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June 16, 2017

Re: Accuracy in Vaccine Commentary

Dear Mr. David Blackwell, Content Director dblackwell@postmedia.com

I'm writing in response to the opinions expressed by Calgary Herald columnist, Rob Breakenridge – 'Breakenridge: Persuade parents of the benefits of vaccination' (June 13, 2017). (**http://calgaryherald.com/opinion/columnists/breakenridge-persuade-parents-of-the-benefits-of-vaccination**)

Mr. Breakenridge makes a number of statements about vaccine safety and effectiveness that is not supported by the evidence. Nor does Mr. Breakenridge provide any references to substantiate his claims.

I suggest that while Mr. Breakenridge may be well intended in his efforts to protect children from infectious disease, he presents an overly simplistic understanding of the capacity of the whooping cough vaccine to prevent infection, and an even more simplistic understanding of the growing vaccine hesitancy movement. As a result, Breakenridge is guilty of spreading misinformation about vaccine safety and effectiveness.

Breakenridge states: "We know vaccines work, we know they're safe, and we know the levels we need to be at to ensure maximum efficacy." Breckenridge does not make clear whom he is referring to when he uses the term "we", nor does Breakenridge provide any evidence to support his claims of the safety and effectiveness of vaccines. Contrary to Mr. Breakenridge's assurance, the scientific literature does not support his statements on the whooping cough vaccine.

Mr. Breakenridge seems unaware the initial DPT vaccine was withdrawn from the North American market due to the significant neurological damage the vaccine caused, specifically the whooping cough component that utilized a whole cell antigen.

Mr. Breakenridge also seems unaware that the significant harm caused by the DPT vaccine was the impetus for the creation of the Vaccine Injury Compensation Program in the United States, and the initiative of the US Congress to provide legal immunity to vaccine producers in 1986. This was due to the significant number of

lawsuits faced by the producers of the DPT vaccine because of vaccine injury. As a consequence, the vaccine industry is the only industry, excepting the nuclear industry, which is not legally responsible for the safety of their products. This lack of legal liability continues today.

My own son was a victim of the DPT vaccine and developed a severe, uncontrolled seizure disorder following his DPT shot. My son required 24-hour care for his entire life.

Mr. Breakenridge also seems unaware of the Proceedings of the National Academy of Sciences (October 2013), which states that while the acellular pertussis vaccine protects against disease, it fails to prevent infection and transmission in a nonhuman primate model. [1] The authors state:

> *"Pertussis rates in the United States have been rising and reached a 50-y high of 42,000 cases in 2012. Although pertussis resurgence is not completely understood, we hypothesize that current acellular pertussis (aP) vaccines fail to prevent colonization and transmission."*
>
> *"The observation that aP, which induces* ***an immune response mismatched to that induced by natural infection****, fails to prevent colonization or transmission provides a plausible explanation for the resurgence of pertussis and suggests that optimal control of pertussis* ***will require the development of improved vaccines.****"*

The FDA has issued a warning regarding this crucial finding.

Mr. Breakenridge seems unaware that vaccines cause microbes, bacteria, and viruses to mutate. This can result in the growth of disease strains that are more virulent and resistant to current medical treatments, and may have been responsible for the death of the child identified in his article.

In response to mass pertussis vaccination campaigns in the 1950s, the B. pertussis microbe evolved to evade both whole cell and acellular pertussis vaccines, creating new strains producing more toxin to suppress immune function and cause more serious disease. The acellular pertussis (aP) vaccine, now in use in the USA and Canada, replaced the whole cell pertussis vaccine in the late 1990s. The result was an unprecedented resurgence of whooping cough.

The 2013 meeting of the Board of Scientific Counselors at the CDC revealed additional alarming data that pertussis variants (PRN-negative strains) currently circulating in the USA and Canada acquired a selective advantage to infect those who are up-to-date for their DTaP, meaning that people who are up-to-date are more likely to be infected, and thus contagious, than people who are not

vaccinated. Vaccination may actually put us more at risk of a pandemic infection that the human immune system may not be prepared to respond to.

Nowhere in Mr. Breakenridge's article does he actually provide evidence that the whooping cough outbreak occurred in unvaccinated individuals. Instead he based his article on speculation and innuendo. Surely an investigative journalist ought to be required to fact check his statements prior to submitting an article to the Calgary Herald for publication.

Callous Disregard

While Breakenridge shows compassion for those children and families who are affected by infectious disease, he shows a noticeable absence of compassion and concern for children and families harmed by vaccines. Mr. Breakenridge is either of the opinion that vaccine injury does not exist, or these children are not worthy of his compassion and concern.

Mr. Breakenridge makes the claim: *"Tragically, it's a combination of unwarranted suspicion and vaccine conspiracy theories that's fuelling those low rates."* Again Mr. Breakenridge provides no evidence to substantiate his claims of "unwarranted suspicion or vaccine conspiracy theories", nor recognition that the growing mistrust of vaccination is due to the very real harm caused by vaccinations. I suspect Mr. Breakenridge is a victim of his own media misrepresentation of the safety of the current vaccine program and is unaware that:

- The Vaccine Injury Compensation Program in the United States has awarded more than $3.6 Billion dollars in compensation for vaccine injury and death since 1989.

- Canada is the only G7 Nation <u>without</u> a vaccine injury compensation program.

- Doctors receive no formal training on how to diagnose or treat vaccine injury and thus are not a reliable source of the rate of vaccine injury.

- There are no mandatory requirements for Doctors and other health professionals to report vaccine injury. It is estimated that only 1 – 10% of vaccine injury is ever reported.

- A study comparing the rate of vaccination with the rate of infant mortality in first world countries identified a relationship between the number of vaccines given in the first year of life and the rate of infant mortality.

- The United States, which vaccinates newborns and has the most aggressive vaccination schedule in the first year of life is 34th in infant mortality, and has the highest rate of newborn deaths (first day deaths) than any developed country in the world. [2] [3]

- The DTP vaccine is associated with 5-fold higher mortality than those children unvaccinated with DTP. No prospective study has shown beneficial survival effects of DTP. [4]

- A recent study done in Ontario established that vaccination actually leads to an emergency room visit for 1 in 168 children following their 12-month vaccination appointment, and for 1 in 730 children following their 18-month vaccination appointment

Vaccination is Not Evidence-Based Medicine

The major criticism of the vaccine industry is its systemic failure to conduct long-term clinical trials to scientifically prove the safety of the current vaccine program. The prestigious Institutes of Medicine (IOM) found that the safety of the current childhood vaccine schedule has never been proven in large, long-term clinical trials:

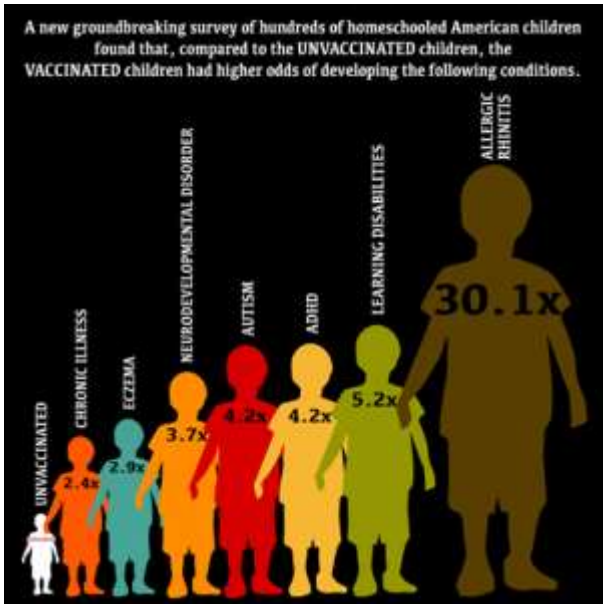
> *"The committee's review confirmed that research on immunization safety has mostly developed around studies examining potential associations between individual vaccines and single outcomes. Few studies have attempted more global assessment of entire sequence of immunizations or variations in the overall immunization schedule and categories of health outcomes,* ***and none has squarely examined the issue of health outcomes and stakeholder concerns*** *in quite the way that the committee was asked to do its statement of task.* ***None has compared entirely unimmunized populations with those fully immunized for the health outcomes of concern to stakeholders****."* [5]

Vaccines have not been tested for carcinogenicity – the ability to cause cancer; toxicity - the degree to which a substance can damage an organism; genotoxicity – the ability to damage genetic information; mutagenicity - ability to change the genetic material; the impact on fertility, or for long-term adverse reactions.

> *"Adequate human data on use during pregnancy are not available."*
> ~ DTPa package insert

The current vaccine schedule has never been tested for safety in the real world way in which the schedule is implemented. No independent trials confirm the safety of giving multiple vaccinations at once. Research shows a dose-dependent association between the number of vaccines administered simultaneously and hospitalization or death. No long-term clinical evidence exists that show vaccinated children have better overall health than unvaccinated children.

Recently, the Journal of Translational Science [6] published the first privately funded study comparing the overall health of vaccinated and unvaccinated 6 to 12 year old children in the US. The results reveal that while vaccinated children were significantly less likely to have chicken pox or whooping cough, they were significantly more likely to have pneumonia, allergies, otitis media, eczema, a learning disability, ADHD, Autism Spectrum Disorder, neuro-developmental disorders, and chronic illness.



No significant differences were seen with hepatitis A or B, measles, mumps, meningitis (viral or bacterial), influenza, or rotavirus.

The study also reported a linear relationship between the number of vaccine doses administered at one time and the rate of hospitalization and death; moreover, the younger the infant at the time of vaccination, the higher was the rate of hospitalization and death.

The American Academy of Pediatrics, when asked to provide evidence to support claims it made about vaccine safety ultimately declined to provide any evidence. [7] There is no substantive evidence that children receiving the current vaccine schedule are healthier than those who don't. The vaccination program is not evidence-based medicine. The absence of scientific evidence of vaccine safety leads one to conclude that vaccination is ideology rather than evidence-based medicine.

"In spite of the widespread notion that vaccines are
largely safe and serious adverse complications are extremely rare,
a close scrutiny of the scientific literature does not support this view."
~ Dr. Lucija Tomljenovic

An Uncontrolled Experiment

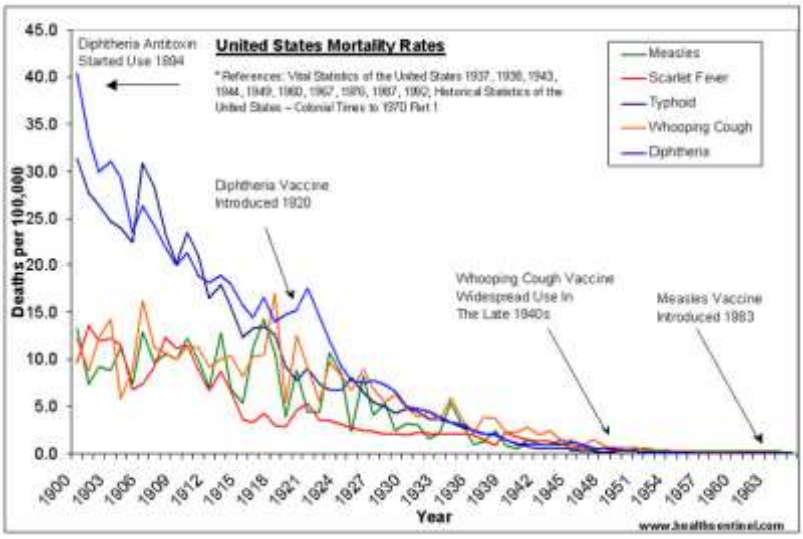
The gold standard of scientific research compares a subject group with a control group. A true clinical trial utilizes a substance that is known to be harmless or neutral (placebo). Most vaccine safety trials use other vaccinated populations or placebos containing aluminum as the control group.

Conducting vaccine safety trials without a neutral placebo is not good science. It is not ethical science. It is not responsible science. In fact, this is not science. The vaccination program is essentially and uncontrolled experiment on our infants and children.

Mr. Breakenridge is either unaware, or chooses to ignore that vaccine manufacturers are <u>not</u> required to demonstrate that vaccines actually reduce the rates of disease contraction, contagion, complication or mortality. Despite the lack of supporting evidence it is <u>assumed</u> that antibody titers equate to immunity.

Vaccines are the only medication where evidence of efficacy and absence of harm <u>are not required</u> before approval. Vaccine effectiveness ought to be evaluated based on evidence the vaccine <u>actually prevented the targeted illness and improved overall health</u>. This does not occur in the vaccine paradigm.

Mr. Breakenridge ought to direct his energies and concern to the conspicuous lack of evidence to support the claims of the vaccine industry that vaccines are safe, effective, and necessary.



"When you hear something that sounds better then it should, a simple way to solve a really complex problem, stand back, pause, take a deep breath and say, what's the science behind this?"
~ Dr. Noni MacDonald,
Professor of Pediatrics at Dalhousie University

Biased Journalism

Mr. Breakenridge acknowledges that – *"Given that vaccine resistance or hesitancy can have a variety of different causes, it is important to understand why parents are reluctant."* Unfortunately, Mr. Breakenridge makes no effort to interview vaccine hesitant parents to determine the reason for their hesitancy. His statement that it is important to understand why parents are reluctant seems rather disingenuous.

Mr. Breakenridge makes use of the term "anti-vaccine". Mr. Breakenridge is misguided in his use of this term. Parents who are labeled as "anti-vaccine" are more accurately "ex-vaccine". They are parents who trusted the claims of the medical establishment and believed that vaccines were "safe and effective", only to experience one or more of their children being harmed by vaccines.

Labeling individuals who express concern about vaccine safety, effectiveness, or necessity as "anti-vaxx" is clearly intended to bias the discussion and over simplify a critical and complex issue. Such biased journalism would be obvious were we to refer to those expressing concern about the safety of a particular medication as "anti-drug". Such labeling is dishonest and irresponsible.

The movement that is raising concerns about the safety of the current vaccine program is typically neither pro or anti vaccination. Rather this movement is characterized by a commitment to safeguarding the right of Canadians to make voluntary and informed decisions about health care, and demand independent and verifiable scientific evidence of the safety of the vaccine program. I would expect all journalists to support these efforts, rather than undermine them.

Good Journalism

Mr. Breakenridge would be advised to consider the advice of Dr. Peter Doshi, Associate Editor for the British Medical Journal. Dr. Doshi makes the following statements about good journalism as pertains to vaccinations: [8]

> *Good journalism on this topic will require **abandoning current practices** of avoiding interviewing, understanding, and presenting critical voices out of fear that expressing any criticism amounts to presenting a "false balance" that will result in health scares.*
>
> *. . . if patients have concerns, doubts, or suspicions — for example, about the safety of vaccines, this **does not mean they are "anti-vaccine**."*
>
> *"Approaches that label anybody and everybody who raises questions about the right headedness of current vaccine policies as "anti-vaccine" fail on several accounts.*

Firstly, they fail to accurately characterize the nature of the concern. Many parents of children with developmental disorders who question the role of vaccines had their children vaccinated . . . and people who have their children vaccinated seem unlikely candidates for the title.

Secondly, they lump all vaccines together as if the decision about risks and benefits is the same irrespective of disease — polio, pertussis, smallpox, mumps, diphtheria, hepatitis B, influenza, varicella, HPV, Japanese encephalitis — or vaccine type — live attenuated, inactivated whole cell, split virus, high dose, low dose, adjuvanted, monovalent, polyvalent, etc.

This seems about as intelligent as categorizing people into "pro-drug" and "anti-drug" camps depending on whether they have ever voiced concern over the potential side effects of any drug.

Thirdly, labeling people concerned about the safety of vaccines as "anti-vaccine" risks entrenching positions. The label (or its derogatory derivative "anti-vaxxer") ***is a form of attack****. It stigmatizes the mere act of even asking an open question about what is known and unknown about the safety of vaccines.*

Fourthly, the label too quickly assumes that there are "two sides" to every question, and that the "two sides" are polar opposites. This "you're either with us or against us" thinking ***is unfit for medicine****.*

Medical journalists have an obligation to the truth. . . . It's time to listen—seriously and respectfully—to patients' concerns, not demonize them*."*

Increasing Mistrust of Vaccine Science

Mr. Breakenridge's commentary is a classic example of how uninformed or misinformed journalists, no matter how well intended, actually undermine our confidence in the vaccine program by providing information that a simple search of the medical literature demonstrates to be inaccurate and dishonest. Such misinformation does more harm than good and undermines our trust in media and the vaccine industry.

I suggest the increasing mistrust of the vaccine industry and the growing movement of vaccine hesitancy is because this industry presents as definitive when it isn't; it

lacks honesty and transparency; and too many children are being harmed. Much of what is offered as vaccine science is pseudo-science - marketing propaganda masquerading as science. The vaccine industry would be more worthy of trust if they were honest about the state of the science, or lack of science, as pertains to vaccination safety, effectiveness, and necessity.

We expect the Calgary Herald to be honest brokers of medical information, and advocates to safeguard and protect the rights and freedoms of Canadians, including the right to informed consent and the Charter rights to security of the person.

It is my expectation the Calgary Herald will retract the inaccurate and deceptive statements made by Mr. Breakenridge and make a public correction.

I look forward to your considered response.

Sincerely,

Ted Kuntz, parent of a vaccine injured child
Vice President – Vaccine Choice Canada

cc.

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For a successful technology, reality must take precedence
over public relations,
for Nature cannot be fooled.

~ Richard P. Feynman, physicist & educator