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Minister Cardy,

Overriding Constitutionally protected rights by mandating vaccines is a very serious matter, not to be under taken lightly or without fully understanding the issue and implications. We understand the thought process that leads one to propose removing the freedom to consent to this medical procedure; however, it is faulty. Allow us to explain our concerns.

Protected rights to informed consent
Mandatory vaccine policy is a clear and direct violation of the Nuremburg Code, Sections 1, 2, 7, and 15 of the Canadian Constitution, and the Universal Declaration on Bioethics and Human Rights which states in Article 6:

"Any preventative, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be expressed and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice."

Over-riding Constitutionally protected rights should only be considered under extreme circumstances. In light of that, temporary vaccine mandates should only be considered if these conditions are met:

1) The infection has a high rate of mortality.
2) The infection is highly contagious.
3) The vaccine is proven safe.
4) The vaccine is effective in preventing transmission.
5) There are no other methods of treatment available.

None of the current infections and their related vaccines meet these criteria. There is no medical justification to impose vaccine products by coercion rather than consent.

Once informed consent rights are violated, the risk of ongoing erosion is high as recently seen in California where conscience and religious exemptions were removed in 2015, and now current proposed legislation, B276, would make medical exemptions a bureaucratic decision rather than a doctor-patient decision.

Undermining doctor-patient trust

It is a clear that free (un-coerced) and fully informed consent is one of the highest values in medicine. Vaccine injury is often unrecognized by parents and medical professionals, under-reported, and under-stated in safety reporting by public health authorities. (1) Vaccines are a class of drugs, each vaccine having its own ingredients, manufacturers, purpose, and method of action. No two work the same. To say every vaccine is "safe and effective" is akin to saying every chemotherapy drug is "safe and effective". Honesty, transparency, up-to-date expertise and fully informed consent are fundamental for a physician to maintain the trust of his or her patients. A mandatory vaccine policy that is not based on fact will cause serious damage to this trust relationship that has already seen erosion over the last decade.

Herd Immunity and the Immunocompromised

All vaccines wane in effectiveness. Most individuals lose their elevated antibody levels two to ten years after being vaccinated. Approximately ten percent of the population has no increased antibody response to a vaccine. At any given time, a significant portion of the population has no increased antibodies to the diseases they had been vaccinated against. Hence, no artificially generated herd immunity exists, and the relative absence of disease begs the question of whether vaccines are necessary.

Contrary to popular understanding, some vaccines do spread disease through viral shedding. (2) These include live-virus vaccines for: measles, mumps, rubella, nasal flu, shingles, rotavirus, chicken pox, oral polio and yellow fever. (3) This shedding may last for days or months, and often the individual is unaware, being asymptomatic. Vaccinating family members of seriously immune-compromised individuals then is questionable.

For the most seriously immune-compromised, avoiding general public exposure is prudent as many bacteria and viruses circulate in public places, including cold, influenza, RSV, hand-foot-and mouth, tuberculosis, hookworms, pin worms, rhinovirus, and norovirus. The best protection for seriously immune-compromised individuals is provided at home. For less seriously immune-compromised individuals, vaccines are recommended by PHAC. (4)

Consequently, mandating that all children be vaccinated for a very few seriously immune-compromised children who are best protected at home, makes no medical or fiscal sense, especially given lack of proper safety testing of vaccines, officially under-recognized, under-reported and under-stated adverse reactions, and the human and financial costs related to these adverse reactions.

Vaccine Adverse Reactions Reporting and Vaccine Injury Compensation

Canada's passive adverse reaction reporting system is grossly inadequate (1), even less adequate than the US Vaccine Adverse Reactions Reporting System (VAERS) that commissioned a study by Harvard Pilgrim Health Care, Inc. which showed less than 1% of adverse reactions are reported to VAERS. Read the results on page 6 of the report commissioned by the US Dept of Health and Human Services. (5)

Canada is the only G7 nation without a national vaccine injury compensation program. (6) These other nations recognize vaccines cause injury and death and compensate for significant injury and death. The US National Vaccine Injury Compensation Plan (NVICP) has paid out over $4B in compensation since 1989, which is understated since their own research shows less than 1% of injuries are reported.

Vaccine Safety

There is such an abundance of science on the issue of vaccine safety; we will simply provide an overview.

1) **Safety testing of vaccines**. We don't really know the overall safety of the current childhood vaccination program because ***the science has not been done*****.** When one examines the vaccine science, what one discovers is that none of the vaccines on the childhood vaccination schedule were tested against a neutral placebo. The reason that this is important is that you cannot determine the safety profile of a medical product unless it has been tested against a neutral placebo. This standard of safety testing is required for all pharmaceutical products ***excepting vaccines*****.** Another concern is the unacceptably short period for pre-licensing safety testing for vaccines. Most childhood vaccines undergo pre-licensing testing of a few days to a maximum of a few weeks. This brief pre-licensing testing is unable to reveal if the vaccine causes autoimmune, neurological or developmental disorders. These will only be apparent after the child is a few years of age. Given the dramatic increase in autoimmune, neurological and developmental disorders, it is critical we know the answer. For a more in-depth analysis of the history and current safety testing of vaccines, see this fully cited comprehensive report by the Informed Consent Action Network. (7) The same vaccines used in the US are used in Canada and the Canadian government does not conduct its own safety testing.
2) The **vaccine schedule has never been tested for safety**. One of the major criticisms of the vaccine industry is its failure to conduct long-term clinical trials that prove the safety of the current vaccine program. In addition, many vaccines are given simultaneously. Again, there are no studies examining the synergistic effects of giving multiple injections at once.
3) **Vaccination increases infant death**. The more vaccines given, the higher the rate of infant death as reported in this study. (8) The US and Canada have a higher rate of infant mortality than some third world countries. The US, which vaccinates newborns and has the most aggressive vaccination schedule in the first year of life in the world, has the highest infant mortality rate of any developed country in the world. In July 2017, the US Court of Federal Claims ruled that there was "preponderant evidence" supporting the claim that vaccines "actually caused or substantially contributed" to Sudden infant Death Syndrome (SIDS).
4) The only scientific way to determine whether vaccines are the *"safest, most effective and best way to protect our children"* is to conduct a **large, independent, vaccinated vs. unvaccinated study**. Neither PHAC, HHS nor the pharmaceutical industry have never conducted this study. The vaccine industry measures success based upon vaccine uptake. This is an irrelevant measurement of success. A small, independent, non-industry funded study comparing the overall health of vaccinated and unvaccinated 6 to 12-year old children in the United States was released in 2017. (10) The results of the study revealed 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 (ear infection), eczema, a learning disability, Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, neuro-developmental disorders, and chronic illness. The main point of the study was that a large-scale study must be done to determine the safety and efficacy of the vaccine schedule. Certainly, our most valuable resource, our children, are worth it.
5) **Many vaccine ingredients are of dangerous**; we will focus only on two neurotoxic ingredients: Although mercury was removed from childhood schedule vaccines "as a precaution", it still exists in most influenza vaccines given to pregnant women and children as young as six months. Mercury is recognized as the most toxic substance that is not radioactive. The acceptable limit of mercury in drinking water is Canada is 1 part per billion. Several brands of the infant influenza vaccine have 25,000 ppb. It is a scientific fact that human brain neurons disintegrate in the

presence of mercury and there is no evidence injected mercury is safe in any amount. Neurotoxic aluminum, used as an adjuvant in vaccines, has never undergone biological testing to determine safety. It was "grandfathered" into our medical system without safety testing. Aluminum affects memory, cognition and psychomotor control and causes brain damage. It also interferes with gene expression and depresses mitochondrial function. The amount of aluminum in many vaccines exceeds the maximum amount permitted by the FDA. Finally, aluminum hydroxide has been used as the "placebo" in the vaccine safety testing obscuring the safety profile of the actual effects of aluminum. (11)

6) **Vaccine manufacturers have no liability for faulty products**. The vaccine industry in the US (and effectively in Canada) is not legally liable for the harm, injuries or deaths caused by their products. Vaccines are the only product, medical or otherwise, where the manufacturer is not legally responsible for harm or injury. The very real consequence of liability free products is that there is **no financial or legal incentive** for vaccine manufacturers to make their products safer. Combine this reality with the growing efforts to take away the right of parents to informed consent and you have a very dangerous situation.

7) **Legal decisions on vaccine safety:** US Law regards vaccines as unavoidably unsafe (12)

Measles as a "Crisis" Driving Mandates

Disease incidence records from Canada, the US and the UK all show measles and other such illnesses declined well prior to wide spread use of vaccines. (13&14) The mortality of measles declined 99% prior to the introduction of the measles vaccine. While the MMR vaccine has succeeded in stopping the cyclical rounds of measles in *children*, there is a big cost. By preventing measles at the most appropriate and safe age, the measles vaccine has eliminated the broad population-based naturally induced herd immunity that had evolved over millennia. The measles vaccine does not and will not eliminate measles outbreaks in the general population. This is because 2 – 10% of individuals are "non-responders", and another 8 – 9% of individuals stop producing antibodies within 2 – 10 years.

Thus, instead of eliminating measles as claimed, the measles vaccine has shifted the risk of measles *from children to adults* because of the waning protection of the vaccine. This has created a paradoxical situation whereby in highly vaccinated societies measles occurs primarily among the adult population. It is well known that the risk of measles morbidity and mortality is much higher in adults than when contracted in childhood.

This attached report Are Measles Deadly? Annual Measles Deaths in Canada: 1924-2016 (15) summarizes measles incidence and mortality, information critical to making fully informed decisions on infection management and properly informing the Canadian public. In this PMC published paper (16), Dr. Gregory Poland made a call for a new measles vaccine in 2012 because of the recognized failure of the MMR vaccine to effectively and safely eliminate measles. (The Re-Emergence of Measles in Developed Countries: Time to Develop the Next-Generation Measles Vaccines?)

What this all means is: the current outbreak of measles is due to vaccine failure, not a failure to vaccinate.

Open and honest dialogue

Honesty, openness, and public accountability are important safeguards. Currently, the media, the medical community and official government sources actively discourage open dialogue and honest

debate about vaccine safety, efficacy and necessity. Slurs, mis-representations of our position, and censorship simply lead more people to distrust all three of these authorities, as evidenced by the growth of the vaccine risk aware (VRA) movement.

Our request is that you serve your constituents with integrity - by engaging in an open, honest and well-informed dialogue with your citizens on this critical topic.

Regards,

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(6) Quebec has a small provincial vaccine compensation plan.
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(13) Historical records of measles mortality 1900 – 1988 http://vaxinfostarthere.com/did-vaccines-save-us/
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