching Dominic's back. The original outbreak of measles at KV was reported to be started by someone being exposed via travel to Europe. Why was a travel ban not put in place? You cannot stop people from traveling, but you can force them to get their child injected in order to attend public school. Does this make any sense?

As a result of the outbreak, over 15 000 people were vaccinated, some were revaccinated, as a lot of children and their families were already up to date with their boosters. Why were we not told whether the measles strain was that of the vaccine or the wild measles strain in those infected? You do know that the MMR vaccine contains three live viruses, and they can give you the disease they were intended to prevent, but with fewer symptoms, usually.

Why were we not told whether those cases had been vaccinated or not? How ridiculous this lack of information is. Just get the shot, and never mind the details. You do not need to know. That is 12 people out of a provincial population of 767 000 people, as of 2018. Apparently, the term “outbreak” is used when there have been two or more confirmed cases.

We all know that quarantine is the best way to stop the spread of any disease. It is well documented that the measles part of the MMR jab does not take effect for as much as two to three weeks. So, what was the hurry to get everyone vaccinated at KV high school? How much money did the government generate for the pharmaceutical companies with those more than 15 000 shots? How much momentum did Mr. Cardy gain from the manufactured fear generated from this outbreak?

Do any of you remember when measles was a rite of passage for most children? Do you know that most of your parents have had the measles and that most have had no serious outcomes? Do you know that vitamin A can lessen the symptoms of the disease?

I tried to find out when the last person died of measles in Canada but could not find anything. I tried to find out how many people died as a result of the MMR vaccine in Canada. I found this, which is actually what you just talked about in the last session—the adverse events database. This is the report from July 1 to December 31, 2018. If we could get that on the screen, that would be great.

I am not going to bore you with all the details because it is really long. I printed it in colour so that you can see the pie chart, which is the most important part of this document. I do not have the page number, but about six pages in, it shows Figure 2, reports . . . Sorry, that is the wrong one.

The next pie chart, figure 3, shows the primary reason for AEFI reporting, July to December 2018, serious and nonserious. I am looking for the pie chart—Figure 3, please. I just need to get that page up.

047

14:00

What you will notice here is that the adverse events have been broken down into percentages. What they are saying here is that reaction at or near the vaccination site was the 37%. Allergic or allergic-like event was the 18%. Rash was 10%. Other events was 20%. Neurologic event was 8%. Systemic event was 7%. The 1% was for vaccine anxiety. Vaccine error was the primary reason for AEFI reporting in less than 1%, so it is not visible on the graph.

I just want to talk about what a neurologic event is. There is no definition for a neurologic event, so I looked at the definition of neurology: “a branch of medicine dealing with disorders of the nervous system.” What I can discern from this document, which seems to be cleverly crafted by somebody who does documents of this sort, is that 8% of the people reported. The total was . . . On the next page after that, it shows you a breakdown of their reactions and the percentages as

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such. Neurologic events affected a total of 42 people out of 114. That is 37%. That is a pretty high number for somebody who claims that vaccines are safe and effective. But the most shocking part is if you look at the other category in the graph, the purple part. On the bottom, it says:

*Other events include: gastro-intestinal reaction, para/anesthesia, thrombocytopenia, hypotonic-hyporesponsive episode (HHE), persistent crying, intussusception, arthritis*

—whatever that word is—

*parotitis, sudden, unexpected death syndrome (SUDS), and undefined - other*

So, basically, we have a lumping of sudden unexpected death syndrome in the 20% on the pie chart, and it is indiscernible what number of people actually suffered from sudden unexpected death syndrome. It is, as I said, cleverly crafted to hide the data that we, as people and parents concerned about vaccines, need to know. I do not know why this is going on, but it is widespread, all over the place.

Just in case you do not know, sudden unexpected death syndrome . . . That is what it is. It does not pertain just to babies in this document, although every other document I have read is on sudden, unexpected, infant death syndrome. Canada, apparently, does not differentiate between adults and babies in this regard.

Here is a thought. Do a study, one that compares health outcomes of children who are completely unvaccinated versus those who are vaccinated. Your reliance on the age-old mantra that vaccines are safe and effective can then finally be put to the test, and we can be silenced once and for all. I know that everybody would love that, if we would just shut up. I would love it too if I could shut up about this issue.

Why does the pharmaceutical industry refuse to do the study? Why does Health Canada refuse? It is really your job, given that you are even considering a mandate, to prove to the greater public that vaccines are safe and effective. It is not the public's job to prove to you that vaccines are not. They are a product sold for profit. With so much so-called misinformation being spread via social media, as per Mr. Cardy, why would the government not jump at the chance to prove us all wrong? Does Canada rely on the biased data from the pharmaceutical industry? Why is the pharma industry permitted to perform and report its own testing on their own products? In what other industry does this happen? How well does the fox guard the henhouse? You cannot sue the pharmaceutical industry in the United States or Canada. The government passed legislation to protect the pharmaceutical companies from liability in the eighties.

048

14:05

I have heard about your annoyance in the past two days with the references to the United States and the comparisons to our two systems of vaccination. It seems that you think we are separate entities with separate rules that are determined by our health authority here in Canada. I can

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assure you that we are just piggybacking policy that is created in the United States and, more importantly, the World Health Organization's policies for the planet. In case you have forgotten, most all pharmaceutical companies are multinational enterprises and their reach, influence, and lobby money are unsurpassed by any other industry in North America.

Now, Mr. Cardy has been busy bullying and name-calling anyone that dared question the bill via social media for the past few weeks. He has said things such as—and I know you have heard this already—for example: Yet another falsehood from the nut patrol. Anti-vaxxers deserve shaming and censure. I have previously described anti-vaxxers as child abusers.

Mr. Cardy likes to refer to we nonscientist types as having graduated from Google University, yet he tells people to use Google to look up the information that he says confirms his position on the vaccine regime, a term he has used indiscriminately. What does “regime” mean? A government, especially an oppressive or undemocratic one, or a usually heavy-handed administration or group in charge of an organization. Vaccine regime is an excellent term. I just did not expect it to be coming out of Mr. Cardy's mouth.

Hate speech and lynch mob justice is all I see and hear whenever the topic of vaccinating is questioned. How is this being tolerated? In this age of the expected total acceptance of every human no matter their race, religion, ethnic background, sexual preference, etc., how is this level of bad behaviour tolerated in our Legislature?

Is the science settled? Even though I am not a scientist-type, I can still understand the very nature of science, which is that it is never settled. Scientists are constantly trying to disprove their theories and hypotheses. That is how science has advanced. That is how we learn that our prior thinking may have been wrong, as new evidence suggests, but there is no new evidence when it comes to the vaccine science. All the science is 30 years old already. When was the last safety study done on any vaccine? Did you know that Health & Human Services in the United States is being sued by Robert Kennedy as we speak because it did not fulfill the terms of its agreement to monitor the safety of vaccines? I heard just yesterday that Mr. Kennedy won the lawsuit. Health & Human Services could not produce any vaccine data for the last 30 years.

Now, how is this bill going to affect me? I can tell you that I will never vaccinate my child. If this bill passes, it could very well land me in the poor house. I am a single mom. All these years since my child was born, I have been working hard to make a life for us. Will I be able to pay for a mortgage if I homeschool? Will I be able to eat if I send my child to private school? These are very important socioeconomic questions. These factors have not been addressed at all. How will this bill affect people's perceptions of life in New Brunswick? I just got a sponsored ad from the government of New Brunswick just the other day:

*Why does NB need a Population Growth Strategy? We are facing population decline that will impact our economy and workforce. We need to reverse the population trends in our province to help us meet the needs of New Brunswick employers to help grow our economy.*

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*This week, we will launch a renewed population growth strategy with a focus on growing the population, enhancing our immigration efforts and building welcoming communities across the province.*

049

14:10

I do not know about you, but mandatory vaccination does not sound like a way to grow the population in New Brunswick, much less keep current residents here. In fact, Dr. Bob Sears mentioned on Tuesday that the California workforce has declined by some 28 000 people since California introduced a bill to take away vaccine exemptions, just like Mr. Cardy is trying to do now.

Surely you cannot think that only the people who have spoken to the committee are in disagreement with the bill. I mean, there are lots of others. There are a lot of people who take the *Charter of Rights* very seriously and will not accept its being directly violated where the provincial government is concerned. There are a lot of people who see vaccines as dangerous, just like I do, but are afraid to speak. Why would they not be fearful when you see how an elected official like Mr. Cardy is permitted to treat people, let alone the rest of society—those who are convinced that vaccines are safe and effective, even though they have not committed one single hour to researching the subject?

Instead of mandating injections, mandate informed consent, which includes full disclosure and pre-reading of the product monograph prior to scheduling the job appointment.

In case you do not know, this is a copy of a product monograph that is 42 pages long and one-sided. This has never been shown to anybody I have ever talked to about vaccines. Nobody sees it. When you go to the doctor, that doctor gives you a fact sheet, tells you about the common symptoms or problems, and sends you off. You need to look at that, because there is all kinds of information in there that you need to see.

I brought another thing with me. I did not have enough monetary allowances to allow me to make copies for everybody, but I just want to make sure that you are aware that this so-called anti-vaccine issue is not new. This particular article is dated 1913. I invite you, if anybody is interested in this, to please look. It is available online. I plan on sending you guys the links to all of what I have discussed here today and to any of the documents.

Finally, I come to this article entitled *Infant mortality rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity?* I will not go into details. You have the document, so you can read it. It is a very interesting read, but basically, it is showing the top 34 countries in infant mortality rates. Then, it shows the same top 34 countries and the amounts of vaccine doses.

Now, these numbers directly line up with one another, as you can see on the third or fourth page. There are charts. Somebody crunched the numbers and made the charts. The level of infant

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mortality is directly related to the amount of vaccine on the country's schedule. It is all in here, just have a look at it. It is intriguing. Please do.

In closing, I am going to tell you that it is our basic fundamental right to give informed consent. If you are not informed of all of the risks versus the benefits, then you are not informed and cannot consent. Where there is risk, there must be choice. My family, my choice. Shame on Mr. Cardy. That is it. Thank you very much.

**Madam Chairperson:** Thank you. You have used the entire time. We have actually slightly exceeded the time.

**Ms. Kramer:** Have I exceeded the time?

**Madam Chairperson:** Well, according to my . . .

**Ms. Kramer:** I started at 1:45 p.m. What time is it now?

**Madam Chairperson:** I had you starting at 1:44 p.m. It is 2:14 p.m.

**Ms. Kramer:** Okay. Does anybody have any questions? I would love to answer some.

**Madam Chairperson:** It is 30 minutes, including the time for questions.

**Ms. Kramer:** So, no questions. Excellent. Thank you very much.

050

14:15

**Alex Dingwall**

**Madam Chairperson:** There are only 30 minutes allotted. If you would like to have time for questioning, you can use your time accordingly. I would ask you to state your name for the record, please.

**Mr. Dingwall:** Thank you very much. My name is Alex Dingwall, and I am a former educator, with 37 years in the system. What is relevant to this discussion is that I was, for over 20 years, involved with government in policy legislation—the full gamut. Somehow, I got volunteered to these positions. I had a long, long career in the department. I was the director of student services for a number of years. I worked around the province—in Saint John, Miramichi, Dalhousie, and Fredericton. I was Superintendent of Schools for over 15 years, which, in itself, is a test.

With what I bring to this discussion, I am focusing on education. I know that a lot of the discussion you have heard today—I have trying to follow as much of it as I can—has been with regard to health. I have heard you ask some very pertinent questions with regard to the way that legislation will impact the school system. It is an amendment to the *Education Act*, so it is extremely important to understand it in that context.

I would like to go through my presentation, first of all, and just very briefly try to delve into the context of the legislation development, as I saw it, and how the coordination of health services in the school system rolls out. It is a phenomenon that every time there is a health issue in a school, we have to educate the public about what we are doing and how we react to it. When the media gets hold of it, of course, it becomes more pronounced, but that is okay because we believe that we are taking extreme actions to support children's health within schools. It is critical. The school system recognizes that, so we are very much in the public domain in regard to that.

Finally, I want to give a very concrete description of how I administered the existing bill right now—school immunization. Some people may criticize it, but I will try to justify the decisions I made with regard to how I came to make the decisions that I did.

Finally, I will assume the role as an advisor to government, with regard to legislation, which I have done in the past—to the Premiers, to ministers, and whatever. I would say that I advise—and this is in this respect to you—that when you go forward in your deliberations, you take the context of education in full regard because that is where it happens. Now, it may be the decision to work it outside the system, and that is one of the alternatives that you may want to look at.

I also want to say that this is my opinion. I do not represent anybody here. I am basing my opinion on, as I say, 20 years of really in-depth experience with regard to the development and the carrying out of legislation, so I think I have some background in that regard.

Finally, I guess, as an educator, I have made many presentations, but I have always invited questions as I go along. I know, Madam Chairperson, that that may not be the way you have done things in the past, but I try to keep people engaged, and I may tend to fall into bureaucratise, into lingo, and I have no apprehension about someone stopping me and asking exactly what I mean by something or asking me to elaborate further. But that is up to the committee. That is up to you, Madam Chair.

**Madam Chairperson:** The challenge that arises then is equal time.

**Mr. Dingwall:** I realize that it is a time management issue. I really want to make sure that if I go over something, I may go very quickly, and I may go over things that, 15 minutes from now, may have been forgotten.

**Madam Chairperson:** They are very good at writing things down. They are pretty good at this.

051

14:20

**Mr. Dingwall:** My first observation . . . Again, some of this is my opinion only. My first observation is that when we develop legislation . . . By the way, I was involved in the last review of the *Education Act*. Usually, public consultation precedes the development of that. This is not unique, but it is not the particular way that you want to develop legislation. You want to go to the public and get a sense of what the public issue is. If I were voicing this concern, I think the

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concern which has been put forward by government is: How can we ensure that the health of children is being properly accommodated in the province and in our schools?

That discussion goes out to the public. We get feedback from the public. Then, from there, legislation comes forward with regard to the input. It is a bit different, but it is not unique because, in this particular instance, I sense an urgency in this legislation because of emerging facts. I am really flummoxed by some of the statistics that have been presented over the past few days because they certainly were not the stats and data that I dealt with when I was administering policy, and I will get to that later on. But certainly, it is the prerogative of government, by the way, to provide leadership. There are many legislative Acts that have come down that have received great discussion and debate, but it is up to government to bring that forward. That responsibility is its alone. It is up to administrators within the system to follow that legislation and try to make it work. There is that dichotomy or that dynamic tension in the system.

I will say that in identifying legislation over the past 30 years or 40 years that I was involved, a dramatic change happened in the late eighties and the nineties when we started to review the *Education Act*. We put the child focus at the centre. Before, the institutional demands were central, more central. Accommodation became a real prerogative when we were developing laws and legislation and policies. Any time that I was in committee work, developing policies, the “yes but” question always came up, and there was a concerted effort to accommodate.

The best example I can give to you right now . . . I know that you have gone through the legislation. I have heard you mention it. The number one question was about that dynamic that the minister—this is subsection 8(1) in the legislation, I think—has an obligation to provide free educational services to all children in the province. Of course, the other dynamic is, I think, in subsection 15(1), the obligation of parents to register their child in the public education system. There are qualifications to that, which are interesting if you look at them.

For instance, the first qualification is residency. Well, that is a no-brainer. You should be a resident of New Brunswick to participate in public education that is supported by taxpayers in this province. However, there are accommodations for that—big accommodations, as a matter of fact, that have grown in the past 10 years. If you want to pay tuition, you can come into this province. There are also accommodations for students and exchange students that are monitored by the department, but that is an example of accommodation to that residency requirement.

Another part of the residency requirement is that you are a student in the district where your residency comes up. Well, there are accommodations for that. Students can actually go to school in another district which they are not residents of. There were some restrictions on that, by the way, that were taken away in the last legislated amendment that I saw. Some superintendents were not obliging in that regard, and the minister stepped in and said: Wait a second. We should be able to make reasonable accommodations to parents who decide that they want their children in another district.

There is a whole multitude of examples of why that might occur. The main one that I had to deal with a lot was custody cases, where there were two parents in different jurisdictions in the

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province. Things such as that would happen. That is not the only one, but that is an example of accommodation.

The final accommodation of residency that goes into the piece is that a parent might want to choose the school that a child goes to within a district. Right now, that is the responsibility of the superintendent. The superintendent places that. There are good reasons for that. You have to manage a school district in a certain way. We strongly believe that home-community schools are the best places for students to go, but some parents would say no. They do not want to go there for whatever reason. In the run of a year, in my district, my last district, I would probably field about 300 requests to go to other schools. Unless it created a strain in the system, it was a reasonable accommodation to make for a parent.

052

14:25

That is an example of the two criteria. When parents register, they are asked for residency, and the other requirement is age. Believe it or not, there is some accommodation there. Kindergarten is our entry point, but a parent can defer it by a year, to Grade 1. At the other end, for a mature student, it is age 19, but we will have mature students apply to go to school after that requirement, and in most cases, there is a reasonable accommodation as long as it does not put a stress on the system.

Then, for the third one, we have immunization. The immunization in the Act was part of the very progressive legislation that came in in the nineties—very progressive. As has been pointed out, we are one of the few jurisdictions in North America that have this legislation. Basically stated, the objective—the first qualification—was to provide proof of immunization. That is a pretty strong statement to make, but as we know now, there is a combination for that. There are medical exemptions and personal exemptions. Again, in very strict terms, with those criteria in the legislation, there is accommodation. If you look through our system, in most policy, there are accommodations throughout our legislation.

It is jarring for me, in a sense, as a former educator, to—what can I say?—challenge the way we act in this province. Accommodation has been a lifesaver for education in this province. It has created great challenges in the system. The challenge when we first brought in Bill 85 became evident very quickly; it was not so much the educational needs of students as the medical needs of students. We had students of whom we had no comprehension, who were in hospitals or nursing homes around this province, who never saw the light of day because they were medically compromised. Through an Act, the government said: That is not right. They should be in the school system.

I can tell you that we went through an awful lot of angst for that. Schools were not ready for that, were not able to do that, were not trained to do that. Over the last 30 or 40 years, that discussion has gone by the wayside. We have gone through a very dramatic change in the system.

We had a 40% dropout rate in this province. Think about that—40% of students who started in Grade 1 would not finish Grade 12. Government took a very proactive and controversial

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leadership position that that was not acceptable. Over 40 years, in lieu of the type of legislation we put forward for accommodation, in attempting to meet the needs of the student . . . I am not talking about the parent at this point, but the student, because that is what we do in classrooms to the best of our ability. Our dropout rate is essentially among the lowest among the OECD countries of the world.

We put the rest of Canada to shame. A lot of provinces have much greater resources or, some people might say, better education systems, but we have basically 95% to 97% of our students walking out the door with a Grade 12 education. That is a signal of how our legislation—our progressive legislation—and our ability to accommodate have moved our whole system forward.

When government . . . In a way, you may say: Where am I going with this? Do I support the legislation or not? It is jarring to me. It is jarring to me in a sense that accommodation for a certain population of students . . . I am going to put parents over there, because you have heard enough about the rights of parents. I am going to focus on taking away the ability of a child in our province to access the public education system because of a decision made by the family, essentially.

Whether it is right or wrong, we follow public health mandates. We work closely with Public Health through all our policies. We work in partnership; we cannot work without Public Health, and it cannot work without us. That is how close that relationship is.

I missed most of Ms. Russell's presentation, unfortunately, but I noted that when the issue first came forward provincially, the discussion from the school systems and from Public Health was very muted. I hope you noted that, because our focus is somewhat different. There is a big world out there, and there are a lot of issues, but inside the public school system, our focus is on serving children first.

053

14:30

So, over the past 30 years . . . It is hard to believe the policies we have in place now to support health services. It is incredible. I think that it is Policy 704, if you have not looked at that. Most parents who walk in the door when they register their students are extremely nervous if they believe that their child is medically compromised or fragile. I can tell you, as an administrator in the system, that it was yearly, daily, and weekly that I had to pick up the phone and answer to parents who did not feel as though we were doing enough to ensure that the health and safety of their child was being taken care of properly. Policy 704 . . . Thank god that policy, which is a 14-page policy, covers virtually everything and outlines the responsibilities of schools and the responsibilities of the parent very concretely. The message to schools is that you have a responsibility, here is how you do it, and we will provide the resources for that.

In this whole big picture, we have a position now, or, I feel, my opinion, anyway, is that this is remarkably different than it was even 10 years ago. I mean, diabetes took us all by . . . We did not understand that 10 or 15 years ago. When parents came to us asking what you are going to do to support my child with a diabetic condition, and we now have a policy and a framework to do

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that. If you want proof of that, go to any elementary school in the province. You walk in the office and probably the first thing that you are going to notice is that emergency response protocols for each student in that school are on the wall. Every day, principals and teachers are cognizant of the health needs of every child in that school.

Where am I going with this? With immunization, as a Public Health issue, my own personal opinion is that I fully support it. It seems as though it has tremendous advantages with regard to society and our community. The process for registration—here is where I get into how I came to decisions—is very comprehensive. This is fairly new, but, in the next couple of months, there is going to be a notice in the paper talking about registration for next year. In that registration process, the parent will walk in, will meet someone with regard to education, and, by the way, Public Health, usually public health nurses, will be right there also to talk about health issues. That is always organized by school, maybe by regions, or whatever, however it is most efficient. It is flagged very early in the fall when a parent has concerns about the immunization policy. There is a time period. It is flagged early.

We continue on with that process, going on to the next spring, because we have to finalize resources and staffing for school, mainly. However, that flag about whether families have met the qualification with regard to immunization continues. Come May, usually, there is a profile developed. We basically are assigning the students to the school and the principal receives this. They talk about class orientation and, oh, by the way, has everyone met immunization requirements? Well, in a lot of cases, they have. In a lot of cases, in elementary schools, you will see 100%. This is where I do not understand the stats that are being presented provincially right now.

I will tell you what happened in the district. In May, at the end of May, the principal usually flagged this and said: What do I do now? I would say: You had better send out that first letter saying that if you do not get immunized, you are putting the enrollment of your child at risk. These are not the ones who are medically exempt or exempt for personal reasons, by the way. Right now, they are allowed to be exempt. So those kids are in a category and Public Health knows about them. The conundrum with that policy is on the ones who refuse to tell us, in the registration process, whether this child is immunized or not. That is a quandary which, frankly, I do not understand. I understand it better now. Anyway, so we would send that letter out.

We sent it out again in September when we verified enrollments, and then—and this is what I do not understand—in October, because it was one of the meetings that I was called to, in partnership with regional health, we would sit down and analyze the data that we had. We would analyze the exemption rates permitted, and we would also analyze the information that we did not have. I want to tell you that those numbers were very, very small, in my experience. Very rarely did we go below 95% in a school. It happened on occasion.

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14:35

What was interesting was that there were no trends. There was no actual understanding of why people did this, because we did not compile that data, except when, for two years, we did. We

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went into partnership with Health and sent people out to talk to parents personally on the issue. The data that came back . . . I certainly understand government's statement with regard to how the amount of education, arm-twisting, and whatever really does not have an impact. We did not get very much uptake with regard to parents who were changing their minds or agreeing to sign a form saying: For personal reasons, I do not want my child to be vaccinated.

It is a quandary, but it is not a quandary of health, in a sense. It is a quandary of documentation. That is where I sort of got antsy, because I said: Why am I going to exclude a kid from school because of the bureaucratic ineptitude of a system that could not properly track students from the start? All that data is somewhere in the system. My regional Health partners, I knew, had made a request at least 10 years ago with regard to a central registration. I know that across the country, when they talked about it, the governments were very reluctant to go for a central registry, which was the main issue with regard to students or parents who would not signify, for whatever reason.

I was sitting there, and probably one of the toughest days I had as an administrator was when the secretary walked in with 20 to 30 letters saying: This is the final warning. You had better shape up and tell us what the status is, or else your child will not be permitted to come back to school. I did send that letter.

When I talked to the principals about it, there used to be one or two students. I mean, if it was 1% or 2% of the child population, in a school of 200, it might be one student. It might be two students. We did not find big gaps of 20 or 30 students. Now, when a student comes up to larger schools . . . Obviously, when you get to Fredericton High School and you have 5% of the population, you are talking about probably significant numbers of students, as in KV. When they identify the students, you are talking about a fair number of students who compromise the whole situation.

It is really a situation for Health, and I understand it, but I can tell you that that was the final letter we sent. The next letter would have been when the student was coming home with the Christmas report card, and it would have said: Very good performance, Johnny. By the way, see you later, to put it bluntly. As an educator, I was not willing to compromise the continual, critically important integration of that student in the public school in the system, with all the angst that goes with that. Schools had worked three months, or actually a full year, with families and children to get them ready for kindergarten, and here we were saying this, because of bureaucracy, not because of educational or health reasons.

The second question I asked the regional Health people, which was critically important to me, was this: When we are making that decision, are we compromising the health of other students in the school system?

Here is the example that I am going to use. I do not know if it was timely, but the situation in Saint John demonstrated how Public Health and Education and Early Childhood Development react to medical health emergencies. This was big news. I was glad it was big news, to tell you

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the truth, because in the run of a school year, that would happen throughout the province several times, but it would not have received the same attention.

We had cases of meningitis in the school. As a matter of fact, we went through HIV policy. We excluded students for a period of time. That policy was rectified. We went through SARS. SARS was very interesting. In my district, I had two families that were quarantined. The reason for the quarantine was that they traveled to an area. It was not that they had SARS, but they traveled to an area where SARS was. The risk was there, so Health and the school intervened. We had H1N1, probably the biggest immunization project the province ever endeavoured. Unfortunately—or fortunately, depending on which way you want to take it—the uptake looked big, but it was very low.

055

14:40

Every year, in the school system, we react or take action with regard to the flu. Now, there was a time in the system when we would close almost 50% of our elementary schools because we had 30% or 40% of our students—and staff, by the way—who were impacted by the flu. With Public Health, with immunization, with schools having proper hygiene programs for parents and students, and with the promotional programs, that is rare today. You will hear of a flu epidemic coming, but it is unique to hear of a school actually closing. So the impact . . . Am I getting close to the end of my time?

**Madam Chairperson:** You have 5 minutes remaining.

**Mr. Dingwall:** Okay.

**Madam Chairperson:** If you would like to field questions from the committee, then . . .

**Mr. Dingwall:** I am going to end with regard to what . . . I cannot leave you hanging. I would not be a good person if I did not point in a direction. The first thing I would say is that I think there are alternatives to the legislation that need to be looked at. I think this is being done very fast. I feel for the committee in trying to digest all of this information.

I perfectly support government in the initiative with regard to trying to increase what seems to be a decrease in the importance of immunization. I really believe that the information system is going to make a dramatic difference with regard to having more concrete data.

I would recommend, if at all possible . . . I know there is urgency, but there could be breathing time to get that data and verify it. At least then, Public Health and the Department of Education and Early Childhood Development could react if there is an issue; I am not going to say whether there is or there is not. As Ms. Russell said, I am not really quite sure. We need better data about what is happening in our schools and in our province.

Another thing I would recommend . . . Again, some people have mentioned this. There should be increased focus on the positive aspects. Again, there are many alternatives regarding how to do

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that. Singularly, we have basically done it one way. Public Health does it very well, so I would recommend an increased focus on that.

And the final thing . . . I heard some people mention it, and I do not know how you do this. But it seems to me that, if at all possible, you should get a concrete judicial decision before you move forward. That is because policies or legislation are extremely hard to change once they are in there. It would seem to me that, in some ways, you are going to get a legal opinion. Every time I faced the courts, or every time I faced a matter of human rights, I got a legal opinion. But I was always advised that it could go either way, no matter what. The minister would back me up in my positions. I can tell you that, in my experience, a lot of the cases in which I was challenged in court, about human rights or whatever, did not go in my favour. I am biased, I was trying to follow legislation and follow certain standards, but they did not go in my direction. I really believe that to find a concrete judicial decision . . . I agree that until there is a judicial decision, no one knows exactly how it is going to be decided.

We are taking great risk in this province. That is fair to do, because to be a leader, sometimes you have to take risks. I do not like the statement that the rest of the provinces are looking at what is going to happen here. A lot of times, you lead and, two years later, you look behind and no one is following. You have to wonder: Well, why did we put ourselves out there in that way?

I think government takes a big risk in this legislation unless you somehow get a concrete judicial decision and not a legal opinion. You know, because you are involved enough in this and you understand that legal opinions can be argued on both sides. It is up to the judge to make a final decision.

By the way, most judges really voice an opinion that they do not want to be involved in these kinds of decisions. That is because they cannot believe that the public school system or any government institution cannot come to grips with meeting the needs of the population.

That is basically, in essence, what I have to say. I tried to focus on education. I understand that you have a number of concerns and questions about that, so I have tried to describe what happens in schools. Again, I do not want, in any way, shape, or form, to take away the government's initiative in trying to enhance immunization programs in this province. Thank you.

056

14:45

**Madam Chairperson:** Thank you very much. With one question, because we are right at the end of time, go ahead, Mr. Chiasson.

**Mr. C. Chiasson:** Oh, my goodness, my goodness, there are so many questions to ask. From what you said, I believe that you are pro accommodation. You believe that we should be giving some sort of accommodation. You talked about how strict you were in your district, when you were the head of the district, in making sure that you had all those records and there was a process that was followed. By Christmastime, it was done.

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**Mr. Dingwall:** By the end of October.

**Mr. C. Chiasson:** So, if I were to tell you that I received information from the district where we had this outbreak and they had 6 000 incomplete records, what would you say to that? What would you answer to that? That is 6 000 out of 27 000.

**Mr. Dingwall:** That did not happen in my district.

**Mr. C. Chiasson:** No, well this is what I am saying.

**Mr. Dingwall:** I do not understand. I am like you.

**Mr. C. Chiasson:** What would . . .

**Mr. Dingwall:** I am like you. I do not understand that. I believe that is why Dr. Russell—again, I am speculating—would not jump into that discussion. What we do in the districts . . . By the way, some people challenge that this information should be public information. We are very cognizant of confidentiality. If you have a student in a small school whose parent decides that they do not want to follow the Act, it is very hard to keep information like that confidential. I do not understand that. I cannot answer that, but I can tell you that, in the 15 years that I managed it, I knew by the end of October every individual student. I conversed with the principals. They were small numbers. I had 30 letters to sign out of 900 students.

By the way, in our discussion with regional health, they also shared information with me from other districts. By the way, one of the things that drives a lot of people crazy are the inconsistencies among application of policies in schools and districts around the province. It drives the minister crazy, I know, because he will find good practice in one jurisdiction and then go to another jurisdiction and see no evidence of it. I really feel for that. I cannot say that this problem was not happening in another district. All I can tell you is that it was not happening in mine. Was I more vigilant? I do not know. I just thought that was standard practice.

Among superintendents, we did not talk about health policies very much, especially that one. We talked about the implementation of health policies. That was common. However, generally, the discussion was with regional Public Health people, and they have the same issue that we have. They report to the provincial health people. There is that mix. Getting concrete data should be a real concern for your overview to make sure that the data is accurate. I cannot explain that. I was flummoxed by those stats. All I can tell you is that it did not happen with me.

**Mr. C. Chiasson:** Well, I thank you for your time. I know that we could go on and this discussion could go on for a long time. I thank you for your time. I thank you for the information that you shared with us on your views. Madam Chairperson, unfortunately that is it.

**Mr. Dingwall:** You are welcome.

**Madam Chairperson:** Thank you very much.

**John Hansen**

**Madam Chairperson:** Hello, Mr. Hansen. You have 30 minutes to present.

(Interjections.)

**Madam Chairperson:** No, when he starts speaking. We check with Hansard, and when the individual starts speaking, that is when we start timing. When you begin to talk, we start timing. If you would like to leave time for questions, I know that we all like asking questions. We are politicians. We like hearing ourselves speak, but we also enjoy hearing from others as well. Whenever you are ready, please feel free to begin.

**Mr. Hansen:** Okay. It is nice to see my childhood acquaintance, Bruce Fitch, over here.

(Interjections.)

**Mr. Hansen:** We started off bad all right. Okay, well, the reason that I am here is because I was walking through the TV room at the cottage in June and I saw my parents sitting there watching Mr. Cardy who was talking about this issue. I zoned in and I am here as a concerned citizen. I wrote a letter to the members of the Legislature at that time, which I will read, if you do not mind, and then I have some comments that I would like to read.

057

14:50

***Informed Medical Consent and Mandatory Vaccinations***

*In my lifetime DDT was safe. It was sprayed on my street in Moncton to combat mosquitoes. Agent Orange was safe: We sprayed 2-4-D 2-4-5 Tetrachlorodibenzo-p dioxin on NB clear cuts for private forestry companies and the NB government, at a seven-jet helicopter company I worked for. I used to mix 45 gallons of concentrated product and some surfactant into a tanker truck full of water. Safe as drinking water, I was told by an industry rep. Yikes! Smoking? Safe, according to the tobacco industry until the evidence against the ingredients in cigarettes became overwhelming.*

*Polio vaccine contaminated with SV-40, etc.? Safe! Of course the Cutter incident and others that gave about 40 000 American children polio in the late 1950s was covered up so the public wouldn't lose faith in the polio vaccine, not to mention the fact that polio was eradicated in Europe before the first polio vaccine was marketed in the mid-1950s. Even today, there is more polio, or acute flaccid paralysis as the vaccine industry likes to call it, from the vaccine worldwide each year than from wild-caught polio. A more recent example? Vioxx. Over 150 000 deaths even though the manufacturer knew it was killing people by the thousands. The DTaP vaccine? Dangerous!*

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*All that to say this: Where there is extreme risk there must be choice. The Nuremberg protocols recognized informed medical consent as a God-given right. So here is my response to the draconian NB vaccine proposals:*

*Mandatory vaccination, given the high incidence of vaccine injury and death, is medical tyranny and totalitarianism. My body is the “temple of the Lord” and injecting high volume aluminum and other toxic ingredients and aborted baby cells is completely objectionable. Mr. Plotkin, the father of modern vaccines, claimed in a recent 9-hour deposition (December 2018) that he used lots of aborted babies routinely in manufacturing his vaccines, but that he didn’t know enough about aluminum to comment. Aluminum scientists do.*

*Ask Physicians and Surgeons for Informed Consent and the Association of American Physicians and Surgeons about vaccine danger, or VaccinesRevealed dot com or ChildrensHealthDefense.org with Robert Kennedy, Jr. (Example: 25 Reasons to Avoid the Gardasil Vaccine) or LearnTheRisk dot org. Ex-vaxxers have seen vaccine injury and death up close.*

*Hundreds of dead children from the HPV vaccine now and thousands permanently injured according to the WHO VigiAccess Database? An acquaintance of mine lost her 14-year-old son to an HPV vaccine in August of 2018. Another friend of mine sent a note to school with her daughter declining the HPV vaccine; the girl was given it anyway, was permanently injured, and hasn’t been to school since.*

That was five years ago in August, this month.

*Can anyone show me a safety study for any of the 16 childhood vaccines on the CDC schedule? And Robert Kennedy, Jr has won a major lawsuit showing that HHS has not done even one vaccine safety study in the 30 plus years since they had been mandated by Congress to perform vaccine safety studies every year.*

*My local friend*

This is in Greenville, South Carolina.

*My local friend David took his three-month-old son*

*—his only child—*

*in for a “well baby” visit. His infant was vaccinated, which is what a “well baby/well child” visit consists of, and immediately appeared to be unwell. He wouldn’t eat anything and died in his little jumper seat the next day.*

The pediatrician told him that it could not have been related.

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*Hundreds of parents have had the same horrific experience. My friend and former neighbor, a renowned eye surgeon,*

—a Canadian—

*doesn't laugh at ex-vaxxers anymore since the day he took his daughter for a routine well-child/vaccination visit and brought her home a paraplegic. She is institutionalized and gets home one weekend a month.*

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

*Interesting fact: In 1986 the US Government made vaccines a no-liability product and set up a Vaccine Court to adjudicate vaccine injury claims under the Vaccine Adverse Event Reporting System. Vaccine companies jumped at this windfall opportunity and sales shot up from about \$200 million to today's approximately \$50 billion per year in the US. There are now 54 doses of vaccines required by age six (72 by 18) on the CDC Vaccine Schedule. The CDC owns several vaccine patents worth billions, by the way. And the CDC Foundation, a private non-profit, has a very controversial, secretive relationship with the vaccine industry. Some in Congress want an investigation.*

058

14:55

That is an investigation into the CDC Foundation.

*The Vaccine Court has paid out over \$4,000,000,000 to vaccine injured children now.*

That is since 1987.

*(Recently triplets all became autistic within hours of a routine, scheduled pneumococcal vaccine. Try telling the parents that was genetics.) That's \$4 billion. Currently the flu shot and the HPV vaccines seem to be the most deadly.*

That is according to the Torts Branch of the U.S. Department of Justice.

*Actually, the 2018 flu vaccine in the US contained 25 mcg of ethyl mercury in the 5 ml dose, and half of that in the dose for children. Some government scientists conclude that ethyl mercury is more toxic than methyl mercury, from studies on pigs. And aluminum? Read the vaccine inserts. Autopsied autistic children have high concentrations of aluminum in their brains. Aluminum is a neurotoxin.*

*SIDS became the new way to explain infant deaths which occurred right after an infant vaccination. Death is listed as a potential adverse effect on the long form product inserts. Don't believe that? Check LearnTheRisk dot org to read the manufacturer-cited adverse effects, and Children's Health Defense with Robert Kennedy, Jr.*

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*According to US government statistics,*

*—1% are given to VAERS—*

*approximately 5,712,000 people were injured*

*—to varying degrees—*

*by vaccines in 2016 out of a US population of about 323,000,000.*

*I have a Canadian friend*

*—not far from here—*

*who had to rush his little daughter to the emergency room after her last two vaccinations. He asked his pediatrician who had given the shots what to do. The pediatrician told him that he had . . . children*

*—I do not want to identify him, because he had a lot of children—*

*and none were vaccinated nor would ever be. He said that if he said that publicly he'd lose his job.*

*Is there a vaccine bonus system in place for pediatricians*

*—annually—*

*in the US for \$40,000 and \$80,000? Ready for a surprise?*

*Recent examples. In January 2019 a 12-year old boy died unexpectedly in Boston of the flu. He had gotten a flu shot. In December 2018 a healthy New York Senator got a flu shot IN PUBLIC to show how safe they are and to demonstrate that his constituent, a little girl who had died after a flu shot, hadn't died from the flu shot. The NY State Senator felt unwell after the flu shot and died a few days later.*

*Evee Clobes, Catie's daughter, and Nick Catone's son, Nicholas, are recent examples.*

*"Zostavax lawsuits allege that Merck, the maker of the vaccine, failed to warn the public that Zostavax could cause serious side effects. A few of these include blindness, total hearing loss, and even shingles—the very virus it was created to prevent." The list goes on and on just for 2018 and 2019.*

*On January 10, 2019, a famous and healthy British cancer doctor died immediately, at the office where he received the vaccine*

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—publicly, to show how safe it was—

*after getting a yellow fever shot for a trip. Even CNN said that WHILE RARE, the vaccine killed the doctor. His name was Dr. Martin Gore, and he was really pro-vax. WAS.*

*In 2016 a Canadian government*

—health—

*agency reported that only 6% of Canadian adults are up-to-date on their vaccinations. Herd immunity is a discredited concept when it comes to vaccinations.*

*Check the official CDC stats on people reportedly killed by the MMR vaccine in the last 10 years vs. the number killed by measles. One number is less than 10 and one number is triple digits. There are 42 paragraphs of adverse effects, including death, listed on the long form MMR insert, by the way.*

*According to Johns Hopkins University and other research institutions, recently vaccinated children shed the illnesses they were vaccinated for, for several days.*

That is from live vaccines.

*Johns Hopkins and others advise against letting the immunocompromised be around the recently vaccinated while they are shedding the disease.*

*The four US vaccine companies that make all 72 doses for children on the CDC schedule to age 18, the Vaccine Mafia*

—that is what I call them—

*have paid 35 BILLION in fines for fraud and criminal activity in the last nine years alone, according to RFK Jr.*

The companies have not disputed that.

*And we are expected to trust corporate felons like these for vaccine advice and give up our religious and philosophical exemptions?*

*Any idea how much money the pharmaceutical/vaccine industry contributes to politicians around the world every year?*

It is in the billions.

*As one nurse said recently, “I’ve been a hospital nurse for 25 years. I got out of floor nursing because of vaccines. I was the charge nurse of 66 telemetry patients (12 nurses, 3 halls) and I*

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*have over 400 stories and I'm not exaggerating about vaccine reactions. I've watched seizures, death, anaphylactic shock, abortions, patients collapsing to the floor because their legs won't work, flaccid arms." This nurse calls vaccines, "toxic chemical cocktails."*

059

15:00

*Another nurse wrote that at her neonatal intensive care unit the crash cart is placed at the isolette of any preemie when the doctor orders the HepB shot because so many infants have seizures and brain hemorrhages immediately.*

*Here are some recent fines against the Vaccine Mafia:*

I have a link.

*Scientist Theresa Deisher:*

—who is the one who discovered stem cells, I believe—

*"Fetal DNA contaminants in the Merck MMR II vaccine"*

There is a link to that.

I have some comments that I would like to read, which I just wrote. Minister Dominic Cardy's opinion is that my letter is misinformation and that I am a danger to public health. Am I upset about this? Not at all. You see, I am used to name calling and ad hominem attacks by people who want to force parents, whether for religious or philosophical objections, to inject toxic, harmful substances into their children. It is what they do. The pro-vax theology script is only a couple of pages long.

First, you have a handful of talking points, which they handout to everyone on the freedom-removal team in each state or province that is trying to take away religious and philosophical rights. As an example, here is a statement that I received from a New Brunswick Cabinet minister, one made by Dominic Cardy to CTV News, and one made in writing by a high-ranking New Brunswick government officer to a friend of mine—three different pro-vax officials.

One, Minister of the Crown: Vaccines are a safe and proven way to prevent the spread of many diseases, some of which can be life-threatening, etc.

Two, Minister Cardy to CTV News: Vaccines are a safe and proven way to prevent the spread of many diseases, some of which can be life-threatening, etc.

Three, high-ranking New Brunswick medical officer: Vaccines are a safe and proven way to prevent the spread of many diseases, some of which can be life-threatening, etc.

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The next script move is that they unleash the pro-vax trolls on vaccine discussion posts. They all sound the same after you have seen a few of them in action. There is lots of profanity and mocking of parents who are relating accounts of their vaccine-injured or dead children. This is an example from earlier this month, which I saw. A pro-vax person who was contributing voluminously to a vaccine thread had also posted unhelpful memes that included a picture of a TV chef yelling at an aspiring chef with the caption: Do I have to unbury Hitler so he can show you how an f-ing oven works? That one got several laughing emojis.

Another pro-vax troll on the same thread, after I mentioned my daughter, my third, my youngest daughter, crippled, blind, and seizure-prone from a brain hemorrhage at two days old, wrote: I do not really care about your daughter. Please do not use her as a crutch for an argument on Facebook. That is a really blank thing to do.

Just below that, another pro-vax troll added: Vaccines do not cause brain hemorrhages. That was an odd comment considering the fact that the longform vaccine product inserts list them as a known adverse affect.

Let's examine a few more of the talking points from the vaccine theology script. The science is settled. Giordano Bruno, born five years after Copernicus died in 1543, was burned alive in Rome by the authorities on a cold day in February at the age of 51 for disagreeing publicly with official settled pronouncements. He was also a supporter of Copernicus' scientific belief that the Earth revolves around the sun, which some believed contributed to his untimely demise.

Correlation does not equal causation. That is on every thread. This argument only applies to vaccines, it seems. Try using that defence when your client is arrested for hitting someone over the head in a bar with a two-by-four and who falls to the floor, injured, and never walks again. Anecdotes mean nothing, but only if they describe a vaccine injury or death.

It is public policy. Well, in Nazi Germany it was public policy to deprive Jewish people of their freedom and worse. Some Germans spoke up and took on Hitler, like Dietrich Bonhoeffer. He was murdered in prison by the authorities just before the war in Europe ended in 1945. Others got involved, like some Danish relatives of mine who were in the resistance. One was shot at while taking a high-level resistance organizer with 100 000-kroner price on his head to Sweden on the night of September 26-27, 1943, just days before the Jews in Denmark were to be rounded up. Danes hid their Jewish neighbors in Denmark or transported them to neutral Sweden. Almost all of the 8 000 Jewish people in Denmark survived the war.

060

15:05

Why do I mention Jewish history from World War II? Because Dominic Cardy told a CBC interviewer this past Monday, August 26, that some of the presenters here are anti-Semitic and anti-immigration. That is definitely not me, but I will speak to that, given the minister's comment.

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I have heard government officials in Canada talk about the Israeli occupation, and even Prime Minister Trudeau said in 2016 that his government would not hesitate to talk about the continued illegal settlements by Israel. I have had a couple of jobs that allowed me to travel widely, and I have visited the Middle East, including Israel, many times. I have actually landed at Ben Gurion Airport in Tel Aviv 17 times in the last few years, and I have traveled around the country extensively looking at things.

My conclusion? The Creator of the universe picked one group of people to demonstrate His control in the world and to be a light to the nations. He gave the Jewish people a beautiful piece of real estate and an eternal, indivisible capital, Jerusalem. He promised the rest of us that whomever blesses Israel, He will bless, while those who curse the people of the Book of Books, He will curse. I say: God bless the Jewish state. What about the occupation of Judea and Samaria, including the Golan Heights? It is not occupation when it was deeded to you by the Creator of the universe and re-won in defensive war.

Will Mr. Cardy now say that I am against Muslims because I support Israel? I will address that just in case.

When I heard about Justin Trudeau giving millions to a former terrorist a couple of years ago, I was incredulous, so I looked into it. I publicly expressed support for what Prime Minister Trudeau did, although it was unpopular to do so. Why did I come to a conclusion that surprised me? Because I discovered that Mr. Khadr did not get \$10 million for being a 15-year-old terrorist, which he was. He should not have been hanging out with and helping the Taliban in Afghanistan. If he was guilty of a capital crime, he should have been executed, which is the penalty and remedy for capital offences that the Creator of the universe directed human governments to use when they established it.

However, the accounts of Khadr's actions on the day of the firefight in Afghanistan are unclear and very contradictory. The eyewitness versions of what happened changed and differed so dramatically that he could not have done everything he was accused of doing. We do know that he was the only survivor, critically injured, after the Coalition forces dropped 500-lb bombs on the compound and strafed it from helicopters and airplanes during the battle.

What happened next was why Justin Trudeau compensated this terrorist. Khadr was tortured in Afghanistan until he was sent to Guantanamo Bay, where interrogators tortured him further over time. So Prime Minister Trudeau was right to settle with Mr. Khadr and to compensate him—not for his terrorism, but for the torture to which he was subjected after his capture as an enemy combatant.

**Mr. Vice-Chairman:** Mr. Hansen, I would like you to stick to the meat of why we are here this afternoon.

**Mr. Hansen:** Okay, but in fairness to the PM, he did the right thing.

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Another of Mr. Cardy's beefs that he talked about here on Tuesday was that billionaires are funding those of us who are against forced vaccinations. If anybody can hook me up with one of those billionaires, I would really appreciate it. I have not received a penny from anyone, and I feel left out.

Mr. Cardy also mentioned Russian bots that were supporting the vaccine choice movement, so that is germane. Amazing. Let's take a look at the Russian narrative. Some political people are telling us that Russia invaded and annexed Crimea. I checked that out too, since I was getting used to being misled by some officials in power. This is what I found, and here is my history lesson.

In 1783, Crimea became Russian. From 1805 to the present, the Russian Black Sea Fleet has been based in Sevastopol, Crimea. In 1954, a year after the horrific reign of Stalin ended with his death, the new Russian President, Khrushchev, decided to give Crimea to Ukraine, apparently surprising his advisers. He did keep the base at Sevastopol, however.

In 2014, after a Western-backed soft coup in Ukraine, the Russian population of Crimea called a referendum. The vote was 97% to rejoin Russia. Unlike Kosovo, not one shot was fired and no one died. Unlike Kosovo—which many Western leaders recognized immediately and then fell over each other changing the maps to reflect the new reality—maps were not changed. Any questions?

Someone responded to my comments by telling me that the UN voted overwhelmingly not to recognize the Crimea referendum. My response is that the British voted overwhelmingly not to recognize the American Declaration of Independence.

061

15:10

Again, it does not bother me that Mr. Cardy calls pro-vaccine choice people names. I used to tell my daughters when they were young that just because someone says something does not make it true. In Mr. Cardy's case, just because lots of people say that the National Democratic Institute, where he worked and where he is still volunteering, is intricately connected to a certain intelligence entity that is accused of trying to influence elections in foreign countries—such as Cambodia, where Mr. Cardy was involved at one time and where the Cambodian government kicked out the NDI in August 2017 as some thought that the NDI was trying to effect regime changes—it does not make it so. That could be nothing more than a conspiracy theory.

All that to say this: Mr. Cardy's Bill 39 . . .

**Mr. Vice-Chairman:** You have 10 minutes left, sir.

**Mr. Hansen:** Okay, 10 minutes, good. All that to say this: Mr. Cardy's Bill 39 is government overreach because it removes God-given rights that parents have been granted to protect their children against preventable injury and death. Vaccine injury and death are the elephants in the room. Healthy, unvaccinated children are not a threat to anyone, but just-vaccinated children can

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be. Remember, the Creator of the universe established two institutions when He created the world—the family and human government—and He can and does intervene when government legislates and enforces actions that are beyond its assignment.

Please do not pass Bill 39 and force people who do not have options to go against their philosophical or religious objections to injecting dangerous toxins into their sons and daughters. No one should ever think that it is a light thing to legislate or adjudicate against the hard-won freedoms that we are blessed with in Canada. Please do not be an accessory to harmful public policy by advancing this bill. In the US, a lot of legislators who are pushing for forced vaccinations have gotten substantial financial contributions from the pharmaceutical industry. It would be interesting to know if that happens at all in Canada.

Minister Cardy said in a CBC interview on Monday that we who oppose his bill are malevolent, dangerous, lying, frightening, misleading, and misinforming anti-vaxxers with fanciful objections to vaccines. Wow! He did say something I completely agree with, however. Referring to you, the members of the Standing Committee on Law Amendments, he said this: It is obvious which conclusion they should reach. I concur. Untested against true placebos, vaccines injure and kill a lot of children. It is unreasonable to take away New Brunswick parents' right to informed consent, given the extreme risk posed by demonstrably unsafe vaccines.

I agree with the sign Mr. Cardy held up at a protest against the controversy-producing pro-life movie *Unplanned* in Saint John just the other day. His sign read: "OUR BODIES, OUR CHOICES". It works for me with respect to forced vaccines.

May we never forget, as the old hymn puts it, "that though the wrong seems oft so strong, God is the Ruler yet". Please, reject freedom-diminishing, totalitarian-enhancing Bill 39. Thank you for your time.

I just want to say that, in fairness to the Prime Minister, he did the right and honourable thing with regard to terrorist Khadr. I applaud him for doing what was best in that no-win situation. The bottom line is just to say no to unusual stress positions and institutional torture and you will not have to pay the bad guys a penny.

Thank you for your time.

**Mr. Vice-Chairman:** Are there any questions? We have about five minutes.

**Mr. McKee:** Can you just tell us a little bit about your background?

**Mr. Hansen:** I am sorry.

**Mr. McKee:** Can you just tell us a little bit about your background?

**Mr. Hansen:** I grew up in New Brunswick and Nova Scotia. I lived for 23 years in South Carolina, but I also lived in Nova Scotia, on Baxter mountain, in New Annan. The last three

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years, I have been there quite a bit, taking care of my parents, who are 90 years old and 89 years old and who had some health issues. They are with me today at the Hilton, right next door, but I also take them on trips and stuff too.

**Mr. McKee:** How did you become so passionate, I guess, about this cause?

**Mr. Hansen:** Well, it is because of so many friends and relatives who told me their stories.

**Mr. McKee:** Do you have . . . I thought maybe you mentioned something about your daughter at one point.

**Mr. Hansen:** That was a long time ago. I was not clued in there, so I do not know if she is vaccine-injured, but on her second day of life, she became crippled and blind and has had seizures ever since. She is institutionalized in Ohio.

**Mr. McKee:** Thank you.

**Mr. Fitch:** John, good to see you again after all these years.

**Mr. Hansen:** You too, Bruce.

**Mr. Fitch:** I did not recognize you in the back. As we age, our eyesight and faces change a bit. Good to see you again. Thanks for making that presentation. You are always thorough.

Just a little bit more . . . Tell them about your work, your vocation, and what you did. I think the member opposite was interested in . . .

**Mr. Hansen:** My vocation, well . . .

**Mr. Fitch:** Talk about your education and stuff.

062

15:15

**Mr. Hansen:** Oh, education. Well, I have a degree in history, with minors in English and science, I think. Then I went to the Université de Moncton for three years after that, including a year of law in French. I spent more time in the pool in the first year while I was on the swim team. I spent more time in the pool than on the books, which I do not recommend. Anyway, that is my education.

**Mr. Fitch:** Thanks again for your presentation and for your thoughts.

**Mr. Hansen:** Does anybody want a copy of my presentation?

**Mr. Vice-Chairman:** Thank you very much, Mr. Hansen.

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

**Kelli Urquhart**

**Ms. Urquhart:** My name is Kelli Urquhart. I am a single, self-employed mother of two. First, I must thank those of you who have stayed in the room through each and every presentation and listened. You, as individuals and government officials, have shown us considerable respect in this regard, and I greatly appreciate the opportunity to present at this public hearing.

My plan here today is to bring my own story so that you can listen to a regular citizen's view on the subject. You may call me a lay person. I do not have a medical degree, and I am not a lawyer, an immunologist, a scientist, or any kind of politician. After the powerful and informative presentations we have heard over the previous days—I have not attended personally, but I have been listening in as much as possible—I am incredibly humbled to be here alongside these presenters to tell you my personal story.

I do not know if there are any studies or documents that I could have that have not already been provided to support my own position. I want to state that I am pro-choice and not anti-vax. I am an ex-vaxxer, and I will go on to explain in my story. I am, however, of the character that I am a boldly honest person. I can admit my wrongs, and I am very curious, which leads me to find answers to any questions that come into my head.

I do not plan on presenting you with an impressive abundance of facts, as prior presenters have done over the last three days. I will keep it simple and direct, and I will stick to my personal story. To those of you who are truly listening with open minds, thank you.

I was born and raised in Moncton, New Brunswick, and I moved to Fredericton in 2012. In the fall of 2012, after being told by my doctor that there was a strong likelihood that I may never be able to bear children because of a uterine abnormality, I was heartbroken. My partner and I kept trying, and shortly after, we did conceive. This child was very much wanted.

Being the type of person who loves to consume research and literature about my curiosities, I started reading. This was such a life-changing event that I wanted to learn as much as I could. I began devouring books about pregnancy, birth, parenthood, and everything in between. So, naturally, researching vaccines was an important issue.

At this time, there was no doubt in my mind that I would vaccinate. I mean, it is what you do. You want to protect and do your best for your children. As my pregnancy went along, I had this nagging sense that I should be digging deeper into vaccines. After a lot of reading over countless hours, I developed a solid plan to space out vaccinations, based on something that struck a chord with me that Dr. Bob Sears wrote in his book called *The Vaccine Book: Making the Right Decision for your Child*. He recommends that you can schedule doctor's appointments so that the child gets one vaccine at a time, in case there is a reaction, instead of multiple shots on the same day, so you can be certain which vaccine caused said reaction.

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I also planned on skipping the hep B vaccine at birth because that vaccine is absolute nonsense. There was zero percent chance that my baby would be having sex or doing intravenous drugs for a very long time. That was not based on anyone's recommendations. It just made sense.

My son was born strong and healthy, and he progressed wonderfully. As it is with doctors in this province, there are often delays in getting an appointment in your chosen timeframe, so instead of his getting his first shot at two months, he got it at three months, and he got his second shot at five months. They were both the Prevnar shot to protect against pneumococcal and meningitis. They went flawlessly. He had zero reactions, other than the usual crying and redness at the injection site for the day. He got a Band-Aid. It was a single shot.

At six months, he received his first major vaccine, Pediacel, which is a five-in-one for diphtheria, tetanus, pertussis, Haemophilus Influenzae type B, and polio. Everything went fine at the appointment. We went home. He had a normal day, and he went down for his late-afternoon nap around 3 p.m. He would usually nap for 90 to 120 minutes, but he kept on napping for three and a half hours. When he woke up, he screamed the most unbearable, heartbreaking scream, which I had never heard him scream before. I never want to hear that again, and I would never wish that upon any parent.

This shrieking and screaming went on for just over three hours. He was writhing in my arms. Everything I tried did not work. I could not calm him. There was nothing physically noticeable that was hurting him. The injection had not caused unusual redness or swelling. Just about when I was considering packing up and going to the ER, he started to calm down a little bit and get a bit better, and he went back to sleep. He did not leave my arms. He slept a lot over the next few days, and thankfully, that scream did not happen again.

What I witnessed made me so scared about what could have happened inside of him that I could not see. I could not get in to see my doctor the next day or anytime soon. By this time, he seemed better, so even if I went to emergency, most likely it would have been pointless. They would have sent us home, telling me to make sure that he got lots of fluids and rest.

I saw his doctor a month later when he was scheduled for another shot, and I told her that we would not be doing that again. When she asked why, I told her that it was because I think he had a serious neurological reaction and it caused him to scream for over three hours. She chuckled and said: Better that than to get one of those diseases. I was so dumbfounded. She was apparently ignorant of the list of possible adverse reactions and did not even want to discuss it with me. I could not even speak, and I left the office.

This is also the same doctor, by the way, my family doctor, who has refused me—this is a little bit off-topic, but it still applies—a colonoscopy, even though colon cancer strongly runs in my immediate family. This is not off-topic because it represents how poorly some of our doctors listen to us and how unwilling they are to have a conversation about the topics that we bring up at their office.

After the episode my son had, I began vehemently devouring vaccine information. The thing is that nobody ever told me what a rabbit hole it would be. It was literally keeping me up at night. I began with the vaccine inserts or product monographs, which you have to dig up on the Internet on sites such as the CDC, the FDA, and the vaccine manufacturers because you really cannot get them anywhere else.

I had previously kept a record of the type and brand name of each vaccine he received, but I trusted in them so much that I had not gone beyond that before he was vaccinated. I only knew what they were for.

064

15:25

When I called my doctor and asked for a copy of one, I actually got the reply: Oh, we do not keep them. I did not know enough at the time or have the outspoken kind of curiosity to ask anymore questions. Next, I went on to information from the CDC website, the FDA, and Health Canada. More, I dug in deeper on literature from the vaccine manufacturer and studies and delved into the adverse effects because what I found in the first piece of literature that I read shocked me. The DTaP vaccine Pediacel has rare but possible neurological reactions and disorders which include decreased consciousness over the next seven days.

I have brought this vaccine insert for all of you to read, and I have highlighted the section that I am referring to. It is on page 7. I only printed out 18 of the 42 pages of this vaccine insert because of financial constraints on my printer paper and ink. You could certainly dig it up. I believe that the website link is probably on one of those pages. If not, it is on the FDA website, and it is called Pediacel, as you can see on the front page.

What came next after I consumed all of this information—which is not misinformation, it is actually the facts on vaccines—was digging up accounts of what other parents had witnessed in their children post-DTaP vaccine. The DTaP scream, or encephalitic cry, as it is most commonly referred to, is far more common than we are told to believe. Over the next few months, my son seemed physically fine, but what really struck me were some behavioural markers in decline. Sometimes he would stop breathing, not during sleep, but just in the middle of the day, and his attitude regressed into nearly constant crankiness and fussiness. Imagine if I had gone on to allow him to be injected two more times in the following four months and then with dozens more vaccines over the span of a decade and more? How could I do that after what I had witnessed?

What enrages me the most is that these vaccinations were done without any information being provided to me by my doctor at all. There was absolutely no information offered to me prior to my consent. This is not informed consent. It was 100% on me to first familiarize myself with the vaccines and then to dig up the product monograph. When you go to the pharmacy, they give you drug monographs, interactions and side effects, and often sit you down and make sure that you understand. Why do they not do this with vaccines? Instead, we are simply told: The science is settled. They are safe and effective. Vaccines are a far more serious type of medicine with very

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different and very questionable ingredients and not enough safety studies to convince me, but I only know this now.

When you become a parent, as I am sure any of you who are parents of your own biological children know, you develop a deeper bond that can be scientifically explained. Your gut instinct becomes stronger, and you know your children on a very deep level, so you also know when something is not right. Anyone who has never had a child cannot even imagine what the bond feels like and what this heartbreaking pit in your stomach feels like when something has gone very wrong. My heart goes out to anyone whose child has suffered far worse, irreparable harm from vaccines, yet who are subjected to negative labelling, things such as child abuse, unfit parents, conspiracy theorists, and other insults.

My son was very lucky to not sustain any permanent damage from that vaccine, but, after what I witnessed, I can only wonder. He did not receive another vaccine after that because, while I initially paused his vaccine schedule, I later cancelled all of them once I had done more research. After several visits with my doctor, during which she pressured me to further vaccinate and knowing her stance on the issue, I never asked for a medical exemption, as I am sure that she would not give me one. There are no guidelines to how doctors address and determine these life-altering adverse reactions. We all know that the doctor would fear for the reputation from the medical community because of the current stigma and slander of people who even question vaccines.

065

15:30

It is nearly impossible to get a medical exemption, and I believe that more children should have them because of the facts and science regarding the side effects. Except, the numbers are often lied about. My doctor would not report my son's reaction to any reporting system. I later found out that I had three years to report it, but I had missed the deadline. It was a perfect example of an unreported vaccine adverse reaction that was not added to the statistics. How many more are there? How many more doctors are there who refuse to acknowledge parents' reports of instances such as this?

I went on to birth a healthy, beautiful daughter two years later, but she had gastric issues and eczema during her whole first year, which showed me that she was born with inflammation. I was not going to be vaccinating her at all. I was grateful to be able to birth two perfect children after what that doctor told me back in 2012, and I will protect them as best I can. I am also grateful that I live in a country where I have the ability to choose what is best for my children based on the information I have on everything from how much TV they consume to what they eat in their diet and what kinds of activities they do in their spare time.

The one thing I will add is that my children are incredibly healthy through excellent diet and lifestyle and have been no burden on our health care system. They have had no serious illness and can easily recover from the odd sniffle. My son started kindergarten last year and loves school. His sister looks forward to going as well. We have conversations about different topics about the world, and I am grateful that I can do this while they learn the essentials and basics at

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school. How would I explain to them that a government official is banning them from school because he wants me to put something in their bodies that has already harmed one, and there is a strong likelihood that it will harm the other? How do we choose which children are the most important to protect? How can we choose which children are more deserving of utilizing our public education system?

My children's father and I split up in July 2016, and I have been the primary caregiver ever since. I likely will be for a long time because he is in the military, which means a lot of away time. He served in Afghanistan and just returned from a six-month tour in Europe, so I have one hundred percent been the primary caregiver. I am also self-employed part-time, meaning nights, weekends, and whenever I get a chance to work, which means when my children are not present. I do not have enough money for childcare, so I do my best to make it work. There are not too many jobs we can do with our kids asking for our attention literally every five seconds, which means either that I must leave the home and work elsewhere or that they leave the home. Public school is perfect for this. I trust that they can go off and get an excellent education. I believe in our public school system.

I have been growing a business I love over the past six years, and my goal is to expand once my children go off to school. Until then, my attention is dedicated to my children. If I am forced to homeschool, that plan goes out the window and my business will likely suffer. Frankly, I do not feel as though I am the type who is cut out to homeschool, and it would most likely take a toll on my personal level of stress, responsibility, and the fine balance I am barely succeeding at juggling now. This would also take a toll, a definite toll, on my financial well-being, which, as it is, is hanging by a thread.

Just as not every person wants to or should be a teacher, not every parent wants to or should homeschool, yet I would be forced into this situation. It is not a desirable or practical option. My other option is to move, giving up my friends and this beautiful city of Fredericton I adore to move to Nova Scotia, where vaccine mandates are not in the near future. I would also be moving my children too far away from their father, who lives in Burton. That is not a desirable or practical option.

My largest question about Bill 39 is how this could actually pass in Canada, the land of freedom and personal rights, the land where we embrace minorities and differences, except when it comes to vaccines, where we are even discriminated against by one of our own local politicians, abusing his social media account to lobby uneducated, misinformed citizens who are all too quick to hate on us, based on our personal medical decisions and rights.

066

15:35

We are implementing programs to prevent and address bullying in schools, yet our own Minister of Education is promoting and engaging in bullying behaviour of his own online from this room, while this hearing is taking place.

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The accusations of misinformation and the repeated use of words like “conspiracy theorists” is hurtful to listen to, and it is unbelievable that it is coming out of the mouth of the person who is supposed to have our children’s education and best interests in mind. How is anyone supposed to side with someone like that, or even take him seriously?

Please note for the record that I do not meet with my friends and have conversations about conspiracy theories. I have never made any life decision based on what a celebrity says. In fact, I have never taken the advice of any celebrity about any topic. None of my nonvaccinating friends have made this decision because of a celebrity. They also do not go to meetings about conspiracy theories.

We are not funded in any way, and we do not get any sort of financial kickback. We are not trying to convince anyone to skip vaccinations. That is a blanket statement. I will speak for myself on that one. My friends, the small group that I keep, do not go around trying to convince anyone to vaccinate. Just as there are radicals on both sides of the fence . . .

We do not regularly collude to gang up on anyone or on groups of people with any kind of intention of spreading misinformation, when we are clearly armed with facts. We do not get together and organize anything until someone tries to pass a senseless law to take our freedoms.

I am really confused sometimes about why the vaccine regimen is referred to as a vaccine regime. The definition of “regime” is a government, especially an authoritarian one; a system or planned way of doing things, especially one imposed from above. The meaning of “regimen” is a prescribed course of medical treatment; a way of life or diet for the promotion or restoration of health; a system of government.

I would like to know why it is okay that media such as CBC, Global, and CTV are allowed to hide truths and only represent one side, instead of instantly condoning public officials who insult a group of parents who are fighting for what they believe is right. I would like to know why they are calling this public hearing an attack from anti-vaxxers. That was in one of the news articles put out yesterday or the day before. The term “anti-vaxxer”, by the way, is incorrect. Most of us vaccinated our children and then witnessed something that caused us to question the safety of the vaccine or vaccines.

Bill 39 infringes on our personal rights to protect our children in the best ways we know how. As Cardy said on Tuesday, a parent is the expert on their child. Respectful people do not go around telling other parents how to parent. Even more so, Bill 39 imposes on our bodily autonomy and freedom. The last I checked, this is not what Canada is about. We have a *Charter of Rights* protecting us in that regard, do we not?

In conclusion, there are people in this room who may dismiss my presentation as anecdotal and lacking in facts. They may even tweet about it or insult me on the news, and I cannot change that. However, I do hope that after the end of today, each of you will take some time and go through the abundant stack of evidence you have been given and truly consider what would happen if you pass this bill.

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How much more segregation in our society will this cause? It is hurting the adults now. How is it going to hurt our children? How much more adult bullying will be tolerated? How much financial hardship and stress will there be, possibly leading to a mental health decline in parents and eventually leading to a lesser quality education, perhaps—I am not saying that that is what home schooling is—and in drastic situations, no education at all?

067

15:40

How much would children miss out on by not attending public school, such as sports events, school trips, and French language training? By the way, even though I was born and raised in New Brunswick, I am not bilingual, but I try. During home schooling, this would be another stressor. How is banning these children from public school even an option to diminish so-called preventable disease when there are countless other public places we visit?

When can we ever get a comprehensive study on the current schedule that covers the cumulative effects of all the vaccines on the schedule, not just one vaccine at a time? How can our province consider breaking the rules when officials in other provinces declare that they will not be implementing mandatory vaccines?

Just as I have friends who are in the same position as I, who have witnessed adverse reactions in their children, I also have friends who have fully vaccinated their children. They come to me with stories. Instead of coming to me and yelling at me things such as “vaccinate your child or stay home”, they come to me and share stories with me about how they vaccinated for everything, but their child got the chicken pox, got the measles, or had adverse reactions. But the parents did not know anything and they did not do any research, so they kept vaccinating. I have friends with stories about how they vaccinated their children and it went either way—both sides. It went bad, and it went well.

The pharmacist this morning mentioned that he gives informed consent with every vaccine, but he is not allowed to vaccinate children under five years old. How will the gap be filled that is created by this? Who will inform the parents and give informed consent to those parents?

I do not believe that the vaccine efforts, as they are, are failing. I think that the system that we have in place is not a bad system. Can we not make it stronger instead of automatically resorting to such a harsh option as mandated vaccines?

From my personal view, we do not ever hear of anyone dying of polio, measles, or other diseases that these vaccines purportedly aim to prevent. But we also do not hear about the children who are harmed, because our media companies will not report them. They would gladly report a major disease issue if someone were to die of measles, but we never hear that.

What do you think would happen if a reporter went and reported the story of someone who has multiple children whose health had been very severely negatively impacted by vaccines?

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This bill invokes more questions and confusion than solutions. I hope you will do the right thing. Thank you.

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

**Ms. Rogers:** Thank you very much for sharing your personal story. I would like to affirm that it is very valuable to share your lived experience. We know that it takes courage, so thank you. I think that everyone here in the room feels the same.

I have just one specific question that I wondered about from something you said in the story. It seems that you were supported in choosing the division of your vaccines to be single, but yet you gave an example of something you were not supported in getting as a medical request. That is interesting in itself.

My question is: In doing so, which deviates from the current vaccine schedule, did you have any trouble under the current policy with your child going to school?

068

15:45

**Ms. Urquhart:** No. I signed an exemption form.

**Ms. Rogers:** To request a medical exemption.

**Ms. Urquhart:** Well, it was more a matter of conscience.

**Ms. Rogers:** Right.

**Ms. Urquhart:** At that time, there was no inquiry as to why, so I signed the form.

**Ms. Rogers:** Because you assumed you could not get the medical exemption.

**Ms. Urquhart:** Yes, because I am worried for his health. I must also add that it was not easy to try to implement my own vaccine schedule with my doctor. There was a lot of coercion on her part, trying to talk me into: Well, let's just do two today, and then you don't have to come back for another appointment. I said: No, let's please space them out.

**Ms. Rogers:** Thank you very much.

**Ms. Urquhart:** Thank you.

**Mr. Northrup:** Thank you, Madam Chairperson. Thank you for being here today. The last couple of days, as you know, have been very enlightening, not only for the people here but for those sitting behind the chairs too. I think it is very important that we hear these stories. It is very important that . . . You are brave to come here, because people get the impression that we are big, bad people and that we are going to do bad things to them. We are human beings, and we

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have a job to do. As you say, a lot of us are fathers and mothers ourselves. Some of us are bald and are grandfathers too. When you get to that point, you will realize what I am talking about.

**Ms. Urquhart:** Yes.

**Mr. Northrup:** It is a different way of life when you see your son handle your grandson. Then, you know you have done a fairly good job bringing them up.

I applaud you for telling your story about your two children. I do not have any questions at all, because you have laid it out in very simple terms. You did not use any big words that went over our heads. I applaud you for that. Best of luck. Thank you.

**Ms. Urquhart:** Thank you.

**Madam Chairperson:** I am just taking a look at the documents that you have provided.

Do you have any questions, Ms. Mitton?

**Ms. Mitton:** No, I am still reading through them.

**Madam Chairperson:** You did indicate that there was a website. I do not actually see it on this.

**Ms. Urquhart:** I did not keep a copy for myself, and I am very sorry. You can dig it up on the FDA website. I am sure that if you google FDA and Pediacel vaccine, you will find it.

**Madam Chairperson:** Yes. This is the product monograph.

**Ms. Urquhart:** Yes.

**Madam Chairperson:** And it says that adverse reactions to Pediacel include immune system disorders, psychiatric disorders, nervous system disorders, vascular disorders, and more. I stopped reading through the list of disorders that are reactions. Were you informed about any of those?

**Ms. Urquhart:** Not at all.

**Ms. Mitton:** Thank you, Madam Chairperson. Thank you for your time today. I guess I just want to follow up a bit on what the chairperson was just asking, looking at the documentation you provided—that is from Sanofi Pasteur—and the warnings and precautions. You were not warned or given any information before. I guess when you took your child back . . . It says:

*It is extremely important that the parent or guardian be questioned regarding any symptoms . . . after a previous dose of vaccine.*

I just want to ask if you had been asked about the previous dose.

**Ms. Urquhart:** I was never asked. The doctor showed no concern. Quite literally, as I explained, the doctor laughed in my face when I brought it up. She did not want to talk about it. She wanted to give him another vaccine, and she had no interest in discussing any details.

**Ms. Mitton:** Thank you. I guess maybe this is a bit redundant considering what Ms. Rogers asked, but I guess I will go ahead. Her question was about the current situation, but going forward, if Bill 39 were to be implemented, is it correct to say that you are concerned that you would not be able to get a medical exemption?

069

15:50

**Ms. Urquhart:** I am concerned that I would not be able to get a medical exemption, because he is now 6 years of age and this happened when he was under 1 year of age. My doctor was not interested in discussing it. She did not write anything down in his records. If I were to go back, there is no way she would remember any attempt at a conversation that day.

As we heard from Lily this morning, she is having very serious issues, and she has explained that she cannot even get a medical exemption. So imagine if I were to go. They would probably try to laugh me out of the office.

**Madam Chairperson:** Thank you.

**Ms. Urquhart:** Thank you.

**Madam Chairperson:** Are there any further questions? Mr. DeSaulniers, are there any questions?

Thank you very much for coming here today, and thank you for providing us with your information.

**Ms. Urquhart:** Thank you so much for your time and for having me here.

### **Jean-Sébastien Thériault**

**Madam Chairperson:** We now have Jean-Sébastien Thériault. When you begin speaking, we will start timing you. As you know, you have 30 minutes, and I will remind you, as I have reminded most people today, that if you would like to leave time for questions, that would probably be appreciated.

**Mr. Thériault:** I am from Caraquet, so most of my speech will be in French, if you want to use your translation devices.

Mon nom est Jean-Sébastien Thériault et je suis descendant d'une 13<sup>e</sup> génération de colons en Amérique du Nord. Je suis venu ici non pas pour vous parler de sciences, puisque les arguments

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des deux côtés de la médaille ont déjà été présentés, mais pour vous parler plutôt d'expériences personnelles et aussi avec une question en tête : Santé ou richesses? En effet, la richesse permet de contourner complètement ce projet de loi.

Voyez-vous, mon fils n'est pas vacciné, et, tout comme moi, j'espère qu'il pourra jouir d'une éducation publique de qualité, ce qui lui permettra d'acquérir toutes les aptitudes nécessaires pour fonctionner dans cette si belle société.

Mon grand-père a terminé son éducation en 5<sup>e</sup> année pour, ensuite, à l'âge de 11 ans, commencer à travailler. Un peu plus tard, il a joint les rangs de notre armée à cause de la guerre.

Mon père a terminé son éducation en 7<sup>e</sup> année pour travailler dans la construction comme charpentier. Dans mon cas, j'ai grandi à Caraquet avec une mère chef de famille religieuse et bien au-dessous du seuil de la pauvreté. Quand je dis au-dessous du seuil de la pauvreté, je me rappelle de ne pas avoir de fournitures scolaires et de ma mère qui se privait de manger pour me remplir le ventre. Grâce à l'éducation publique et à la non-existence de ce projet de loi, j'ai pu obtenir un certificat du CCNB, qui me permet de répartir des ambulances pour Medavie et redonner à ma société.

Voyez-vous, lorsque j'étais bébé, ma mère m'a fait vacciner. J'étais un enfant très malade et j'ai été hospitalisé maintes fois pour des problèmes pulmonaires et intestinaux, tous liés comme effets secondaires à la vaccination. Par la suite, ma mère a décidé de ne plus me faire injecter de vaccins.

À l'école élémentaire, je me souviens d'avoir refusé de recevoir mes vaccins et le fluore liquide rose pour les dents qui était fourni par l'établissement scolaire. Tout de même, j'ai pu jouir d'une éducation qui m'amena d'au-dessous du seuil de la pauvreté vers la classe moyenne — le rêve canadien.

Si, durant mon enfance, le projet de loi 39 aurait été en vigueur, ma mère aurait eu trois choix : Soit de m'envoyer à l'école et d'aller à l'encontre de sa conscience et de sa religion, puisque certains vaccins sont fabriqués avec des cellules de bébés avortés, soit de quitter son emploi, de vivre de l'aide sociale et de m'éduquer à la maison ou soit déménager dans une autre province où j'aurais pu être éduqué dans un système public, payé par ses propres taxes.

Puisque j'ai atteint la classe moyenne du système public disponible aux gens non vaccinés, aujourd'hui, contrairement à ma mère, j'aurais trois choix à ma disposition : Vendre ma maison et déménager dans une autre province; quitter mon emploi et vivre avec le salaire de ma fiancée ou vice versa ou envoyer mon enfant dans une école privée. Si nous étions sous le seuil de la pauvreté, je n'aurais pas accès à aucun de ces trois choix.

070

15:55

Ce projet de loi, qui n'empêchera pas mon enfant d'aller au même parc que le vôtre, de jouer au hockey avec le vôtre ou même d'aller à l'épicerie dans votre collectivité, n'en est pas un visant la

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santé de la population mais plutôt la richesse et la restriction de la libre-pensée. Ce projet de loi a pour but de forcer les gens de la classe pauvre à faire le choix entre suivre leur conscience et s'appauvrir ou faire vacciner leur enfant, ce qui amènera une dégradation de la confiance envers le gouvernement, ce qui est déjà très présent dans la classe pauvre.

En 90 jours, j'ai réussi à trouver 500 parents, pour la plupart résidents du Nouveau-Brunswick, qui sont préoccupés par les trois mêmes questions mentionnées tout à l'heure : Déménager, quitter leur emploi ou se soumettre à une loi anti-pauvreté.

Il y a quelques jours, j'ai lu dans l'*Acadie Nouvelle* que le Nouveau-Brunswick était proche d'une récession. Avons-nous vraiment besoin de centaines de contribuables qui quittent leur emploi pour éduquer leurs enfants à la maison, ce que notre système public fait déjà pour eux? Ces enfants qui vont dans une école publique, où ils peuvent être évalués et rapportés aux services sociaux si leur enseignant pense qu'il y a quelque chose qui cloche à la maison. Qui veillera maintenant sur ces enfants?

J'aimerais aussi parler du fait qu'il n'y a pas de système d'indemnisation, à ce que je sache, au Canada si mon enfant est blessé par un vaccin. Le Québec est une exception. Ni la compagnie ni le docteur ni mon gouvernement ne vont payer pour les traitements si mon enfant est blessé et nécessite plusieurs milliers de dollars en traitements. Il n'y a que moi pour lui fournir cette richesse nécessaire.

Dans les médias, on dit que mon enfant a 1 chance sur 1 million d'être une victime d'un effet secondaire de la vaccination. Ce chiffre semble trop bien arrondi pour mon esprit critique.

En 2010, j'étais au secondaire. C'est cette année-là que le H1N1 a fait les manchettes à mon école. Il y a eu un gros débat organisé par les enseignants, dans la plupart des classes, à savoir si nous devrions prendre des vaccins ou non. Je me rappelle avoir demandé la liste d'ingrédients présents dans les vaccins comme recherche pour mon débat. Aucune infirmière ne pouvait me la trouver. J'ai même fait imprimer le manuel d'instruction et je l'ai montré à mon directeur en lui disant : Vous ne savez pas ce que vous injectez dans vos élèves. Tout cela pour dire que, à mon avis, selon les débats, 50 % des élèves ont pris le vaccin et 50% l'ont refusé. Si le projet de loi 39 avait été adopté à l'époque, en 2010, la moitié de mon école aurait été renvoyée à la maison.

The next part will be in English.

During that same year, in 2010, I graduated from high school with a diploma that says bilingual on it. This is a skill that I learned in school since I came from two unilingual parents. This is also something that you have to think about. Being bilingual in this province is also giving the tools and ability to unilingual parents to have a bilingual future for their youth. Will you provide a service of teachers who will go to homes so that our kids can be taught both languages?

There are other countries in this world where they can force you to have only one child, where a system of social credits exists, and where they can block you from taking a plane just because the government judges that you do not have the right way of thinking and acting. We, as a western

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society, value free expression of thoughts and individual liberty. We, as Canadian, shine bright in this world of darkness to protect the rights and freedoms of minorities. I think I can say that my son and I are part of a minority that deserves to be able to thrive and use a system that I pay taxes for.

For those who remember 2013 as the year when our province was divided by the shale gas debate in the news, from what I have read about that year, you were still able to find pieces written on both sides of the debate. Even though most of them were pro-shale gas, some were still pointing to the fact that it could have consequences.

But this is not what is happening now. In 2019, it is extremely concerning to me that every single article I have read from CBC and the mainstream media all say the same thing: Vaccines are safe and effective, with no questions asked. Journalism about vaccines is dead. The title says: “minister rips into vaccine opponents”. It completely skipped all the research, concerns, and credibility of some of the hosts we had. This is our news now—one single narrative, and anyone dare asking questions is a fool.

071

16:00

Many new corporations are entering the pharmaceutical field, in many countries. They have two goals: to find cures for our problems and to make a profit. For profit, vaccines are the way to go. There are companies like Amazon, with PillPack; Alphabet, a Google parent company, with Calico and Verily; and many others to come. If there is still controversy over a measles vaccine that has been on the market for almost 60 years, imagine how it will be when these new pharmaceutical companies create a new vaccine every six months. Will we have a debate every time a new vaccine comes into Bill 39?

On August 27, I was listening from home, and one of the MLAs kept saying that in Ontario, they have mandatory vaccines for schools. Let us be clear that nowhere in Canada do mandatory vaccines exist. I went on the Ontario government website, and it clearly states that parents have to take a course and graduate from it, but they are still able to state conscience and religious beliefs for an exemption. We would be the first province to make it mandatory, and this would most likely go to court.

Durant la première journée de cette discussion, j’ai écouté un docteur des États-Unis nous dire que le taux de vaccination de 95 % vient d’une étude faite dans les années 1980 pour le vaccin contre la rougeole. Puis, la journée suivante, j’ai écouté Normand Bossé nous dire qu’il était en faveur de ce projet de loi, puisque, selon lui, nous devons avoir, en tant que population, un taux de vaccination de 95 %, et ce, même si la plupart des adultes de notre société ne sont pas à jour dans leurs vaccins.

J’ai écouté un ministre, payé par l’entremise de nos impôts, m’attaquer pour un choix personnel qui se fait partout ailleurs au pays. J’ai écouté des pharmaciens et des docteurs nous dire que, selon certaines associations et certains paliers du gouvernement, les vaccins sont sécuritaires et efficaces. Et puis, j’ai entendu des docteurs nous montrer des études et nous dire le contraire.

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Ce qu'on me demande, c'est de donner plus de vaccins à mon enfant de 6 mois qu'un adulte de 35 ans aurait reçu au cours de sa vie. Ce qu'on me demande, c'est d'oublier les centaines d'heures passées à lire des recherches, pour la plupart sur des sites gouvernementaux. Ce qu'on me demande, c'est d'avoir foi dans les vaccins, même si la science démontre le contraire. On me demande d'avoir foi dans notre système, même si, après une blessure, aucune indemnisation ne me sera versée. On me demande d'avoir foi dans les vaccins même si aucun média majeur ne fait enquête ou ne donne voix à nos enfants qui sont blessés. On me demande de laisser toute ma connaissance derrière et d'avoir foi.

Pour terminer, je veux dire que ce projet de loi 39 me cause énormément de stress. Nous avons commencé à regarder pour des endroits à l'extérieur de la province où s'établir. Si le projet de loi est adopté, quoique ma fiancée ne veut pas vraiment s'éloigner de sa famille et de ses amis, nous nous sommes dit que, au pire, nous irons nous établir de l'autre côté du pont à Campbellton, au Québec, dans une province qui nous respecte.

J'ai fait le choix, en tant que parent informé, de ne pas utiliser ce produit qui peut créer plus de mal que de bien envers mon enfant et je suis prêt à défendre mon choix, quitte à changer de province et d'emploi.

Chers membres du comité, cette terre a toujours protégé mes droits familiaux. Au Village historique acadien, il y a une maison qui appartenait à mon arrière-arrière-grand-père. Je vous implore de permettre à mon enfant de faire partie de la 14<sup>e</sup> génération à vivre sur cette magnifique terre que nous appelons le Nouveau-Brunswick.

**M. K. Chiasson** : Bonjour, Monsieur Thériault.

**M. Thériault** : Bonjour.

**M. K. Chiasson** : Bienvenue à l'Assemblée législative aujourd'hui.

**M. Thériault** : Merci.

**M. K. Chiasson** : J'ai seulement une ou deux questions. Vous avez mentionné le système d'indemnisation. S'il y avait un tel système rattaché au projet de loi 39, seriez-vous plus favorable à son adoption?

**M. Thériault** : Non. Personnellement, non. Je pense qu'aucun montant d'argent dans ce monde ne peut remplacer les yeux brillants d'un enfant et l'avenir d'un enfant. J'aimerais que, un jour, cet enfant puisse être assis à une de vos places.

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**M. K. Chiasson** : Selon vous, le comité devrait-il considérer la demande de mettre en place un système de compensation? Cela ne changerait-il pas l'idée que ce projet de loi est une bonne démarche?

**M. Thériault** : Peu importe le sujet, il y aura toujours des personnes qui vont s'y opposer, alors que d'autres seront en faveur. Certainement, si un vaccin est administré à un enfant, comme pour tout autre produit, il devrait y avoir un système de compensation, s'il y a des séquelles. Personnellement, je ne crois pas que cela va changer l'opinion des gens, mais quand mon enfant est né et que j'ai commencé à faire de la recherche, il m'aurait été facile de me pencher vers un bord ou l'autre. Au début, nous voulions qu'il soit vacciné, mais, en faisant de la recherche et en lisant beaucoup d'articles, nous avons décidé que ce ne serait pas le cas. Toutefois, par le temps que nous avons pris cette décision, nous avons aussi regardé à toutes les maladies que l'enfant pourrait attraper et toutes chances d'avoir une maladie plus grave parce qu'il n'est pas vacciné. C'est vraiment en tant que parents qu'il faut faire ce choix. Je pense que beaucoup de gens sont indécis et qu'un système de compensation pourrait aider, mais cela ne remplacera jamais un enfant en bonne santé.

**M. K. Chiasson** : Est-ce une façon de compenser les parents pour des complications après avoir décidé de faire vacciner leurs enfants? Est-ce plus ou moins une façon d'établir un mécanisme pour que les compagnies pharmaceutiques rendent des comptes?

**M. Thériault** : Oui, je pense qu'il serait bon que les compagnies pharmaceutiques rendent des comptes. C'est sûr qu'un système devrait être implanté, comme c'est le cas au Québec ou aux États-Unis.

**M. K. Chiasson** : D'accord, merci beaucoup.

**M. Thériault** : Merci.

**Mr. DeSaulniers**: Thank you, Madam Chair.

Thank you very much for driving all the way down from Caraquet to make a presentation to us. We appreciate that very much. You spoke eloquently, and you did well in both languages, by the way. I really hope that your son gets to reside in that residence. That is all I have to say. Thank you.

**Mr. Thériault**: Thank you very much.

**Madam Chairperson**: It appears that there are no further questions. Thank you, also, for your time today. Thank you for the traveling. Safe travels home. Thank you very much for your presentation.

**Mr. Thériault**: Thank you very much.

**Alicia Szezenor**

**Madam Chairperson:** Alicia—I am not going to do it right—Szezenor?

(Interjection.)

**Madam Chairperson:** All right. Welcome.

(Interjection.)

**Madam Chairperson:** I am not going to do it again. I did it once. She is going to introduce herself.

(Interjection.)

**Madam Chairperson:** I bet she can. When the microphone is red, it is live.

**Ms. Szezenor:** Hi, everyone. Thank you so much for allowing me to be here today. My name is Alicia Szezenor. I am a resident of New Brunswick. I live in Saint John. I am not a doctor or a nurse. I am not a politician or a scientist. However, I am a mother, and I owe it to my daughter to be here today.

I would also like to clarify. Mr. Cardy made a comment about people who do not vaccinate being part of some sort of conspiracy group. What happened to my daughter is not a conspiracy. It was very real.

That being said, I wrote a big presentation that I wanted to give to you guys today, but all the presenters before me, I feel, touched on a lot of things that I wanted to say. I feel that they did a great job with that, and I am not going to repeat that. What is left for me is my story, my daughter's story, and how Bill 39 will directly affect me and my family. That is what I am going to do.

My daughter was born on October 11, 2016, perfectly healthy and beautiful. Immediately, she was given the vitamin K shot and the hepatitis B shot. She immediately reacted to those. She became jaundiced. They told me that was normal, and she would be fine. That was basically true.

Next came her two-month vaccinations. I took her to our family doctor. According to the recommended schedule, that day, she would receive the hepatitis B shot along with two other shots, but those two shots actually contained six vaccines, right? When we are talking about shots, it is not just a single shot for a single vaccine. There are many vaccines in a shot.

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My doctor told me that unless my two-month-old baby was going to participate in intravenous drug use or unprotected sex or share a razor with somebody who is infected with hepatitis, then she did not really need it. He then told me that it was not necessary but if I planned to send her to public school, she needed that vaccine. That was a lie. That is not true. It was not true at the time. It may be true in the future. It was not true. When he told me that, I thought that he was a quack. I thought: How could this be recommended for a baby when it is not necessary? I told him that I wanted her to have that shot. I did not know at the time that he neglected to give her that shot even though it was recommended. He is a physician. I am a parent. I wanted her to have that. He decided that she did not need it and he did not give it to her. I am thankful for that now, but, at the time, I wanted her to have that shot.

The doctor also neglected to give my daughter another vaccine, but he gave her the DTP. Immediately following that vaccine, once we got home, she started a loud, intense cry that was not like a normal, two-month-old hungry cry. I mean, it was a cry that was ear-piercing. It was shattering to a mother, and I had no idea what was going on. She had a raised injection site, which they will tell you is typical and normal. It was hard and it lasted six days on her leg. After her vaccine, she got a large, dark vein in the centre of her forehead that popped out when she was crying, and she developed a small patch of eczema on her back, in between her shoulders. She stopped nursing completely. She would not take my breast, which was extremely devastating to me because I knew that that was the best thing that I could do for my daughter. I continuously pumped so that I could still provide her with that milk. She would not allow anybody . . . She was just a small baby, but as soon as anybody would touch her, she would clamp right up. Her whole body would go stiff and you could not console my daughter.

Next came her four-month vaccines. Again, she was not given all of her recommended vaccines, as per my doctor. Even though I wanted her vaccinated, he did not give her all of her vaccines. So, after he gave her the vaccines that he thought were acceptable, she, again, started to cry. This time it lasted a lot longer. It lasted for days. She also got the swelled-up injection site, which was bigger this time. The first time it lasted 6 days. This time it lasted 11 days. The dark vein, the protruding vein on her forehead, came back. Her eczema grew significantly. Of course, she had trouble nursing again after that. Her entire body went purple with red blotches within 48 hours of that vaccine.

Now, this one was really . . . It is funny because, looking back on it now, I laughed, and I called it cute. I compared her to a frog. She started this tongue protruding thing that I thought . . . I was a first-time mother. I did not know. I actually laughed at it. I called it cute. I showed people how my daughter did this. I did not know. I did not know what that was at the time. My daughter started a head twitch. It kind of went like this. She was just a small baby, so it was not overly noticeable, but that was immediately following her vaccines. There is no mistake about it. It is not a coincidence. This immediately followed her vaccines.

Now, it is going to sound crazy when I tell you that I took my daughter back for her next round of vaccines, right, after all these reactions. How could you? Most people do not know how

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damaging vaccines are and they do not make the connection. That is exactly why I brought my daughter back. I wanted her to be fully vaccinated. I wanted her to be protected, and I wanted to be a good mother. I did not fully make the connection. I brought her back for her six-month vaccines. Things became much, much more clear.

This was when my daughter was supposed to have another round of the hepatitis B vaccine, which, remember, I told you my doctor did not feel she needed. Then, again at these vaccines, he decided not to give her that vaccine. As I said, I wanted her to be fully vaccinated. That should have been my choice. He did not want her to have it and, for whatever reason, he did not give it to her.

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This is when things got very real. Things were much different this time. There were a lot of the same reactions. Her loud, intense crying lasted days. The red hard injection sight became purple, and this time, it lasted 29 days, a full month. Her leg was swollen. It was huge. Her eczema spread throughout her entire body. Her nursing trouble insisted. Her whole body became purple with red blotches, and when you touched her, it became white.

She started . . . Instead of the tongue protruding, she started licking her lips, sticking her tongue out, and wagging it. Her head twitch now became a full-on head collapse. It was not just a small twitch. It was her whole neck collapsing. She started ticking and switching, and she developed a blank stare. She lost all eye contact. She lost focus. She had a spaced-out look. I thought she had trouble with her hearing because she stopped looking at me. She stopped responding to her name, and this was no coincidence.

This was immediately following these vaccines. Sometimes, she would just stare. She would stare and hit her head. She would bite her hands and hit her head off anything she could. I did not know what was going on. Now that I know better, I know exactly what was going on. She was aggressive and repeatedly hitting her head.

I am sorry. I am losing my space. Do not mind me if I choke over my words, talk fast, or choke. I am not used to this type of setting. I am not used to speaking in front of people like this, but I owe it to my daughter to be here, so I am doing the best I can.

After this is when I really started to think: Okay, something is going on. I was calling the doctor. I was asking all my family members and friends this: Have you ever experienced anything like this? What is going on? Nobody had any answers at all, of course, right?

Next, while waiting to get into her doctor, I went to a local mom support group in Saint John. My questions were immediately shut down, and I was told: We do not talk about vaccines in here. This was the very first time I had ever heard any sort of taboo related to the vaccines. I did not even know that there was one side or the other or anything like that. I had no idea. My first act was to look at which vaccines she had had and to learn what I could about those vaccines, and that was the very first time I noticed . . .

What I am trying to explain here . . . I am sorry. I am sort of backtracking, but I want to explain why Bill 39 cannot pass. The recommended schedule that we have right now is already so flawed and there is so much wrong with it that to mandate this is just . . . It just cannot.

I started to look at her vaccines to learn what I could. Then I noticed that my daughter was provided extra vaccines that were not recommended for her age and that were not on the recommended schedule. My daughter was given extra doses that she did not need, and my doctor also failed to give her vaccines that were recommended that I was approving. We cannot mandate that because it is not even right and because of the way that it is, right?

I was scared, I was angry, and I was confused. How could this happen, and why was it happening to my daughter? Right? What could I do? Nobody had any answers. We finally got into my family doctor. I brought her vaccine records to show him exactly what he had done to my daughter. He told me that in all his years of practicing, he had never heard of such reactions, even though every one of her reactions are listed on vaccine inserts. It is not like they are not known. It is not like they are rare. They are known. They are very specific, and they happen all the time.

What is going on here? That is what I was thinking. What is going on? The same doctor who talked me out of getting the flu shot and who neglected to give my daughter the hepatitis B vaccine because he did not feel that it was necessary was now telling me that he was unaware of the dangers of vaccines and the reactions that come with them.

Okay. Now, he referred us to a pediatrician. There was nothing more he could do for my daughter, right? The wait to get into the specialist was a long time. While we waited, we learned, and we researched, and we were appalled by what we learned. It was devastating. During that time, we started treating my daughter at home using resources and methods that were shared with us by families that we connected with by sharing our own story. When I say families that we connected with, I mean hundreds of families. I have personally spoken and connected with hundreds of families here in Canada that have either had their child vaccine-injured, have had a death from a vaccine, or have had injuries themselves. It is not rare. It is not rare at all.

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I finally got in to see a specialist. I told him everything that had happened with my daughter. His initial response was that she was probably vaccinated properly. It was probably just incorrect . . . He probably ticked off the wrong thing. She was probably vaccinated correctly. Maybe she was, maybe she was not. All you can go by are the records, and the records clearly state that she was given extra vaccines and was refused vaccines that I wanted her to have.

He then followed up on that by telling me that she probably reacted to the P part of the DTP. He said that this was the most common reaction. I wish now that I had asked him how he would know that, but instead I accepted his answer. He then handed me this paper, which cites American websites and a link for patient education conversations, which would provide him with

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clear language that would avoid academic pitfalls. That is what this says. It has a couple of links for an American website, and also for the Canadian Paediatric Society. There are two links, three links. Basically, what this says is how the doctor should talk to me when I am hesitant. He then concluded our appointment, suggesting that his best advice was that it would be in our best interest to continue with the vaccine schedule and to keep going with my daughter. There was nothing else he could do for us.

Next, we switched family doctors. I took her to the new doctor, who then told me that when she contacted our previous family doctor, there were absolutely no medical records for my daughter. There were no medical records, including vaccine records, or any records at all. According to the doctors, this never happened and none of this took place. There was no record except for the record that I have.

The doctor said that she would contact the pediatrician to whom we were referred and see what his conclusion was and get a letter from him. That was a little over a year ago, and I have never heard back from her. We have never gone back, and that is where it stands. Nobody has any record of what was done to my daughter, except for me. And nobody cares about what was done to my daughter, except for me.

I have been hearing a lot in the last couple of days about herd immunity and how important it is. We all know, from the statistics that the government of Canada puts out, that 80% of adults are not up to date on their vaccines. That is actually 94%. That comes from the government. They sent that letter to my house. So 94% of adult Canadians are not up to date, but I am expected to continue vaccinating my daughter for the greater good of the herd when I have already sacrificed her optimal health for the greater good of the herd. This is the same herd that is going to exclude my daughter from an education, the same herd that now wants nothing to do with my daughter because she will not sacrifice any more of her health for the greater good.

If Bill 39 should somehow pass, who would qualify for a medical exemption? Does it come before the devastating reaction to the vaccine, or are we able to get that medical exemption before our children are harmed? How hard will it be to get an exemption, and which doctor exactly will be willing to put his or her signature on a medical exemption with all the taboo around vaccines?

My goodness, I have things written and I am not even reading them. I am actually pretty proud of how I am just kind of doing this.

Anyway, here is my other question, because I have heard this in other spots. Will there be a limit on the number of exemptions doctors can write? That is a thing in other places, right? What happens when they reach that limit? Does it just not matter about the rest of us because they have reached that limit? Or will there be a limit? And as I said, who qualifies for that?

I have also been asked by a friend who could not be here today to ask about this; this does not pertain exactly to me, but it does to her and to her family. They are a vegan family. They do not vaccinate because of the use of animal cells in the making of vaccines. I do not know if you are

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aware of this, but when they are manufacturing vaccines, they use birds, pigs, cows, dogs, monkeys, mice, and worms. Of course, there are eggs in there, and chicken cells. There are all kinds of animals. Once you take away the nonmedical exemption, there is also the vegan community that will be affected.

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Another concern if Bill 39 passes is that there is no injury compensation available. Now, for me, at the same time, that worries me, as I have been hearing a lot about compensation being put in place. I am just wondering: Who is going to decide the number value on our children's lives or our children's health? Who is going to decide what our children are worth, whether they are alive and damaged or dead and in the ground, right? Who is going to make that decision? That really concerns me, especially where it is a stranger who is going to put a price tag on my daughter.

The final issue that I have with Bill 39, the removal of nonmedical vaccination exemptions, is the use of aborted fetus cells in vaccines. I am a Christian, so I am pro-life. I am definitely against abortion. You know, it is one side or the other. It is neither here nor there. I am a Christian. I am pro-life. The use of aborted fetus cells goes directly against my religious beliefs, and it goes directly against my personal beliefs. May God have mercy on every single person who knowingly injects aborted fetus cells.

Thank you so much for allowing me to speak today. I really, really appreciate it.

**Madam Chairperson:** Thank you very much. We still have time for questions.

**Ms. Szezenor:** Oh, no.

**Madam Chairperson:** Are you willing to take questions?

**Ms. Szezenor:** Oh, yes.

**Madam Chairperson:** That is what happens when you talk fast.

**Ms. Szezenor:** Go easy on me. I am just a mom.

**Madam Chairperson:** You are not just a mom..

**Ms. Rogers:** Every time someone ever says "I am just a mom", I always have to correct them. There is not such a thing as "just". Thank you, as we have said to others, for sharing your story and for having the courage to come here. Experiences and values like yours are important to be heard. We value them being put on the record here, just so that you know.

I did have a question about a couple of statements that you made in your story. I think at least twice, maybe three times, you have said that the reactions that you identified happened with your

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daughter “immediately” after the vaccine. Can I just get you to flesh out what “immediately” means? Was it the next day? Or was it an hour later?

**Ms. Szezendor:** I kept really good records, so I can tell you exactly when each reaction happens after. I mean, I literally have it recorded as immediate, immediate, one week, immediate, but there are certain reactions . . .

**Ms. Rogers:** Okay. It is just the “immediate” ones that I am interested in.

**Ms. Szezendor:** The immediate ones would have been the crying, the injection site that was raised, the dark vein in her head. It took a few weeks for the eczema to break out, but eczema is . . . That is another thing I should have mentioned. Eczema is a known reaction, but it is also a cause for not getting a vaccine. Pretty much every vaccine insert I have ever read says that if the patient has eczema, that patient should not receive the vaccine. My doctor should have taken that into consideration, but I mean, there is a lot he did not take into consideration.

**Ms. Rogers:** Okay. I was just curious as to how we should interpret “immediate”. It could be a variety of ways.

**Ms. Szezendor:** Basically, when I was doing this out, “immediate” would have been, I would say, less than 12 hours, but a lot of different reactions took up to 48 hours.

**Ms. Rogers:** One other thing I would ask is this. I highly value solid research, and it seems that a lot of the research that informs this practice comes from reports that are made after the fact. In true conscience, do you feel that the reports that you gave are not carried forward to inform the research?

**Ms. Szezendor:** Do you mean the reports of what happened to my daughter?

**Ms. Rogers:** Yes.

**Ms. Szezendor:** As I said, there is . . .

**Ms. Rogers:** I will find your file.

**Ms. Szezendor:** There is absolutely no medical record from my doctor. Nobody has a record at all, except for me. There is no record. I do not know . . . I do not want to fall into Mr. Cardy’s conspiracy theory, so I do not know if these records disappeared on their own or if there just was never a record. I have no idea why there is no record, but nobody has any record—I mean, at all—of my daughter.

**Ms. Rogers:** Well, again, I thank you very much, and I will allow my colleagues to have some time.

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**Mr. Fitch:** Thank you very much. Thanks for being here and for making a presentation. We have heard a lot of good personal testimonies today, and you are certainly adding to that list. Maybe I have just missed the answer to this: How is your daughter's health now?

**Ms. Szezendor:** There are things like . . . My daughter has recovered somewhat. We have gone through very extensive detoxification to heal her gut and her brain. My daughter has made significant progress. I am thankful for that, because a lot of other families that I have talked to, that I am friends with, and that I have built a relationship with are not so lucky. My daughter still obsessively does certain things. She still has a lot of these traits, but we were able to help her recover from a lot of them, with no help from her doctor.

**Mr. Fitch:** I see.

You mentioned the aborted fetus cells. Do you have a reference as to where you found this? I know the pharmaceutical folks were saying earlier today that they did not know about it or were not aware of it. I was just trying to recall that. Do you have a source on this matter?

**Ms. Szezendor:** I do not have one right this second, but I could get that for you. I mean, that is information that is accessible on the Internet. There are two sides to that. There are links to stuff saying that aborted fetal cells have not been used since the sixties. There is also the suggestion that it is still used now, under different names. Either way, whether it is from now or the sixties, whether it originated from that or not, it still goes directly against my religious beliefs.

**Mr. Fitch:** Fair enough. Those are the questions I had, Madam Chairperson. Once again, thanks for coming out.

**Ms. Szezendor:** Thank you so much.

**Ms. Mitton:** Thank you, Madam Chairperson. Good afternoon.

**Ms. Szezendor:** Thank you.

**Ms. Mitton:** I wanted to ask you if you are aware of whether any of the doctors you saw reported any of the symptoms that you observed in your child. I am not sure if they ever observed the symptoms or not; I am not sure how many medical appointments you had. Perhaps you could speak to that, please.

**Ms. Szezendor:** I would think not, for the simple reason that they do not even have records of seeing her. I would think that they did not report anything. And at the time, I did not know how to do that myself or whether there was anything in place so that I could do that. I did not realize how far this was going to go when her reactions started and everything.

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I would say that, no, it never got reported, as with many reactions, because most people do not know what to look for. Like I said, when my daughter was sticking her tongue out and doing those things that are known as adverse reactions, I was literally showing people how cute she was as a frog. Do you know what I mean? The fact that that was actually a reaction . . . I think a lot of people go through that same thing and do not even know that they are going through it. It is definitely underreported.

**Ms. Mitton:** Thank you.

**Ms. Szezenor:** You are welcome.

**Ms. Mitton:** I am not sure whether . . . I think someone else said today that there is a three-year reporting period. I do not know if that is true or not. I do not know if you know anything about that.

**Ms. Szezenor:** No, we have just kind of cut ties. The doctor was supposed to get back to us with the conclusion from the pediatrician, from the specialist. Like I said, it has been over a year and she has never gotten back to me. I guess we kind of just left things where they left it. We have seen progress with my daughter, and we feel that her health has definitely gotten better since we stopped taking her to doctors and since we stopped vaccinating. So we are really not concerned that they have not gotten back to us.

Like I said, nobody cares. Nobody cares. There is nowhere to turn. It is a sad thing, because this could be your grandchildren. This could be your children. This could be your situation. Unfortunately, it was mine. But other people are going to find out for themselves, when they go through the same thing, that there is nowhere to turn. There are no answers, and nobody will even take you seriously. My doctor told me how dangerous it was to give her those vaccines. When I went back to him and told him what had happened to her, he told me he had never heard of that. The same doctor who told me how dangerous it was to give her those vaccines told me he had never heard of those reactions. So there is nowhere to turn. Nobody will listen. People will say they will get back to you, but they will not. Nobody cares about your children, except for you. That is why I am here today.

**Ms. Mitton:** Thank you.

**Madam Chairperson:** I just want to clarify something, because I am slightly confused by the information that you have provided.

**Ms. Szezenor:** Sure.

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**Madam Chairperson:** Do you know, or do you not know, whether your daughter was vaccinated with DTP?

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**Ms. Szezendor:** My daughter was vaccinated for DTP. My daughter was given the DTP three times. As I said, the pediatrician, the specialist, said that she reacted to the P part of the DTP.

**Madam Chairperson:** Right. When we look at the product monograph, the symptoms that you have described that your child exhibited are the ones that are identified in the product monograph as being adverse reactions.

**Ms. Szezendor:** I am sorry. Are you asking me or telling me?

**Madam Chairperson:** Are you aware of that?

**Ms. Szezendor:** I do not have the insert with me right now.

**Madam Chairperson:** So, I will read you a couple. I will read you some of them.

**Ms. Szezendor:** Sure.

**Madam Chairperson:** They are: hypersensitivity, anaphylactic reaction, irritability, screaming. You are nodding your head. It will not pick up, so you have to . . .

**Ms. Szezendor:** Oh, sorry. Yes. Yes.

**Madam Chairperson:** Convulsions. Prolonged or unusual high-pitched crying.

**Ms. Szezendor:** Yes.

**Madam Chairperson:** Hypotonic hyporesponsive episode.

**Ms. Szezendor:** Yes.

**Madam Chairperson:** Unresponsive to parents.

**Ms. Szezendor:** Yes.

**Madam Chairperson:** Eating less.

**Ms. Szezendor:** She was nursing at the time, and I had to pump full-time because she would no longer come to my breast.

**Madam Chairperson:** Okay, so those are all listed here in the product monograph as potential adverse reactions, but were you not informed of those?

**Ms. Szezendor:** I was not informed of those at all. The only thing that the doctor told me was that my daughter did not need the hepatitis B shot. My doctor took it upon himself to not give her

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that, which, I mean, as I said, I am thankful for that now. However, at the time, it was not his decision. I wanted her to have that. No, I was not given informed consent at all.

**Madam Chairperson:** In the warnings and precautions on the product monograph, it says . . . I am reading from page 8 of 42 of the document provided by Ms. Urquhart. It says: “careful consideration of potential benefits and possible risks” should be weighed when, after a dosage—I am summarizing here now—of this vaccine, there has been “persistent crying lasting greater than 3 hours within 48 hours” of administration.

**Ms. Szezendor:** Right, except that my daughter’s lasted a lot longer than three hours.

**Madam Chairperson:** It did.

**Ms. Szezendor:** Yes. Yes.

**Madam Chairperson:** I am just naming off one of these. That was your situation. When you went for your second dosage, were you informed? Did you have that discussion with your doctor that that is what happened?

**Ms. Szezendor:** No, because I did not make the connection at that point. It took . . . I would have never given her the second dose had I realized that what was happening to her was from the . . . I did not make that connection.

**Madam Chairperson:** Right, because you did not know in the first place that that was a potential adverse reaction?

**Ms. Szezendor:** Correct.

**Madam Chairperson:** Is that accurate?

**Ms. Szezendor:** That is very accurate, yes.

**Madam Chairperson:** Those were all the questions that I had. Are there any other question arising from my own?

**Ms. Mitton:** I just have a question on what you were just saying.

**Madam Chairperson:** Yes, sure.

**Ms. Mitton:** Thank you, Madam Chairperson. I guess, just to follow up on what Madam Chairperson was just saying, in the warnings and precautions for Pediacel . . . I do not know whether it was Pediacel or not.

**Ms. Szezendor:** Yes, it was Pediacel.

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**Ms. Mitton:** It was Pediaxel. Okay. It says that “it is extremely important that the parent or guardian be questioned concerning any symptoms and/or signs of an adverse reaction”, but you were not questioned about that.

**Ms. Szezendor:** I guess that the main thing that I want to stress to you with what happened with my daughter . . . I know that this is not everybody’s case. I know that probably the majority of children who get vaccinated probably get vaccinated properly. However, this is how flawed the vaccine system that we have in place now is. To mandate something like this . . . My daughter actually had extra doses, but, according to this, she is also missing some. I would still have to give her doses that she was supposed to have that, according to them, she had but they just did not record it properly. According to the record, she did not have it, so she would have to have those again. Before we can mandate something like that, we first have to fix the problems that we have with vaccines, with this little piece of paper, the tick, tick, ticking off of that checkmark, and here we are, right.

**Madam Chairperson:** Are there any further questions? Thank you very much for attending. I know that not everyone who has presented is here, but I know that it is much appreciated by all members of the committee, the time that individuals have taken to be here to present. I can assure each and every one of you that the information will be well reviewed and taken into consideration as we provide recommendations to the Legislature on this bill. Thank you very much.

**Ms. Szezendor:** Thank you so much.

**Madam Chairperson:** This meeting is adjourned, and I would like to speak with committee members just . . .

(The committee adjourned at 4:39 p.m.)