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To the Attention of: Maya Goldenberg

Dear Ms. Goldenberg

I am writing in response to your article entitled - "**Lack of Trust, Not Science, Behind Vaccine Resistance**" (Toronto Star, November 9, 2017).

You correctly recognize "lack of trust" as a core component of "vaccine resistance". Ironically, your article offers the kind of messaging that fuels this lack of trust. You make numerous statements about the influenza vaccine, which today's educated health consumer knows to be false.

Disseminating false and distorted information undermines trust in both the medical industry and in mainstream media. You appear to be either uninformed or misinformed about the "lack of science" behind your stated claims, or are unable to distinguish between scientific evidence and vaccine industry marketing propaganda.

The Best Means of Protecting Against the Flu?

Ms. Goldenberg, you make the claim "*immunization is our best means for diminishing the average 12,200 flu related hospitalizations and 3,500 flu deaths across Canada annually reported by Statistics Canada.*" What evidence do you have to support such a claim?

The fact is the influenza vaccine is recognized as the least effective vaccine product on the market. The vaccine used in the 2012-2013 flu season was only 27% effective. The 2014-2015 influenza vaccine was only 23% effective. During the 2016 flu season the CDC removed FluMist from the US market because it was found to be only 3% effective. Canada continued to endorse its use in spite of its ineffectiveness.

The Cochrane Collaboration, the world's foremost group of unbiased researchers, physicians and scientists, performed a series of meta-analyses on the effectiveness of the influenza vaccine. In 2014 they found that vaccinating adults against influenza did not affect the number of people hospitalized nor decrease lost work. [1]

The Cochrane Collaboration's examination of influenza vaccines in healthy adults, a body of literature spanning 25 studies and involving 59,566 people, found the annual influenza vaccine reduced overall clinical influenza by about six percent. It would reduce absenteeism by only 0.16 days (about four hours) for each influenza episode. According to Dr. Tom Jefferson at the Cochrane Collaboration, **it makes little sense to keep vaccinating against seasonal influenza based on the evidence.** [2]

A 2005 study carried out by scientists at the federal National Institutes of Health (NIH) and published in the Journal of the American Medical Association (JAMA) revealed that the influenza vaccine did nothing to prevent deaths from influenza among seniors. Instead the flu mortality rates increased as a greater percentage of seniors receiving the shot. [3] Despite a 50% increase in seniors' acceptance of 'flu shots' between 1989 and 2000, flu season death rates of seniors increased during that period.

The influenza vaccine has never conclusively been shown to be effective at preventing the flu in anyone, including children 6-24 months of age. In older children, the results show that the vaccine fails nearly all who receive it. [4]

Annual Flu Deaths

The claimed number of annual deaths due to contracting influenza is also not supported by the evidence. Dr. Michael Gardam, director of the Infection Prevention and Control Unit at the University Health Network in Toronto declared that no one knows how many people die after being infected with the influenza virus. [12]

Influenza death estimates are not based on body counts, lab tests or autopsies. *"I think people may have the misconception that every person who dies from the flu is somehow counted somewhere, and they're not."* says Gardam. The "2,000 to 8,000" numbers are based on computer models — a statistical guess. The modeling assumes that every extra death that happens in the winter is a flu death.

According to Dr. Tom Jefferson, a researcher with Cochrane Collaboration - *"Influenza prevention has become an industry fueled by poor science and propelled by conflicted decision makers. This is the significance of the upward creep that you have been witnessing and the chasm that now exists between policy makers and evidence."* [12]

In an analysis of flu deaths by CBC news reporter Kelly Crowe, (Nov. 2012) the total number of official deaths from influenza in 2012 was exactly one. [12]

Safety of Influenza Vaccine

You make the claim that *“The influenza vaccine is widely recognized by health professionals to be a safe and effective way of protecting ourselves and our communities”*. This statement is not supported by the evidence. There is a substantial body of evidence that the influenza vaccine is not a safe product and does more harm than good.

The FluMist influenza vaccine contributed to more cases of influenza infection than it prevented. This is the fundamental flaw with all live vaccines, and even killed attenuated ones, that have been shown to “shed” and infect people in contact with the vaccinated persons. The attenuated virus in the live influenza (LAIV) vaccine can shed and infect others for months after vaccination. Both the unvaccinated and the vaccinated are at risk. The CDC acknowledges this risk and warns:

“Persons who care for severely immunosuppressed persons who require a protective environment should not receive LAIV, or should avoid contact with such persons for 7 days after receipt, given the theoretical risk for transmission of the live attenuated vaccine virus.” [5]

Increased Risk of H1N1

Evidence is mounting that people who received a seasonal ‘flu shot’ in the previous year are at increased risk of contracting H1N1 pandemic influenza. This phenomenon was initially observed in Canadians in 2009. In 2012 an animal study and international reports corroborated this effect.

A study by Dr. Danuta Skowronski in Canada showed that individuals with a history of receiving consecutive seasonal influenza shots over several years had an increased risk of becoming infected with H1N1 swine flu. [13]

Dr. Geier, formerly of the National Institute of Health declares the influenza vaccine is basically an experimental vaccine every year and that there are no studies showing the safety of giving the influenza vaccine to the same person every single year. [15]

Leading Claim to US Vaccine Injury Compensation Program

According to the National Vaccine Information Center (NVIC) in the U.S.:

“As of July 2012, there have been more than 84,000 reports of reactions, hospitalizations, injuries and deaths following influenza vaccinations made to the federal Vaccine Adverse Events Reporting System (VAERS), including over 1,000 related deaths and over 1,600 cases of Guillain-Barre Syndrome (GBS). Adult influenza vaccine injury claims are now the leading claim submitted to the U.S. Federal Vaccine Injury Compensation Program.”

The Department of Justice regularly releases a report on settlements made for vaccine injuries and deaths. In recent years the influenza vaccine has been the vaccine most often requiring compensation due to injuries and death.

In its quarterly release in June 2016, 85 of the 116 cases, and 2 of the 3 deaths, settled by the “vaccine court” were associated with the influenza vaccine. The most recent report which covers cases settled for vaccine injuries and deaths from 11/16/16 through 8/15/17 revealed that of the 332 cases receiving compensation 275 were for injuries due to the influenza vaccine. Of the 5 deaths compensated, 4 of them were related to the influenza vaccine. [15]

Adjudicated influenza vaccine injury settlements by the U.S. ‘vaccine court’ increased from \$4.9 million in 2014 to \$61 million in 2015, an increase of more than 1000%. [6]

The US Department of Justice numbers reporting of vaccine injury information reveals that the flu shot remains the most dangerous vaccine based on injuries and death compensated by the U.S. Government. According to the report, Guillain-Barre Syndrome is the most frequent complication from the flu vaccine. Other complications include fibromyalgia, transverse myelitis, chronic inflammatory demyelinating polyneuropathy, acute disseminated encephalomyelitis, and death.

As you are no doubt aware, Canada is the only G7 Nation without a vaccine injury compensation program and therefore there are no individuals compensated for vaccine injury in Canada. A morally unjust position for a government that actively promotes vaccination.

Toxic Ingredients

Depending on brand, ‘flu shot’ ingredients include:

- Mercury (thimerosal) in multi-dose vials
- Formaldehyde, a known carcinogen
- Triton X-100 (aka octoxynol-10), a pesticide and sterility agent
- Sodium deoxycholate, an immunotoxin
- Polysorbate 80
- Gelatin, known cause of anaphylaxis
- MSG
- Synthetic Vitamin E
- Antibiotics

Mercury

Multi-dose vials of the influenza vaccine in Canada continue to contain mercury in spite of media claims that mercury has been removed from vaccines. [7] A simple review of the product information inserts will confirm this. Mercury is a known neurotoxin and there is no safe limit established for injected mercury. [14]

Narcolepsy

Glaxo's Pandermrix influenza vaccine was associated with a 1400% increase in narcolepsy risk. Pandermrix was pulled from the market and the British government has paid out over 63 million pounds to cover lawsuits to Pandermrix victims.

Increased Risk of Febrile Disorders

The Journal of the American Medical Association reported increased risks of febrile disorders greater than placebo associated with the live influenza vaccine. [8]

Known Effects of FluMist

According to the FDA's literature on FluMist, the vaccine was not studied for immunocompromised individuals (yet was still administered to them), and has been associated with acute allergic reactions, asthma, Guillian-Barre, and a high rate of hospitalizations among children under 24 months – largely due to upper respiratory tract infections. Other adverse effects include pericarditis, congenital and genetic disorders, mitochondrial encephalomyopathy or Leigh Syndrome, meningitis, and others. [9]

Vaccinated vs. Unvaccinated

To date there is only one gold standard clinical trial with the influenza vaccine that compares vaccinated vs. unvaccinated. This Hong Kong funded double-blind placebo controlled study following the health conditions of vaccinated and unvaccinated children between the ages of 6-15 years for 272 days. The trial concluded the influenza vaccine holds '**no health benefits**'.

In fact, those vaccinated with the influenza virus were observed to have a 550% higher risk of contracting non-influenza virus acute respiratory infections. Among the vaccinated children, there were 116 influenza cases compared to 88 among the unvaccinated; there were 487 other non-influenza virus infections, including rhinovirus, coxsackie, echovirus and others, among the vaccinated versus 88 with the unvaccinated. This single study alone poses a scientifically sound rationale for avoiding the influenza vaccine. [10]

In a 2013 article by Peter Doshi, PhD of the Johns Hopkins University School of Medicine in the British Journal of Medicine, Doshi questions the influenza vaccine paradigm stating:

*“Closer examination of influenza vaccine policies shows **that although proponents employ the rhetoric of science, the studies underlying the policy are often of low quality, and do not substantiate officials’ claims.** The vaccine might be less beneficial and less safe than has been claimed, and the threat of influenza appears overstated.” [11]*

The evidence is compelling that the influenza vaccine is neither as safe nor effective as we have been led to believe, and clearly not *“the best means available to protect against the flu”*. Ms. Goldenberg, I suggest a better area of investigation would be - *Could the hundreds of millions of dollars spent annually on influenza vaccines in Canada be used in more effective ways to promote health?*

Dr. Richard Schabas, the former chief medical officer of health for Ontario noted while many illnesses cause influenza-like-illnesses (ILI), actual influenza is quite rare. He said a normal person would contract influenza only once about every 30 years. Much of what is described or assumed to be influenza is not actually influenza.

Year in and year out, the majority of cases of ‘the flu’ are not caused by the influenza virus. There are dozens of pathogens that cause influenza-like-illnesses (ILI). On average only between 10-15% of seasonal cases of the ‘the flu’ are attributable to the influenza virus. This has been corroborated by Canada’s ‘Fluwatch’ program that tracks influenza and influenza-like-illnesses and international research groups like the Cochrane Collaboration.

Dr. Schabas is of the opinion - *“We immunized five million people (in Ontario) at a cost of about \$100 million **for no net benefit.**”*

Why The Reluctance?

You ask a very good question – *“Why the reluctance to accept the scientific consensus on vaccines?”* I suggest the reason for the failure to accept the scientific consensus on the influenza vaccine is mainstream media and medical industry continue to disseminate deceptive and dishonest statements about the known safety and effectiveness of the influenza vaccine. Independent analysis of the influenza vaccine is that it is an ineffective and dangerous vaccine.

The reason I and other health consumers visit what you inaccurately describe as “vaccine skeptical websites” is because vaccine educated consumers have learned that mainstream media and government health sites are not reliable sources of information about vaccine safety, effectiveness, or necessity. It appears their mission is to promote vaccines, rather than tell the truth about vaccines.

You are correct in stating – *“Vaccine skeptics do not reject science per se, but rather challenge the trustworthiness of science governance.”* We have discovered that much

of what purports to be science is not science. It is marketing propaganda masquerading as science.

Science, like other aspects of our society, has been corrupted by power and politics and is no longer in service to the truth. It is in service to those in positions of power and who have enough money to determine the outcome of science. Consider these two quotes from editors of science/medical journals:

“It is simply no longer possible to believe much of the clinical research that is published or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of the New England Journal of Medicine.” ~ Dr. Marcia Angell

“The case against science is straightforward: much of the scientific literature, perhaps half may simply be untrue. Science has taken a turn toward darkness.” ~ Richard Horton, Editor in Chief, Lancet

According to the Journal of American Physicians and Surgeons (Summer 2016) –

*“The safety of CDC’s childhood vaccination schedule was never affirmed in clinical studies. Health authorities have **no scientific data** from synergistic toxicity studies on all combinations of vaccines that infants are likely to receive.*

*National vaccination campaigns must be supported by scientific evidence. **No child should be subjected to a health policy that is not based on sound scientific principles** and, in fact, has been shown to be potentially dangerous.”*

It is unethical to carry on this large-scale, hype-inducing public health program without scientific evidence that proves that vaccines are doing what they are intended to do and does it safely.

The Toronto Star has a history of producing news articles and opinions about vaccines that are poorly researched and often a simple regurgitation of vaccine industry propaganda.

While there is some valid and valuable information contained in your article, much of it is simply pharmaceutical industry promotional material disguised as investigative journalism. As such it does both the reader and The Toronto Star a disservice by disseminating inaccurate information that undermines the trust in the Toronto Star as an honest purveyor of health information.

Ms. Goldenberg, my expectation is you will review this information I have provided and make the appropriate corrections/retractions in a future posting. I have provided references for your consideration. I look forward to receiving a copy.

Sincerely,



Ted Kuntz, Parent of a Vaccine Injured Child

cc.

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