What won't work:

1. **Mandatory Vaccination**
   - Mandatory vaccination policy is a clear and direct violation of the Nuremberg Code developed in response to the medical experimentation conducted by the Nazis in WWII, the Universal Declaration on Bioethics and Human Rights, all provincial health acts, and the Canadian Charter of Rights and Freedoms. To impose vaccines without consent violates the medical ethic of informed consent.

2. **Lack of Legal Accountability**
   - Currently, the pharmaceutical industry is not held accountable for vaccine injury and death. The lack of legal accountability removes an important and effective measure to ensure products are safe and effective. A consequence of this legal immunity is there is no legal or financial incentive for the pharmaceutical industry to make vaccines safer, even when there is evidence that vaccines can be made safer. To increase vaccine confidence the pharmaceutical industry must be legally liable for the injuries and deaths caused by their products.

3. **Denying Vaccine Injury**
   - Every pharmaceutical product, no matter how well designed or intended can cause harm. To promote vaccines as “safe and effective” without any conditions or qualifiers and to deny vaccine injury as a matter of policy erodes trust. Saying all vaccines are safe and effective is like saying all prescription drugs are safe and effective. The statement also implies that all vaccines are safe and effective for all people. This obviously isn't true given the US Vaccine Court has awarded more than $4.1 billion dollars in compensation for vaccine injury since 1989 and US Law regards vaccines as "unavoidably unsafe."

4. **Personal Attacks**
   - Public health, the pharmaceutical industry, and mainstream media intentionally marginalize and dismiss parents and others who question vaccine safety and effectiveness. Parents will become increasingly hesitant when their concerns are not taken seriously.

5. **A One Size Fits All Approach**
   - The vaccine program is based on a ‘one-size-fits-all’ approach. Vaccine dosage is not calibrated by age, weight, immune response, gender, genetics, medical or family history, or other variables used to discern safe levels of a medical intervention. In no other area of medicine are individual variables systematically ignored. It is difficult to have confidence in a medical practice that ignores individual patient consideration.

6. **No Individual Risk-Benefit Evaluation**
   - The decision whether to vaccinate or not ought to be evaluated on an infection-by-infection basis, a vaccine-by-vaccine basis, and an individual-by-individual basis. The merit of a vaccine ought to be determined by taking into consideration the risk of getting the infection, the consequences of getting the infection, the effectiveness of the vaccine, and the safety of the vaccine for the individual. This does not occur in the vaccine program. Mass vaccination is not evidence-based and personalized medicine. It is ideology.

7. **Belief or Coercion as the Basis For Vaccine Decisions**
   - The decision to vaccinate or not is one of the most important decisions a responsible parent is required to make. At Vaccine Choice Canada we think it is important that we push beyond using belief or coercion as the basis for vaccination decisions and instead decide from a place of information based on good quality scientific evidence.

   Our health is dependent on our willingness to take responsibility for our health and that of our children, the courage to ask questions, and our ability to gather sufficient information to make well-informed decisions.

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

   - Robert Kennedy Jr., CEO Children’s Health Defense

How to Reduce Vaccine Hesitancy

An increasing number of parents are choosing not to vaccinate, adopting a modified schedule, or delaying vaccination for their children due to increasing awareness of the potential risks of vaccination.

In response to this increasing "vaccine hesitancy", the pharmaceutical industry is actively lobbying governments around the world to enact legislation to remove the right to informed consent and make vaccines mandatory. This action represents a clear intent to impose this pharmaceutical product upon citizens through the use of coercion rather than consent.

Will this strategy of imposing vaccine mandates increase trust in public health and decrease vaccine hesitancy, or will these actions fuel further hesitancy and mistrust in our doctors, public health and the pharmaceutical industry?

Vaccine Choice Canada offers its perspective on what will and will not reduce vaccine hesitancy.

**OUR MISSION:**
To empower individuals to make informed health care choices and voluntary vaccine decisions for themselves and their children.
Conduct Vaccinated vs. Unvaccinated Studies

Most vaccine safety trials use control groups consisting of other vaccinated populations or placebos containing aluminum. These are not true placebos. The failure of the vaccine industry to use a neutral placebo undermines the integrity of Health Canada claims that vaccines have been proven to be safe and effective. Until robust vaccinated vs. unvaccinated research is conducted, any claims of vaccine safety and effectiveness is an assumption and not scientifically proven.

“In immunization is a complicated topic that needs more reflection and less coercion. It’s time to realize that vaccines, like medicines, are not a mystic panacea and that they are subject to the commercial and political pressure and also to the influence of conflicts of interest.”

~ Dr. Claudina Michal-Teitelbaum, MD

Tell the Truth About Autism Research

It is unscientific and perilously misleading for the CDC and Health Canada to assert that vaccines and autism have been exhaustively studied and that no connection has been found. While there are a handful of industry-funded studies that are regularly cited by opponents of the vaccine-autism hypothesis, these studies examine only one vaccine product (MMR) and one vaccine ingredient (Thimerosal). It is illogical and dishonest to exonerate all vaccines, all vaccine ingredients, and the total vaccine schedule based on such limited epidemiological studies.

“Vaccines are not created equal. Discussion of both the benefits and the risks of individual vaccines is needed. The authoritative medical bodies must end their arrogant stance and take an honest look at the literature they have suppressed. Negative effects must be honestly brought to light. Legislative bodies need to do their homework and reject any thought of mandating vaccinations.”

~ Dr. Ralph Campbell, MD

Currently there is a lack of solid scientific evidence of vaccine safety and effectiveness. Until there is clear and compelling evidence any efforts to assure vaccine hesitant parents will fail. The lack of evidence includes the following:

- There are no long-term clinical trials that prove the safety of the current vaccine schedule.
- Most effectiveness trials are limited to the measurement of antibodies in the blood rather than producing verifiable evidence that the vaccine actually prevented the targeted infection.
- No safety trials exist that determine the safety of giving multiple vaccinations at once.
- No large safety trials using an unvaccinated population as the control group have proven that vaccines are safe and effective.
- The current vaccine schedule has never been tested for safety in the real world way in which the schedule is implemented.
- No clinical proof exists to support the claim that vaccines are responsible for the decline in mortality, let alone the claim of millions of lives saved.
- There are no biological studies that show injecting mercury is safe in any amount.
- No clinical trials have been conducted to establish the safety of using aluminum in vaccines.

What will work

1. Provide Solid Clinical Evidence of the Safety and Effectiveness of the Vaccine Schedule

Currently there is a lack of solid scientific evidence of vaccine safety and effectiveness. Until there is clear and compelling evidence any efforts to assure vaccine hesitant parents will fail. The lack of evidence includes the following:

- There are no long-term clinical trials that prove the safety of the current vaccine schedule.
- Most effectiveness trials are limited to the measurement of antibodies in the blood rather than producing verifiable evidence that the vaccine actually prevented the targeted infection.
- No safety trials exist that determine the safety of giving multiple vaccinations at once.
- No large safety trials using an unvaccinated population as the control group have proven that vaccines are safe and effective.
- The current vaccine schedule has never been tested for safety in the real world way in which the schedule is implemented.
- No clinical proof exists to support the claim that vaccines are responsible for the decline in mortality, let alone the claim of millions of lives saved.
- There are no biological studies that show injecting mercury is safe in any amount.
- No clinical trials have been conducted to establish the safety of using aluminum in vaccines.

2. Open and Honest Dialogue

Honesty, openness, and public accountability are important safeguards. Currently Public Health, the pharmaceutical industry and mainstream media actively discourage open dialogue and honest debate about vaccine safety, efficacy and necessity.

3. Fully Informed Consent

Current efforts to increase vaccine compliance include coercion, fear mongering, financial incentives and disincentives, punishment, restriction to education, childcare and employment, even imprisonment. The lack of fully informed consent violates patient rights, undermines trust, erodes the doctor-patient relationship, and eliminates an important safeguard to ensure products are safe and effective.

4. Independent Oversight

Public public health agencies responsible for monitoring vaccine safety are also responsible for increasing vaccine uptake. And those responsible for licensing vaccines routinely benefit from the sale of vaccines. As of June 2017 all nine voting members of the National Advisory Committee on Immunization in Canada declared direct or indirect financial or intellectual conflicts of interest. Independent oversight is needed to reduce vaccine hesitancy.

5. Vaccine Injury Compensation

Canada is the only G7 nation without a national vaccine injury compensation program. If you or your child is injured or killed by vaccination, you are on your own. An independent, easily accessible, fair and transparent vaccine injury compensation program would assist in reducing vaccine hesitancy.

6. Long-Term Safety Testing

Vaccines have not been tested for carcinogenicity, toxicity, genotoxicity, mutagenicity, the ability to impair fertility, the impact on pregnant women and fetuses, and for long-term adverse reactions. The lack of testing to determine the long-term impact of vaccination undermines confidence in industry and government claims of vaccine safety.

7. Tell the Truth About Autism Research

It is unscientific and perilously misleading for the CDC and Health Canada to assert that vaccines and autism have been exhaustively studied and that no connection has been found. While there are a handful of industry-funded studies that are regularly cited by opponents of the vaccine-autism hypothesis, these studies examine only one vaccine product (MMR) and one vaccine ingredient (Thimerosal). It is illogical and dishonest to exonerate all vaccines, all vaccine ingredients, and the total vaccine schedule based on such limited epidemiological studies.

8. Provide Evidence Vaccines Improve Health

The pharmaceutical industry is not required to demonstrate vaccines actually reduce the rate of infection, complication or mortality and improve health. It is assumed, despite the lack of supporting evidence, that elevated antibody levels equate to immunity. Vaccines are the only medical product where evidence of improved health and the absence of harm is not required before licensing.

9. Conduct Vaccinated vs. Unvaccinated Studies

Most vaccine safety trials use control groups consisting of other vaccinated populations or placebos containing aluminum. These are not true placebos. The failure of the vaccine industry to use a neutral placebo undermines the integrity of Health Canada claims that vaccines have been proven to be safe and effective. Until robust vaccinated vs. unvaccinated research is conducted, any claims of vaccine safety and effectiveness is an assumption and not scientifically proven.

“Immunization is a complicated topic that needs more reflection and less coercion. It’s time to realize that vaccines, like medicines, are not a mystic panacea and that they are subject to the commercial and political pressure and also to the influence of conflicts of interest.”

~ Dr. Claudina Michal-Teitelbaum, MD

“All vaccines are not created equal. Discussion of both the benefits and the risks of individual vaccines is needed. The authoritative medical bodies must end their arrogant stance and take an honest look at the literature they have suppressed. Negative effects must be honestly brought to light. Legislative bodies need to do their homework and reject any thought of mandating vaccinations.”

~ Dr. Ralph Campbell, MD