



protecting your right to informed consent in BC



Consent or Coercion?

Prepared for
Members of the BC Legislature

We and our children have been and are the victims of a carefully orchestrated, programmed propaganda campaign in which maximum publicity is repeatedly given to rare complications from one of the childhood diseases while actively suppressing the cases of morbidity and death caused by vaccines.

This active suppression is used to quietly terrorize any professional who does honest research and reports negative or adverse effects from mandated vaccines.

~ Dr. Thomas Stone, MD Pediatrician



Dear Members of the BC Legislature,

We are writing to bring to your attention the urgent need to **protect and preserve our fundamental rights and freedoms** as citizens of British Columbia. New health regulations were recently introduced by this government to mandate the reporting of vaccination status. For parents who do not vaccinate to the recommended schedule, a written, signed and dated statement with their reason for not vaccinating for each scheduled vaccine is required. Further, Regulations taking effect in September 2020 demand that parents who choose not to vaccinate, to vaccinate selectively or on an alternate schedule are forced to attend, *together with their child*, both an *information session* followed by a required meeting with a medical officer of health or a public health nurse.

These new regulations make it increasingly challenging for BC citizens **to exercise their legal right to medical decision-making** and have the real potential **to undermine the medical ethic of informed consent, thus threatening our most basic liberties**. Further, introducing the **threat of large fines and/or imprisonment** for non-compliance to administrative requirements of reporting vaccination status, submitting written statements on non-vaccination, or attending information sessions and meetings is especially draconian.

A number of parents who do not vaccinate to schedule have contacted us with letters from their local public health units that contain their child's vaccination status. What is self-evident is that Public Health already has the necessary information on vaccine status for these children. Are these actions legitimate requests for information, or are they intended to coerce families to change their vaccine decisions?

Any efforts to impose vaccine products by coercion alters the relationship between a government and its citizens and **undermines trust in both government and the medical profession**.

A change in the relationship between citizens and government of this significance and impact should require thoughtful dialogue supported by extensive, rigorous and verifiable evidence. This is not occurring. Instead we have a one-sided conversation that is fear-based and adversarial rather than evidence-based and thoughtful. We ought to be asking questions such as:

Is the artificial immunization paradigm as solid and evidence-based as we have been led to believe?

In our efforts to protect children from common childhood infections have we inadvertently created even more serious and chronic illnesses?

Is the science with regard to vaccine safety, effectiveness and necessity robust and evidence-based?

Should we permit the silencing and censoring of debate on such a critically important topic?

Included in this document is information collected from published sources by scientists, researchers, physicians and concerned citizens. The information we present here will enable you to better understand the serious concerns about vaccine safety and effectiveness held by an increasing number of parents today.

Our expectation is that you will vigorously defend our right to informed consent and our rights and freedoms under the Canadian Charter. It is also our expectation that you will demand that the BC government produce science-based evidence to support the claims of vaccine safety, efficacy and necessity and that regulations are applied fairly and in a non-discriminatory manner.

Sincerely,
Edda West,
Founder and President of Vaccine Choice Canada

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.¹

~ Dr. Lucija Tomljenovic, Ph.D Immunologist

¹ <http://vaccinechoicecanada.com/wp-content/uploads/Forced-Vaccinations-For-the-Greater-Good-Tomljenovic.pdf>

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The Health of Our Children is Declining

We are experiencing a major epidemic today. However, contrary to government and media reporting, the epidemic is not measles, influenza, mumps or chicken pox. Rather, we have an **epidemic of neurological and immune system disorders** such as autism, attention deficit hyperactivity disorder (ADHD), learning disabilities, life threatening food allergies, juvenile diabetes, childhood cancers, autoimmune diseases such as arthritis and Parkinson's, as well as 'Autoimmune/inflammatory Syndrome Induced by Adjuvants' (ASIA)².

Chronic childhood illness are increasing at a dramatic rate. One in ten Canadian children have life threatening afflictions as noted by former Prime Minister Harper.³ In the last 25 years we have witnessed huge increases in the following childhood conditions⁴:

- **Autism**—increased more than one thousand-fold in less than a generation; autism spectrum disorders now affects more than 1 in 66 children and 1 in 42 boys in Canada⁵.
- **Impact on Development**—Over 27% of Canadian children fall short on at least one measure of physical, emotional or cognitive development by age 5.
- **Attention Deficit Hyperactivity Disorder**—1 in 10 children
- **Learning Disability**—1 in 6 children affected
- **Severe Mood Dysregulation**—1 in 30 children affected
- **Allergies**—increased 6X since 1980
- **Anaphylactic Food Allergies**—doubled in the last decade
- **Eczema**—1 in 5 children affected
- **Asthma**—1 in 8 children affected
- **Obesity**—tripled since 1980; 25% of Canadian children overweight/obese
- **Juvenile Diabetes**—more than 100% increase since 1980
- **Childhood Cancer** – dramatic increase

The declining health of our children was confirmed in the '**Raising Canada**' report issued by the O'Brien Institute for Public Health in 2018⁶. Today's children are significantly less healthy than previous generations.

At the same time Canadian children are among the most vaccinated children in the world. Since 1980 the Canadian vaccine schedule has more than tripled the number of vaccines given. Canadian **health authorities now recommend** 32 to 41 doses of 13 to 16 different vaccines in the **first 18 months of a baby's life alone**. New Brunswick, the Northwest Territories and Nunavut start injecting babies on the first day of life. Children in BC receive as many as 71 vaccine doses by age 18. (See BC Childhood Vaccination Schedule on page 19–20.) Health Canada even condones injecting vaccines into pregnant women though no scientific evidence exists on the safety to the fetus.

2 <https://www.ncbi.nlm.nih.gov/pubmed/28741088>

3 <https://web.archive.org/web/20151020023902/http://pm.gc.ca/eng/news/2008/03/19/pm-announces-additional-funding-free>

4 <https://vaccinechoicecanada.com/health-risks/why-do-pediatricians-deny-the-obvious/>

5 <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/infographic-autism-spectrum-disorder-children-youth-canada-2018.html>

6 <https://obrieniph.ucalgary.ca/files/iph/raising-canada-report.pdf>

What role do vaccinations play in the substantial increase in chronic illness in our children? The fact is, we don't know. We should know. **What are we risking by not knowing?**

If you are 35 years of age or older, you have received fewer vaccines than a six-month old baby today.

The Status of Vaccine Safety Testing

There is a widely held assumption that all recommended vaccines are safe for all children. As the BC government moves toward imposing increasingly coercive measures to address the growing concern about vaccine safety, this is a good time to ask if this assumption is valid and supported by robust scientific evidence.

What most people are unaware of is that **vaccines are not tested for safety** to the same strict standards required for all other medical products. The reason for this is that the Centre for Disease Control (CDC) in the United States was assigned the responsibility to develop vaccines for infectious agents in the event of biological warfare. In order to meet this mandate vaccines were classified as 'biologics' and exempted from the strict and extensive safety testing required for all other pharmaceutical products.

The result is that **no childhood vaccine product** licensed for use in Canada or the USA has been tested for safety using the standards required of all other pharmaceutical products. In other words, **long-term, double blind, placebo-controlled studies are not conducted prior to licensing**. Instead, vaccines are released for use with sub-standard safety testing. The medical industry uses the monitoring of adverse events following vaccination as the primary method to evaluate safety. This means that our children are injected with products where safety is determined by the amount of injury or death reported after vaccination.

The reality is that vaccines are not benign medical products. Vaccination is **an invasive medical procedure** that delivers complex biochemical drugs by injection. This method of evaluating vaccine safety is grossly inadequate given that medical professionals are neither trained to diagnose vaccine injury, nor do they actively report vaccine injuries.

Vaccine Makers Have Legal Immunity

The National Childhood Vaccine Injury Act (NCVI) passed by the U.S. Congress in 1986, further undermined the need for robust vaccine safety testing. Prior to the NCVI Act, many vaccine injury victims sued the vaccine makers, and U.S. courts awarded large penalties for the catastrophic injuries and deaths caused by vaccine products. In response to these massive penalties, the industry threatened to stop making vaccines. The government, fearing that without vaccine manufacturers it would lose the ability to mount a defense against biological attack, terminated the right of vaccine injury victims to sue vaccine makers in a regular court of law. The NCVI Act protects vaccine makers from **legal liability** for any harm caused by their products.

The consequence is that the only way a vaccine manufacturer can be held legally liable is if they are aware of an adverse effect of their product and fail to inform the public. The unintended consequence is that **the less the vaccine manufacturer knows about the harmful effects of their products, the safer they are from liability**. Vaccines are the only product where a manufacturer is not legally liable for the injuries and deaths caused by their products. The ultimate result of this legal immunity is that **no one is held responsible for the injuries and deaths caused by vaccination**.

This freedom from liability includes not only the vaccine manufacturers, but also government agents in the CDC and FDA, and those who encourage, license and administer vaccines including doctors and nurses. Health officials in Canada experience de facto immunity from liability as the courts have ruled that those who administer vaccines are not held accountable for injury or deaths if they are following Health Canada and its agencies' recommendations for vaccine administration.

A consequence of this legal immunity is there is **no legal or financial incentive** for the vaccine industry to make their products safer, even when there is evidence that vaccines can be made safer. This creates a very dangerous situation. Because there is no independent oversight of vaccine safety, the medical industry has been given license to injure and kill our children with impunity. Combine this reality with the growing effort to take away the right of parents to voluntary and informed consent, and you have a very dangerous situation. Unfortunately, this is the

state of medicine in BC today.

There is growing evidence that the legal immunity provided to vaccine manufacturers has increased the risk of harm to our children⁷. Efforts are now underway in the United States to repeal the National Childhood Vaccine Injury Act and once again hold vaccine manufacturers legally and financially liable for vaccine injury and death.

Legal immunity was designed to protect the vaccine industry.
It was not designed to protect children from harm.

The Safety of the Childhood Vaccine Program Has Not Been Established

The medical industry claims that the *artificial stimulation of the immune system* with injected ingredients (vaccination) is the *safest, most effective and best way to protect our children and communities*. This opinion, however, is not supported by scientific evidence.

The fact is that we don't know the safety of the current childhood vaccination program because **the science has not been done** to the level that would support this conclusion. This is not our opinion, but rather the finding of the prestigious **Institute of Medicine (IOM)**, which found that the safety of the current childhood vaccine schedule has never been proven in large, long-term clinical trials. They conclude in their literature review⁸:

“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.”

In 2011, the Institute of Medicine reviewed 155 health conditions associated with the Varicella, Tetanus, MMR & Hepatitis B vaccines. In only 5 cases did the scientific evidence reject causation. In 134 cases the IOM deemed there were **too few scientifically sound studies** published in the medical literature to determine whether more than **100 serious brain and immune system problems are or are not caused by the vaccines**, including multiple sclerosis, arthritis, lupus, stroke, SIDS, autism and asthma. Unfortunately these IOM reviews that show lack of sound studies to prove causation are often misquoted to mean “vaccines do not cause” specific injuries. As scientists explain however, “Absence of evidence, does not mean evidence of absence [of causation].”

Furthermore, **no vaccines have been tested** for the ability to cause cancer (carcinogenicity); the ability to damage an organism (toxicity); the ability to damage genetic information within a cell (genotoxicity); the ability to change the genetic information of an organism (mutagenicity); the ability to impair fertility; or studied for long-term adverse reactions in pre-licensing clinical studies. Product information inserts provided by the vaccine manufacturer make these points clear.

In 1987, the U.S. Congress mandated that Health and Human Services improve vaccine safety continuously and report their progress every two years. In 2018, HHS admitted that it has **failed to file even a single report** to Congress on vaccine safety. Since vaccines are given to healthy children, the level of safety testing ought to be even more rigorous than with other pharmaceutical products. Clearly, this is not the case. For a vaccine to be recommended without adequate safety testing is nothing short of medical malpractice.

No Neutral Placebos

On examining the vaccine safety science, what an informed parent discovers is that **none of the vaccines on BC's childhood vaccination schedule** were tested against a neutral (inert) placebo. The reason this is so critically important is because the safety profile of any medical product cannot be determined unless it has been tested against a control group given a neutral placebo. This standard of safety testing is required for all pharmaceutical products **except vaccines**.

This fact was recently confirmed by the **Informed Consent Action Network (ICAN)**⁹ who analyzed all the

⁷ http://law.emory.edu/elj/_documents/volumes/67/3/holland.pdf See page 445, discussion of *Is “Delitigation” Associated with a Change in Product Safety? The Case of Vaccines*, (June 14, 2017)

⁸ <https://www.ncbi.nlm.nih.gov/books/NBK206940/>

⁹ <http://icandecide.org/wp-content/uploads/whitepapers/ICAN%20Reply%20-%20December%2031%2C%202018.pdf>

scientific evidence in clinical trials on which Health and Human Services rests its claim of vaccine safety. ICAN meticulously reviewed every single study provided by HHS. These studies are the basis on which the FDA and also Health Canada license vaccines. The lack of true control groups in clinical trials should concern everyone committed to vaccine safety, especially the safety of vaccines given to children.

Unacceptably Short Pre-Licensing Safety Testing

Another concern is the unacceptably short period for pre-licensing safety testing of 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 not able 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, months to years after vaccinations are administered.

Vaccines have never been tested for safety in the combinations recommended for our children today. All vaccines should be carefully evaluated, both individually and in long-term studies, and then synergistically for toxicity with other vaccine combinations. This does not happen with vaccine products which makes the routine practice of multiple injections at one time an uncontrolled medical experiment.

Systemic Under-Reporting of Vaccine Injury

Parents also discover that there is a systemic under-reporting of adverse events following vaccination. A study conducted for Health and Human Services at **Harvard Pilgrim Hospitals**¹⁰ concluded that **“fewer than 1% of vaccine adverse events are reported. Low reporting rates . . . endanger public health.”** This means that more than 99% of vaccine adverse reactions may not be reported or acknowledged. However that damage still occurs.

Based on the Public Health Agency of Canada’s latest data¹¹, Canadian children—who are 20% of the population—experienced 60% of all reported adverse events and **82% of all reported serious adverse events** in 2017. A **serious adverse event** is defined as one that results in one or more of the following: death, a life-threatening event, hospitalization (or extended hospitalization), disability or congenital deformity (fetal damage from pregnant mother’s vaccination).

It is deceptive, even fraudulent, for our Public Health Officer to state that vaccines are “safe and effective” when there is insufficient evidence to support these claims, as well as evidence to the contrary for some children. So, the question is: **Is it ethical for the BC government to impose vaccine products on citizens when the scientific evidence to support the safety of these products is so clearly inadequate?**

Are Vaccinated Children Healthier?

The most important question with regard to vaccination is: Who is healthier—vaccinated or unvaccinated children?

In 2017 the *Journal of Translational Science* published the first independent, non-industry funded study comparing the overall health of vaccinated and unvaccinated 6–12 year old children in the United States¹². The results of the study revealed that while vaccinated children were significantly less likely to have had chicken pox or whooping cough, they **were significantly more likely** to have had pneumonia, allergies, otitis media (ear infection), eczema, a learning disability, Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, neuro-developmental disorders and chronic illness.

The conclusions of the study were as follows:

*“..the strength and consistency of the findings, the apparent “dose-response” relationship between vaccination status and several forms of chronic illness, and the significant association between vaccination and neuro-developmental disorders all support the possibility that **some aspect of the current vaccination program could be contributing to risks of childhood morbidity**. Vaccination also remained significantly associated with neuro-developmental disorders after controlling for other factors...”*

Tragically, we are losing a large portion of the next generation of children to neurological, neurodevelopmental,

10 <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

11 <https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2018-44/issue-12-december-6-2018/article-4-vaccine-safety-in-canada-2017.html> **and to understand the government data see:** <https://vaccinechoiccanada.com/about-vaccines/reports/vaccine-safety-report-7/>

12 <https://www.oatext.com/Pilot-comparative-study-on-the-health-of-vaccinated-and-unvaccinated-6-to-12-year-old-U-S-children.php>

behavioral and learning disabilities. Unlike acute infectious illnesses targeted by vaccines, these are **chronic, life-long and severely disabling conditions**.

The vaccine industry has failed to provide scientific evidence that children receiving the current vaccine schedule have better overall health than those who don't. **Vaccine Choice Canada** contacted Canada's Chief Medical Officer, Dr. Teresa Tam, requesting evidence of vaccine safety testing conducted by Health Canada. To date, Dr. Tam has failed to provide any evidence to support the claim that Health Canada "conducts rigorous scientific review and testing of vaccines to assess their quality, safety, and efficacy before they are approved for use". A copy of this letter is included in this package.

The medical establishment considers vaccines effective if they suppress a few targeted symptoms; but at what expense? An emerging body of evidence indicates that **over-stimulating a child's immune system damages their developing immune system and brain**, leading to life-threatening or debilitating disorders like learning disabilities, attention deficit disorders, autism, asthma, allergies, juvenile diabetes and death.^{13,14}

*For the first time in history...children are sicker than the generation before them. They're not just a little worse off, they are precipitously worse off physically, emotionally, educationally and developmentally.*¹⁵

~ Judy Converse, Pediatric Nutritionist, MPH, RD, LD

Why Two Different Responses?

If a child develops a serious illness or dies from a tainted food product, the government takes immediate action. Food processing facilities are closed, products are recalled, health inspectors begin testing products and equipment, media make public announcements, medical treatments are provided, and financial compensation is offered to those affected.

Compare this response to the response when a child experiences a serious injury or dies as a result of a vaccine. No government inspectors are called. No vaccine manufacturing is suspended. No products are identified and recalled. No public announcements are made. No medical treatment is provided. No financial compensation is offered. Instead the response is silence and denial.

Vaccines have been granted a special status which impedes scrutiny, criticism, recalls and moratoriums. Granting them such special status gravely endangers all of us.

When a parent says their child was injured in an accident,
the outreach of love, concern and compassion is overwhelming.

When a parent says their child was injured by a vaccine,
the ridicule, abandonment, and judgement is overwhelming.



Canada is the only G7 nation without a vaccine injury compensation plan. Other G7 countries recognize that vaccines cause injury and death. They compensate families for the losses. There is no financial compensation in Canada (except in Quebec) if your child is injured or killed by vaccination.

13 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3170075/>

14 [http://www.ebiomedicine.com/article/S2352-3964\(17\)30046-4/abstract](http://www.ebiomedicine.com/article/S2352-3964(17)30046-4/abstract)

15 <https://vaccinechoicecanada.com/health-risks/why-do-pediatricians-deny-the-obvious/>

No Effective Oversight

The vaccine program, as it currently exists, has no independent oversight, no independent evaluation of risk, and no effective counter balance to the intense lobbying by the medical industry for more and more vaccines to be included on the vaccine schedule. Witness the tripling of the number of vaccines recommended in BC since 1980 from 22 doses by age eighteen to more than 70 today. And there are hundreds of vaccines currently under development.

No Legal Liability

The vaccine industry in the US is exempt from legal liability for any injury or harm caused by their products. **In Canada, the vaccine industry enjoys de facto legal immunity** due to the requirement that both ‘negligence’ and ‘causation’ be proven by the vaccine injured victim. Vaccine injury compensation claims do not undergo the same discovery process as occurs in every other legal matter.

No Independent Oversight

Vaccine manufacturers are permitted by the FDA to do their own safety and efficacy testing. Their results are not verified by an independent entity that does not stand to profit or benefit in any way from the vaccine being tested. Vaccine manufacturers **are not required to include a control group receiving an inert placebo** in their safety testing in order to obtain licensure from the FDA or Health Canada.

No Media Oversight

The media has been told the “science on vaccines is settled” and that giving voice to vaccine safety concerns is irresponsible journalism. Therefore, balance and fairness in reporting in the media regarding vaccine safety **does not exist in Canada.**

The Result

NO industry accountability. NO independent testing. NO legal accountability. NO media scrutiny or oversight.

I never imagined myself in this position, least so in the very beginning of my Ph.D. research training in immunology. In fact, at that time, I was very enthusiastic about the concept of vaccination, just like any typical immunologist. However, after years of doing research in immunology, observing scientific activities of my superiors, and analyzing vaccine issues, I realized that vaccination is one of the most deceptive inventions that science could ever convince the world to accept.

~ Dr. Tetyana Obukhanych, Ph.D. Immunologist

Do Unvaccinated Children Put Others at Risk?

The vaccine industry blames those who are “under vaccinated” for the spread of infection. But is this true? The idea that the only plausible reason people contract infections is because some parents don’t get their children vaccinated is a powerful marketing strategy, but factually and scientifically flawed. Here are the facts:

- Vaccines **do not confer life-long immunity** nor necessarily eliminate susceptibility to infection. The protection conferred by vaccines is temporary, wearing off after a few years or even months.
- Not all vaccines are designed to prevent the transmission of infection. Many vaccines are only intended to **reduce the severity of the symptoms** once an infection occurs. Therefore, not being vaccinated for these infections does not alter the safety of public spaces.¹⁶
- B.C. Centre for Disease Control scientists discovered that annual influenza vaccination “**almost doubled the risk of infection with pandemic flu**”¹⁷.

16 <https://vaccinechoicecanada.com/about-vaccines/general-issues/herd-immunity/herd-immunity-can-mass-vaccination-achieve-it/>

17 <https://www.cbc.ca/news/health/flu-vaccine-paradox-adds-to-public-health-debate-1.2912790>

- It is now recognized that the pertussis (whooping cough) vaccine **actually increases the risk of contracting pertussis**, and that “children who were primed by DTaP vaccines will be more susceptible to pertussis throughout their lifetimes, and there is no easy way to decrease this increased lifetime susceptibility.”^{18,19}
- Live virus vaccines—oral rotavirus, measles, mumps, rubella, intranasal influenza, chicken pox, and shingles—can **infect, transmit and shed**.²⁰ Viral shedding can occur up to six weeks post vaccination. Those vaccinated with live viruses **pose more of a threat to the immune-compromised** than do healthy unvaccinated individuals who pose no risk.
- Herd immunity via vaccination is a **theoretical concept that has repeatedly failed to take effect** even when high vaccination targets have been achieved. The universal vaccination program has actually eliminated the natural herd immunity the entire population **benefited from** in the pre-vaccine era.¹⁶
- The decline in natural, life-long immunity due to the widespread use of vaccines actually increases the likelihood of outbreaks in the future. Both infants of vaccinated mothers, and adults are **more at risk** than in the pre-vaccine era.²¹

In an **open letter to US legislators**²², immunologist Tetyana Obukhanych Ph.D. addressed the question of whether unvaccinated children pose a higher risk to the public than vaccinated children. Dr. Obukhanych wrote: *“It is often stated that those who choose not to vaccinate their children for reasons of conscience endanger the rest of the public, and this is the rationale behind most of the legislation to end vaccine exemptions currently being considered by federal and state legislators country-wide. You should be aware that the nature of protection afforded by many modern vaccines—and that includes most of the vaccines recommended by the CDC for children—is not consistent with such a statement.*

She then discussed five childhood vaccines that do not prevent the transmission of disease, the high rate of emergency room visits (1 in 168 babies) following the first dose of MMR vaccination as disclosed in a recent Ontario public health study, the “measles paradox” and outbreaks, and the fact that measles is more dangerous for infants and adults than for school age children but that immunoglobulin treatment is available. She concludes:

*“Taken together, these four facts make it clear that **discrimination in a public school setting against children who are not vaccinated for reasons of conscience is completely unwarranted as the vaccine status of conscientious objectors poses no undue public health risk.**”*

Vaccine-induced herd immunity is an untrue meme used to frighten doctors, public health officials, politicians and the public into accepting forced vaccine status reporting and vaccination programs. The system is designed to enable an unlimited number of vaccines to be “recommended” and ultimately imposed without informed consent. This is unacceptable by any reasonable and ethical standard of medical care.

Aren’t Vaccines Responsible for the Decline in Mortality?

Vaccines are usually given credit for the decline in mortality of major infectious diseases. **Historical epidemiological data, however, does not support this claim.** The data shows that major declines in disease mortality took place in the western world **before the introduction and mass use of specific vaccines.** There is no evidence that vaccine use is primarily responsible for reduced mortality. Rather, the evidence indicates that public health measures such as clean drinking water, closed sewer systems, better nutrition, improved housing and reduced exposure to toxins is the reason for improved rates of mortality and morbidity.

The chart on the following page clearly shows that USA mortality rates for diphtheria, whooping cough and measles had all declined significantly before vaccines for these three infections were introduced or in wide use. Further, scarlet fever—for which no vaccine was ever developed—declined in the same way as the other diseases.

18 <https://sboh.wa.gov/Portals/7/Doc/Meetings/2019/03-13/Tab09e-Cherry%20JPIDS%202019.pdf>

19 <https://www.sciencedaily.com/releases/2019/06/190610090106.htm>

20 <https://www.nvic.org/cmstemplatess/nvic/pdf/live-virus-vaccines-and-vaccine-shedding.pdf>

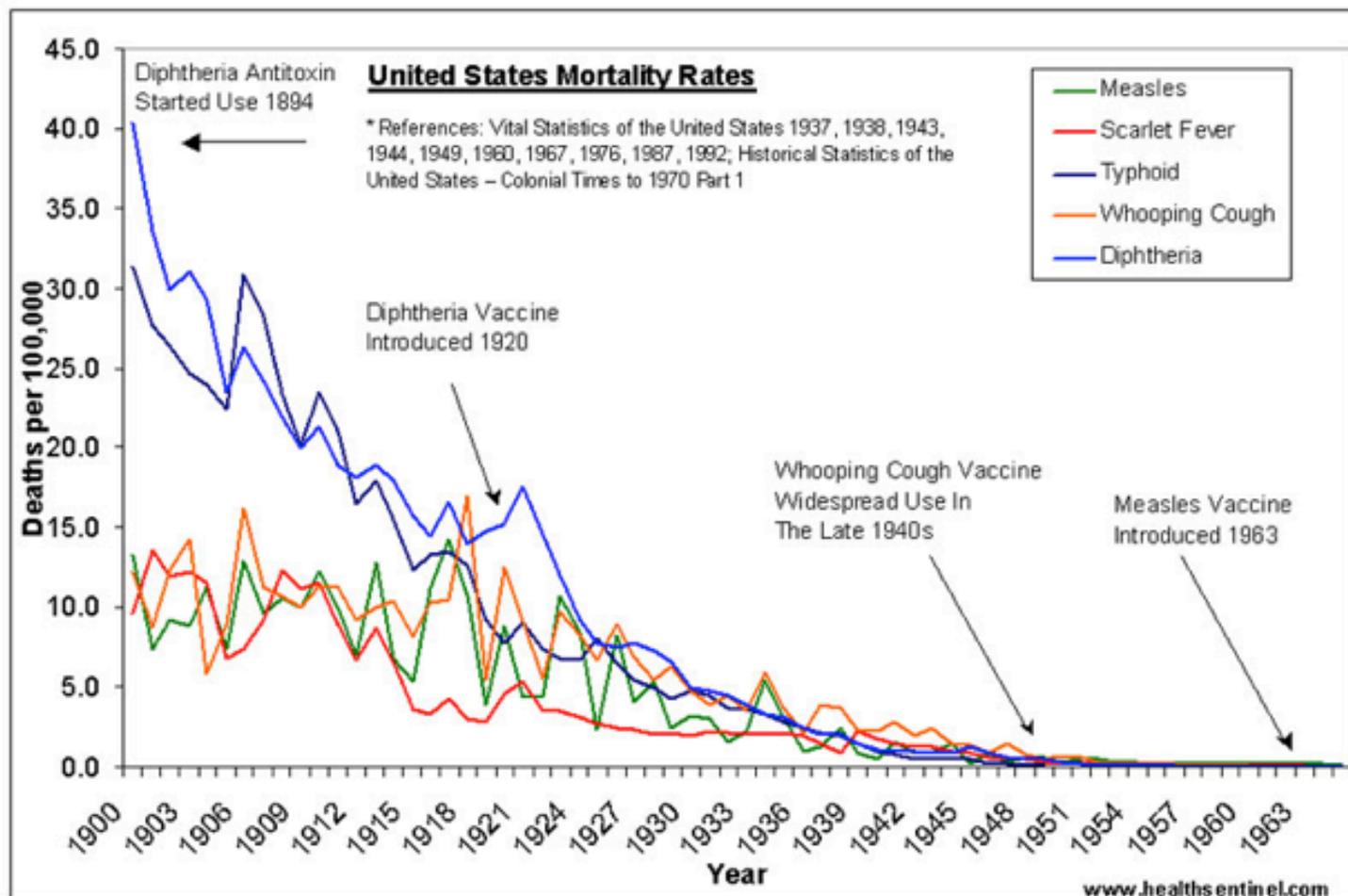
21 <https://www.ncbi.nlm.nih.gov/pubmed/8053748>

22 <https://vaccinechoicecanada.com/wp-content/uploads/Letter-to-Legislatures-Considering-Vaccine-Legislation-Obukhanych.pdf>

This supports the conclusion that public health measures (other than vaccines) and increased standards of living were influential in the disease declines.

The best evidence offered by this [vaccine] promotion is that there has been a reduction in the incidence of certain diseases against which vaccination is now commonplace. This is not evidence.

~ Dr. Vernon Coleman



The decline in diphtheria, whooping cough and typhoid fever began fully fifty years prior to the inception of artificial immunization and followed an almost even grade before and after the adoption of these control measures. Claims about the historical life-saving impact of immunization programs appear to be assumptive and not factual.

~W.J. McCormick MD, Archives of Pediatrics

What About Measles?

Dr. Bonnie Henry, BC's Provincial Health Officer, would have us believe that measles is a dangerous childhood disease. Dr. Henry stated recently: "This serious disease continues to cause illness and sometimes death—primarily in children—in countries around the world." While this statement is factually accurate, it is misleading. The health conditions in countries around the world, particularly in the developing world where most deaths occur, is not relevant to the assessment of measles risk in BC. The fact is measles is a **largely benign childhood infection in Canada**. There have been no deaths or permanent injury associated with recent measles outbreaks.

According to **Physicians for Informed Consent**²³, measles is “a self-limiting childhood viral infection”. In developed countries, measles may be inconvenient for 4 to 6 days, but the risk of permanent injury or death of children from measles is **exceedingly rare**. In fact, public health officials in Canada removed measles as a notifiable disease in 1958 because measles was no longer considered a public health threat. We would have no fear of our children contracting measles if the medical industry and mainstream media were honest about the risk of permanent injury or mortality from measles infection.

No Medical Justification

We have been **seriously misled** by the for-profit medical industry and the corporate controlled mainstream media into believing that contracting measles in childhood is dangerous and justifies vaccine mandates. There is **no medical justification** to impose vaccines or even mandate vaccine status reporting based upon the level of risk to Canadian children experiencing measles. **The measles ‘epidemic’ is a manufactured crisis.**

Neil Rau, an infectious disease specialist, and Dr. Richard Schabas, MD, Ontario’s former Chief Medical Officer, stated in their October 2018 *Globe and Mail* article titled ***Stop the Hysteria Over Measles Outbreaks***²⁴:

“The borderline hysteria fueled by the media and public health that greets a few cases is unwarranted... At current rates, Canada can expect to see a death from acute measles about once every hundred years or so.”

The determination that a person poses a direct threat to the health or safety of others **cannot be based on generalizations, stereotypes or promotional campaigns**. Under law, schools can treat children infected with contagious diseases differently from other students where there is a significant health risk. There is no basis in law however to discriminate against children who do not have a contagious disease, whether vaccinated or not.

Of note in this regard, **children infected with Hepatitis B** (thus, carrying the virus) attend public schools as they are not determined to be a significant health risk in this setting. Yet **a child not vaccinated against Hepatitis B** in their routine vaccinations will be considered under-vaccinated by public health officials with the attendant discrimination of requirements to attend ‘information’ sessions and undergo interviews with their parents according to the new BC regulations to the Public Health Act. This makes little to no sense.

Vaccine Failure

What is rarely reported by public health officials like Dr. Henry or the mainstream media is that many of the citizens who contract measles today have been vaccinated. Vaccine experts now recognize that **the measles vaccine does not and cannot eliminate measles outbreaks** in the general population.²⁵ This is because up to 10% of individuals are “non-responders” (do not develop measles antibodies) and another 8–9% of individuals stop producing antibodies within 2 to 10 years. This has resulted in an expanding population of non-immune people at risk of contracting measles.

Instead of eliminating measles as promised, the measles vaccine has **shifted the risk of measles** away from younger children, in whom measles is generally a benign illness, and onto those for whom it poses a greater risk of potentially serious complications—infants less than 1 year old, older children and adults.

This has created a paradoxical situation whereby in highly vaccinated societies measles occurs primarily in the older population and infants. A review of Canadian government measles statistics by Nelle Maxey²⁶ shows that in the pre-vaccine era, children 1 to 9 years old accounted for almost all cases of measles. Today, children older than 10 years and adults account for 70% of measles cases in Canada.

While the measles vaccine did succeed in stopping the cyclical rounds of measles in childhood, it did so at a big cost. By preventing measles at the safest and most appropriate age, the measles vaccine has eliminated the broad population-based natural herd immunity that we enjoyed in the pre-vaccine era which protected infants and adults.

During the recent 2019 measles outbreak in BC, the BC CDC published *Epidemiological Reports* which also confirmed this trend of measles infections occurring in older, vaccinated populations.

23 <https://physiciansforinformedconsent.org/measles/>

24 <https://www.theglobeandmail.com/opinion/article-stop-the-hysteria-over-measles-outbreaks/>

25 <https://www.ncbi.nlm.nih.gov/pubmed/23264672> Quebec 2011 Outbreak

26 <https://vaccinechoicecanada.com/wp-content/uploads/vcc-measles-report-2019.pdf>

2019 BC Outbreaks Data from BC CDC Reports

Table 1 Characteristics of confirmed measles cases, British Columbia, 2019 to **June 4**

Characteristic	Confirmed Cases	
	n	(%)*
Age Group (years)		
<1	1	(3)
1 to 9	2	(7)
10 to 19	11	(38)
20 to 29	8	(28)
30 to 39	2	(7)
40 +	5	(17)
Sex		
Male	17	(59)
Female	12	(41)
Regional Health Authority		
Fraser Health	9	(31)
Interior Health	2	(7)
Northern Health	0	-
Vancouver Coastal Health	10	(34)
Vancouver Island Health	8	(28)
Vaccination History		
0 doses	10	(34)
1 dose undocumented	2	(7)
2 doses undocumented	5	(17)
1 dose documented	3	(10)
2 doses documented	9	(31)

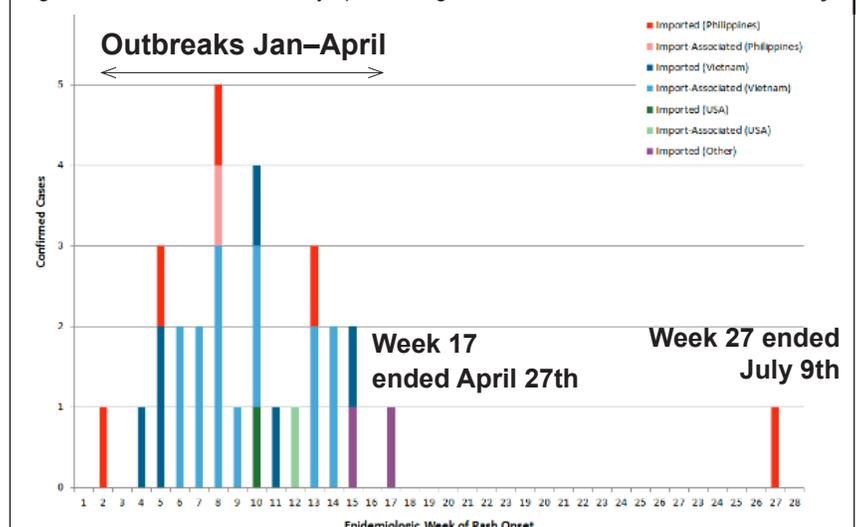
*Percentages may not add up to 100% due to rounding

The June 4th BC CDC report declared the outbreaks over. Table 1 from the report showed that of the 29 confirmed cases only 34% (10 cases) were unvaccinated and **66% (19 cases) were vaccinated** with 1 or 2 doses of MMR vaccine.

Further, **only 2 cases (7%) occurred in children 1 to 9 years old, the pre-vaccine era normal age for measles infections**. While 27 cases (93%) occurred in more-at-risk-of-complications populations: infants less than 1 year old (1 case), older children 10 to 19 years old (11 cases) and adults (15 cases).

In Fig. 1 below, The most recent report²⁷ shows only one new case of measles in July, not related to the previous outbreaks. The text of

Figure 1 Confirmed cases of by epidemiological week, British Columbia, 2019 to **July 9**



the report explains that there were **numerous separate, unrelated outbreaks**. For example the two Vancouver outbreaks are described as follows: *“Two cases with rash onset in January and one case in February were **adults** who acquired measles during travel to the Philippines... In a **separate** series of events beginning in late January, three **school-age children** who acquired measles infection while traveling in Vietnam returned to Vancouver... [This] resulted in transmission to 4 other students. An additional 6 cases were identified among those exposed in medical settings or households... As of April 3rd... termination of transmission in this chain of events”* was recognized. It is unclear from the data given how many of the cases began with unvaccinated persons.

Dr. Gregory Poland of the Mayo Clinic Vaccine Research Group made a call for a new measles vaccine in 2012²⁸ because of the recognized failure of the MMR vaccine to effectively and safely eliminate measles.

The primary cause of current measles outbreaks is a result of vaccine failure, not a failure to vaccinate. Holding unvaccinated children responsible for measles outbreaks is **dishonest, discriminatory and divisive** to a community.

To introduce a vaccine status tracking system in BC is to invite discrimination based on medical choice. **This tracking system has little to do with health risk.** We would not accept this kind of discrimination with any other medical condition or treatment.

The Safety of the Measles Vaccine

Is the measles vaccine “safe”? According to the Canada Vigilance database²⁶, during the period 1965–2015, there were 9 deaths reported following administration of measles vaccines. During the same period there were also 237 **serious adverse events** recorded following the administration of measles vaccines. **Neurological adverse**

27 <http://www.bccdc.ca/resource-gallery/Documents/Measles%20BC%20epi%20summary%202019%20YTD.pdf>

28 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3905323/>

events alone included 41 seizures/convulsions, 15 cases of encephalitis, 5 autism, 4 paralysis, 3 brain damage, 3 developmental delay, 3 aphasia (inability to formulate or comprehend language), 2 gait disturbance. If we consider that less than 1% of vaccine injuries and deaths are reported, in that Canadian 50 year time span, the number of deaths from the measles vaccine could be as high as 900 and in the same time span the number of serious adverse events as high as 23,700.

A 2011 paper, *Adverse Events Following 12 and 18 Month Vaccinations*²⁹, by Kumanan Wilson of the Ottawa Hospital Research Institute, found that **1 in 168 babies had emergency room visits within 4–12 days after their 12 months MMR vaccination** in combination with other childhood vaccines. Several children died during the study period. The number of deaths was not disclosed.

Product inserts for Merck’s MMR vaccine³⁰ and GSK’s MMRV vaccine³¹ list the following adverse events: pneumonia and respiratory infection, cellulitis, aseptic meningitis, anaphylaxis, necrotizing retinitis, nerve deafness, cerebrovascular accident (stroke), encephalitis, Guillain Barre syndrome, acute hemorrhagic edema, arthritis, diabetes, pancreatitis, subacute sclerosing panencephalitis, and death.

Looking at all the data, it is perfectly understandable why well-informed parents would choose to allow their children to experience measles naturally and gain true lifetime immunity, rather than expose their children to a deficient vaccine whose manufacturers warn of the many neurological and autoimmune diseases that have been observed in children who were given the vaccine during the clinical trials.

Being Concerned About Vaccine Safety Is Not Anti-Science

Daring to question the claims of Health Canada and the vaccine industry is not anti-science. Rather, questioning and demanding clinical evidence of vaccine safety and effectiveness is **pro-science**, as well as evincing responsible parenting and health consumerism. The arguments used to legitimize, legalize and implement vaccination mandates are, for the most part, **ideological constructs and not evidence-based medicine**.

The failure of the vaccine industry to provide clinical and biological evidence of long-term vaccine safety and efficacy is what is anti-science. Saying there is no need to conduct long-term safety trials is irresponsible and unacceptable.

‘One Schedule Fits All’ is Ideology

Not all vaccines are the same, made the same, contain the same ingredients, made by the same manufacturers, or given to children at the same age. Not all children have the same immune response or tolerance. Yet the medical industry and the mainstream media routinely describe vaccines as though they are one drug and insist that “one schedule fits all”. They act as if all vaccines have the same efficacy and safety and as if all children have the same level of immune capacity. This is obviously untrue. Saying, “All vaccines are safe and effective” is like saying “All prescription drugs are safe and effective”. Such statements are without scientific integrity and are therefore meaningless and do not induce trust in the general public.

*21st century vaccinology will increasingly see the abandonment of a
“one size fits all” approach to vaccine dosing and delivery.*

~ Dr. G.A. Poland, Mayo Clinic Vaccine Research Group³²

The primary metric to measure success for Health Canada appears to be how many vaccines are delivered and how successfully the agency expands its vaccine program. Vaccine uptake is not an appropriate measurement of success. **Increased health** is the only true measurement of the success of a public health program or policy.

29 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3236196/>

30 https://pdf.hres.ca/dpd_pm/00038147.PDF

31 <https://ca.gsk.com/media/591336/priorix-tetra.pdf>

32 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3752773/>

The Impact of Coercive Vaccine Regulations

Creating coercive vaccine regulations such as the government plans to implement in BC is a slippery slope leading to the erosion of our most basic human right—the right to make a voluntary and informed decision when considering any invasive medical treatment that carries a risk of injury and death, which vaccines certainly do. It is important that you be fully aware of the impact on our rights and freedoms that mandating vaccine status reporting and information sessions or moving toward the mandating of vaccines themselves will have.

Loss of Personal Self-Determination

Coercive vaccine regulations mean that individuals no longer have self-determination over their own body or that of their children. Instead industry and unelected government agents have the authority to discriminate against citizens for their legal choices. This action establishes a very dangerous precedent opening the door to imposing medical interventions upon healthy citizens. While the context of the current debate is about vaccines, the potential impact is more significant. Such decisions extinguish the right of Canadians to decide what goes into our bodies and the bodies of our children. It declares that we are not sovereign beings. If one cannot voluntarily decide when and for what reason one is willing to risk their life or health or the life or health of their child, our unalienable right to life and liberty has been taken from us.

A Significant Change in Medical Ethics

Any move toward mandatory vaccination would also mean a significant change in how medicine is practiced in BC. It would mean that physicians would no longer uphold the Hippocratic Oath—*First do no harm*. As a community we uphold the principle—*If there is risk, there must be choice*. Forced vaccinations would disregard these principles and ethics. Vaccination is an invasive medical treatment with known risks including death. USA law deems vaccinations “unavoidably unsafe”, meaning that even when used as directed an unknown number of individuals will be injured or killed by vaccines.

Our current medical ethics supports the right that **no one should be forced to undergo an invasive medical procedure without his or her voluntary, informed consent**. We have condemned the eugenics practices of the past that included involuntary euthanasia, medical experimentation, and sterilization (including the forced sterilization of individuals with developmental disabilities). In spite of this, current change in vaccination policies and practices in Canada seem to be moving toward those very things we have condemned.

As Dr. Ralph Campbell, a retired board-certified pediatrician, has explained: “... *all vaccines are not created equal... Medical authorities concerned about lack of parental compliance would do well to consider that compliance surely would have improved if trust, obtained by open public discussion, had first been established. Discussion of both the benefits and the risks of individual vaccines is needed...*”³³

He further cautions, “*The authoritative medical bodies must end their arrogant stance and take an honest look at the literature they have suppressed.*” And “*Legislative bodies need to do their homework and reject any thought of mandating vaccinations.*”³³

Systematic Erosion of Choice

Most governments that introduce vaccine mandates have initially offered religious, personal and medical exemptions. However, if the experience from other communities can inform us, these exemptions will only be temporary measures meant to appease those resistant to giving up their freedom and their right to informed consent. One only needs to look elsewhere to witness the tactics being used by governments to increase vaccine compliance and deny informed consent (which includes the right to NOT consent). Some examples include the following:

- New York authorities threaten to impose fines and call Child Protective Services if parents fail to vaccinate their children. In Rockland County, a state of emergency declaration banned unvaccinated children from public spaces. This state of emergency declaration was challenged by parents and halted after a judge ruled that the outbreak did not legally merit an emergency declaration.³⁴

33 <http://orthomolecular.org/resources/omns/v11n04.shtml>

34 <https://newyork.cbslocal.com/2019/04/05/judge-to-rule-on-rockland-measles-emergency-order/>

- When the California government introduced vaccine mandates, the state promised to uphold religious, personal and medical exemptions. However, once vaccine mandates were implemented, government acted to remove both religious and personal exemptions, and has just passed legislation limiting medical exemptions, therefore denying the professional determination by a patient's family physician.³⁵
- Doctors at a California medical clinic have decided that vaccinations are "simple and common" and the related risks are "commonly understood"; therefore informed consent is no longer required for their patients.
- Argentina denies passports and driver's licences to citizens who are not fully vaccinated.
- Australia introduced the 'No Jab, No Pay' policy which denies income assistance and other child support benefits to families whose children are not fully vaccinated according to the recommended schedule.³⁶

A Path of Coercion

While the intention of the BC government is likely well intended, what they may not fully understand is that they are embarking upon a path that supports coercion rather than consent. Canada is a signatory to *The Universal Declaration of Bioethics and Human Rights*, where Article 6 describes consent as follows:

*Any preventive, 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... In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent.*³⁷

This means consent must be voluntary, free, informed and that the consent can be withdrawn at any time without disadvantage or prejudice. According to the **Nuremberg Code**, informed voluntary consent means that "*the person involved... should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of **constraint or coercion**.*"³⁸

We only need to look around to witness the gradual and systematic erosion of parental rights, the dismissal of the ethic of informed consent, and the loss of body sovereignty to appreciate that the BC government is embarking upon a path that will ultimately lead to these losses as well. These actions, no matter how well intended, further undermine our freedom to think, speak and dissent.

Conflicted Interests

We need to be thoughtful and vigilant before considering the idea of imposing a discriminatory action (i.e., mandatory education classes) on parents who are only expressing their legal right to informed consent or non-consent to an invasive medical procedure. This is especially true where the motive of profit can distort the value and benefit of such medical procedures.

Vaccine manufacturers, whose representatives sit on many decision-making bodies both nationally and internationally, operate as for-profit businesses. Their goal is to have the highest financial return possible by eliminating competition, using advertising to promote their products, and employing lobbyists to influence governments to provide them a favorable position in the market. Vaccine manufacturer associations develop 'white papers' on vaccination policies and programs that governments then adopt.

Further, conflict of interest statements from individuals sitting on Canadian public health decision-making bodies clearly show that industry money funds much vaccine research. Doctors, hospitals and medical associations also receive big payouts from the vaccine industry.³⁹

In the USA, the CDC owns many patents related to vaccines and their delivery. Corporations license these patents for their vaccine development and the CDC in turn reaps enormous financial rewards in royalties. This means the CDC is financially and ideologically conflicted when they recommend vaccines.

35 <https://www.record-bee.com/2019/06/26/california-legislature-should-pass-compromise-vaccine-bill/>

36 https://en.wikipedia.org/wiki/No_Jab,_No_Pay

37 http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html

38 <https://history.nih.gov/research/downloads/nuremberg.pdf>

39 <https://www.theglobeandmail.com/canada/article-10-big-pharma-firms-paid-more-than-76-million-last-year-to-doctors/>

The top four drug companies that produce almost all vaccines have been found guilty and paid billions in criminal penalties for research fraud, faking drug safety studies, failing to report safety problems, bribery, kickbacks and false advertising. Why would we have any confidence that they are telling the truth about vaccine safety and efficacy?

According to a World Health Organization report⁴⁰, vaccines are the fastest growing sector of the pharmaceutical industry with hundreds of vaccines under development. The vaccine industry is enjoying spectacular growth. The global vaccine market quadrupled in value from \$5 billion in 2000 to almost \$24 billion in 2013 and is projected to rise to \$100 billion by 2025.

We ought to be extremely careful when a for-profit business is given influence to decide what goes into our bodies. We also ought to be extremely vigilant to ensure governments are not being corrupted and co-opted by industry money. **Currently, on a global basis, there exists no significant separation between the vaccine industry and government policy-makers and regulators.**

Honest doctors can no longer practice honest medicine. We have a complete healthcare system failure and an epidemic of misinformed doctors and misinformed and harmed patients.

~Dr. Aseem Malhotra, to the European Parliament in Brussels, April 12, 2018⁴¹

We Need Your Help to Protect Our Rights

A decision of the significance of mandating vaccine status reporting using coercive and discriminatory measures will inevitably result in the loss of informed consent rights and privacy of health information. This requires:

- **More conversation**, not less.
- **More information**, not less.
- **More evidence and scrutiny**, not less.
- **More caution**, not less.
- **More oversight**, not less.

Unfortunately, the opposite is occurring. This is why we need your help. You have a responsibility to the citizens of BC to get this right. Short-circuiting the dialogue on vaccinations or remaining silent won't serve any of us well. Taking away personal rights and freedoms will change BC forever. Once a freedom is lost, it is almost impossible to retrieve.

It is from numberless diverse acts of courage and belief that human history is shaped. Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope...

~Robert F. Kennedy, South Africa, 1966⁴²

40 https://www.who.int/influenza_vaccines_plan/resources/session_10_kaddar.pdf

41 <https://www.youtube.com/watch?v=IzKEYqgbq84&app=desktop>

42 <http://www.quotationspage.com/quote/4660.html>

Who Is Vaccine Choice Canada?

Vaccine Choice Canada (VCC) is a federally registered, not-for-profit, educational society solely supported by donations from its members. VCC was founded by families whose loved ones have suffered severe vaccine reactions which have resulted in brain and immune system injuries, chronic debilitating diseases or death.

The group has operated in Canada for 35 years. It formed in response to the growing concern about the safety of the vaccination program. As a public information and resource group, VCC works to protect the right of all people to make fully informed and voluntary vaccine decisions for themselves and their children. Our mission is to empower individuals to make informed health care choices and to defend the medical ethic of Informed Consent. VCC maintains that we have the right to know and understand what we are putting in our bodies, and to refuse unwanted medical treatments, whether ‘preventive’ or ‘therapeutic’, as articulated by the *Universal Declaration on Bioethics and Human Rights, Consent Article 6*.

Our Mandate is to:

- Empower families to make voluntary and informed health care decisions
- Support individuals in their right to health freedom
- Protect and further the individual’s freedom from enforced medication

Contrary to government and media statements, vaccination is NOT mandatory in Canada. Vaccines are ‘recommended’, and all provinces currently permit vaccine exemptions. Our goal is to keep it this way.

Vaccine Choice Canada maintains an acclaimed website that provides a national and international overview of vaccine information including legal and provincial information, parents stories, doctor’s opinions, book and video resources, exclusive VCC reports and monthly News Bulletins. Our extensive Science section provides access to both current and historical vaccine studies published in peer-reviewed journals.

Your Child • Your Future • Your Choice



**VACCINE
CHOICE
CANADA**

Contact Vaccine Choice Canada by email: info@vaccinechoicecanada.com

Visit our Website: www.vaccinechoicecanada.com

Write to us: PO Box 169, Winlaw, BC V0G 2J0

On the following two pages is the schedule that must be followed for a BC child to be considered fully vaccinated. Any deviation from this schedule will result in discrimination against the “non-vaccinating” parent and child. The second page lists vaccines used in BC and discusses significant vaccine ingredients. Parents need ALL of this information and more to make informed vaccine decisions.

A hyper-linked pdf of the 2019 BC schedule is available on our website: <https://vaccinechoicecanada.com/wp-content/uploads/vcc-bc-1983-2019-vaccine-schedule.pdf>

compares BC Vaccine Schedules

1983 TOTAL PreSchool 22 Vaccines In 6 Injections & 4 oral doses		AGE	2019 TOTAL PreSchool 51 (54*) Vaccines In 19 (22*) Injections & 3 oral doses <i>*Aboriginal babies receive 3 doses of Hep A</i>	
	Number Vaccines		Number Vaccines	
∅		Prenatal 	1	In routine schedule for pregnant women, thus fetal exposure: Influenza Vaccine
DPT: 3 vaccines in 1 shot OPV: oral polio, live virus vaccine	4	2 Months 	9	DTaP-HB-IPV-Hib 6 vaccines in 1 shot Meningococcal C-C Pneumococcal C-13 Rotavirus (oral) live virus vaccine
DPT: 3 vaccines in 1 shot OPV: oral polio live virus vaccine	4	4 Months 	8	DTaP-HB-IPV-Hib 6 vaccines in 1 shot Pneumococcal C-13 Rotavirus (oral) live virus vaccine
DPT: 3 vaccines in 1 shot	3	6 Months 	9 (10*)	DTaP-HB-IPV-Hib 6 vaccines in 1 shot Influenza 2 doses 4 weeks apart Rotavirus (oral) live virus vaccine <i>(*Hepatitis A Aboriginal babies only)</i>
∅		12 Months 	6	MMR 3 live virus vaccines in 1 shot Meningococcal C-C Pneumococcal C-13 Varicella chickenpox live virus vaccine
MMR: 3 live virus vaccines in 1 shot at 15 months	3	18 Months 	6 (7*)	DTaP-IPV-Hib 5 vaccines in 1 shot Influenza (1st Annual dose) <i>(*Hepatitis A Aboriginal babies only)</i>
DPT: 3 vaccines in 1 shot OPV: oral polio live virus vaccine	4	3 Yr 	1	Influenza (Annual dose in Fall)
DPT: 3 vaccines in 1 shot OPV: oral polio live virus vaccine	4	4–6 Yr 	11 (12*)	Tdap-IPV 4 vaccines in 1 shot MMRV 4 live virus vaccines in 1 shot Influenza (3 Annual doses, 1 each Fall) <i>(*Hepatitis A Aboriginal children only)</i>
	Total 22		Total 51 (*54)	



By the time your child graduates from high school, they will have received an additional 11 annual Influenza vaccines and

Grade 6: Chickenpox (2nd dose catch-up), Hep B and 2 doses of HPV

Grade 9: Tdap (3-in-1 shot) and Men C-ACYW-135

TOTAL Grade School & High School in 2019
18 Vaccines in 16 Injections

2019 GRAND TOTAL: Prenatal to Age 18
69–72 Vaccine

Did you know vaccination is VOLUNTARY in Canada?

As Health Canada explained years ago: “Unlike some countries, immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution...legislation and regulations must not be interpreted to imply compulsory immunization.”

—Immunization in Canada, Volume: 23S4, May 1997, [Canadian National Report on Immunization](#)

LEGEND

Vaccines used in the 1983 BC schedule

Note: All 3 of these vaccines have since been withdrawn from the market due to **safety concerns**.

DPT: diphtheria, whole cell pertussis, tetanus vaccine
3 vaccine combination

OPV: oral, live virus polio vaccine

MMR: measles, mumps (Urabe strain), rubella vaccine
3 live virus vaccine combination

Vaccines used in the 2019 BC schedule

DTaP-HB-IPV-Hib 6 vaccine combination with diphtheria(D), tetanus(T), acellular pertussis(aP), HepatitisB (HB), inactivated polio (IPV) & Hib (Haemophilus Influenzae B)
• **INFANRIX** hexa[®]

DTaP-IPV-Hib 5 vaccine combination with diphtheria(D), tetanus(T), acellular pertussis(aP), inactivated polio (IPV) & Hib (Haemophilus Influenzae B) vaccines
• **Pediacel**[™] or **Infanrix-IPV/Hib**[®]

Hepatitis A (HepA or HA) virus vaccine (Aboriginal only)
• **AVAXIM**[®] Pediatric, **HAVRIX**[®] 720 JUNIOR, **VAQTA**[®]

Hepatitis B (HB): genetically engineered virus vaccine
• **ENGERIX**[®]-B or **RECOMBIVAX HB**[®] pediatric

HPV Human papillomavirus vaccine,
• **GARDASIL 9**[™]

Influenza Annual Flu shot, quadrivalent vaccine recommended
• **FLULAVAL**[®]Tetra for babies 6 –23 months
• **FLUMIST**[®] Quadrivalent or **FLULAVAL**[®] Tetra 2 –17 yrs
(If a quadrivalent product is unavailable, **Fluviral**[®] or **Agriflu**[®] used.)

Men C-C: Meningococcal serotype C vaccine,
• **MENJUGATE**[®] or **NEISVAC-C**[®]

Men C-ACYW-135: 4 Meningococcal serotypes,
• **MENVEO**[®] or **MENACTRA**[®]

***MMR:** measles, mumps, rubella,
3 combination **live virus** vaccine
• **MMRII**[®] or **Priorex**[®] for children < 4 years old

***MMRV:** measles, mumps, rubella, & varicella (chickenpox)
4 combination **live virus** vaccine
• **Priorex Tetra**[®] or **ProQuad**[™] for children ≥ 4 yrs old

Pneu C-13: pneumococcal vaccine, 13 serotypes,
• **PREVNAR 13**[®]

***Rotavirus: live virus** oral vaccine,
• **RotaTeq**[®] (3 doses)

Tdap-IPV: tetanus, diphtheria, acellular pertussis, polio
4 vaccine combination, age 4-6
• **ADACEL-Polio**[®] or **BOOSTRIX-Polio**[®]

Tdap: tetanus, diphtheria, acellular pertussis
3 vaccine combination, Grade 9 booster
• **ADACEL**[®] or **BOOSTRIX**[®]

***Varicella:** chickenpox **live virus** vaccine
• **VARILRIX**[®] or **VARIVAX**[®] III

***Live virus vaccines** can shed for varying amounts of time (weeks to months) in the body fluids of vaccinated people and can be transmitted to others. “Little is known about the potential of live attenuated and genetically engineered vaccine viruses to mutate and recombine with other viruses and create new viruses that will cause disease or affect the integrity of the human genome, human microbiome and healthy functioning of the immune and neurological systems.” **NVIC**
<http://www.nvic.org/cmstemplates/nvic/pdf/live-virus-vaccines-and-vaccine-shedding.pdf>

What’s In those Vaccines?

In the first year of life, during critical phases of brain and immune system development, your baby will receive from 32 or 33 doses of complex biochemical vaccine ingredients. We identify some of these substances, such as adjuvants, preservatives and other ‘clinically significant’ ingredients in the following popular vaccine brands.

Example Vaccines received in the first year

3 DTaP-HB-IPV-Hib—**Infanrix** hexa[®]

2 MEN-C-C—**Menjugate**[®]

3 Pneu C-13—**Prevnar 13**[®]

3 Rotavirus—**RotaTeq**[®]

2 Influenza—**Flulaval**[®]Tetra

1 MMR—**MMRII**[®]

1 Varicella—**Varivax**[®]III

Infanrix hexa:

Adjuvant: Aluminum 820mcg X 3 doses = **2460mcg**

Preservative: 2-Phenoxyethanol (PE)

Potential Allergens: Polymyxin B, Yeast protein, Neomycin,

Tetanus toxoid carrier protein

Other: Bovine serum albumin Formaldehyde

Monkey kidney cell DNA Polysorbate 80

Menjugate:

Adjuvant: Aluminum 1000mcg X 1 dose = **1000mcg**

Potential Allergens: Latex, Diphtheria toxoid carrier protein

Other: Disodium phosphate heptahydrate, Mannitol, Sodium chloride, Sodium dihydrogen phosphate monohydrate

Prevnar-13:

Adjuvant: Aluminum 1250mcg X 3 doses = **3750mcg**

Potential Allergens: Diphtheria toxoid carrier protein

Other: Polysorbate 20 and 80, Formaldehyde, Lactose

RotaTeq: Potential allergens: fetal bovine serum, polysorbate 80

Other: DNA fragments from porcine circovirus 1

Flulaval Tetra:

Preservative: Thimerosal <25mcg **mercury** X 2doses = **<50mcg**

Potential Allergens: Egg protein, Thimerosal

Other: Formaldehyde

MMRII:

Potential Allergens: Neomycin, Phenol red, Porcine gelatin

Residual components of chick embryo cell cultures

Other: Fetal bovine serum, Human diploid cells (fetal cells)

Contaminants from cell growth medium,

Recombinant human albumin

Monosodium L-glutamate monohydrate

Varivax III:

Potential allergens: Porcine gelatin, fetal bovine serum, neomycin

Other: Human diploid cells (fetal cells), monosodium glutamate

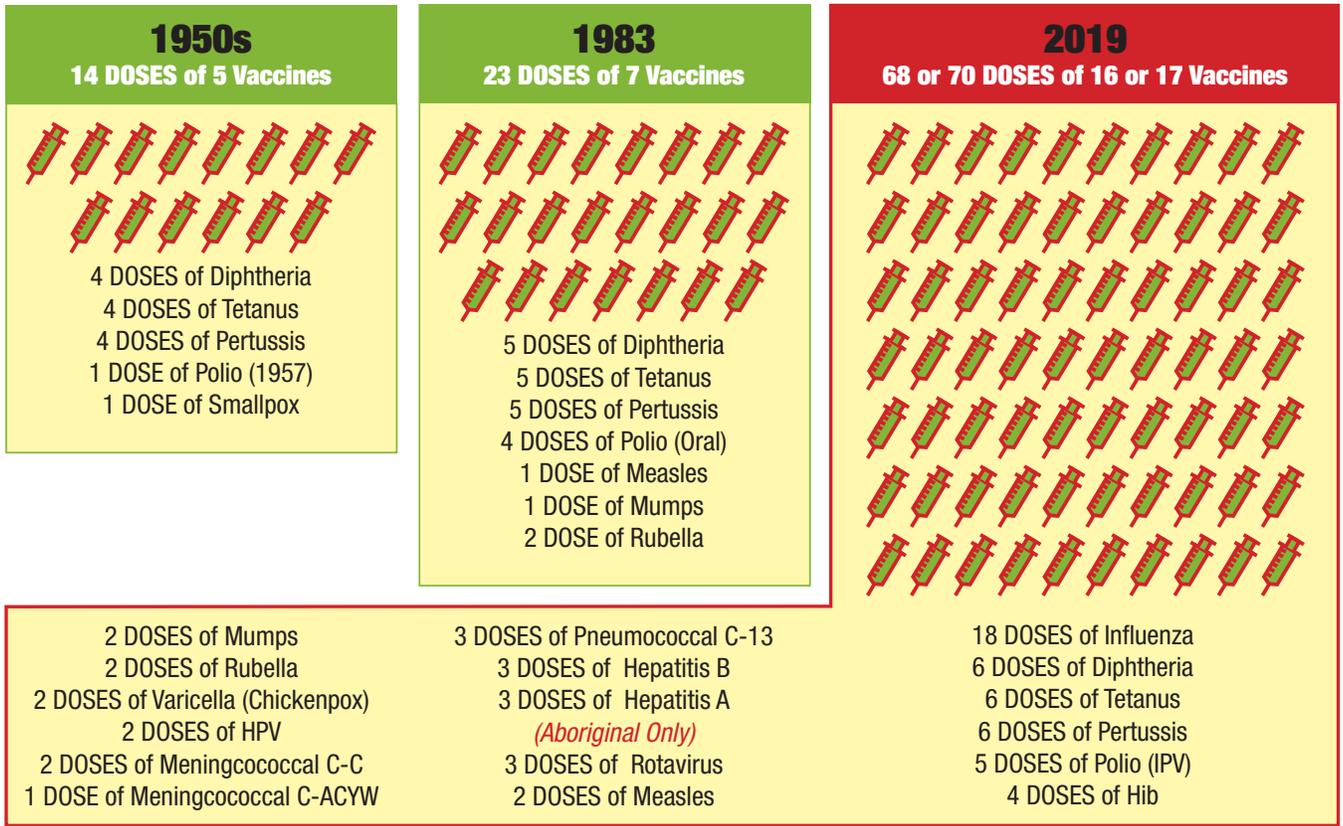
Note: Many other ingredients are not listed in the Other Ingredients category above. For complete ingredient listings and information on vaccines used in BC, see the BC Centre for Disease Control manual: [Communicable Disease Control/Immunization Program/Section VII—Biological Products](#).

Using the above vaccines in the first year of life, vaccinated babies will receive a total of **7210 micrograms of aluminum** and nearly **50 micrograms** of mercury, both of which are known neurotoxins affecting brain development and function. Babies will also be exposed to various animal and human DNA, cell fragments and contaminants. The polysorbate 20 & 80 emulsifier can cross the blood brain barrier, ferrying any other ingredients into the brain.

Ask your doctor what vaccines they use and then read the eye-opening product monographs. [Product monographs](#) are available online at www.vaccines411.ca under the health professionals tab.

VCC July 2019

VACCINES GIVEN TO BC CHILDREN | BIRTH -18 YEARS



THE CHOICE IS YOURS

In BC parents have the right to refuse any or all vaccines for infants & children. For children to attend school or day care a simple letter of refusal is sufficient. You can also refuse to disclose your child's private medical information. Health Canada has stated: *"Unlike some countries, immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution ... legislation and regulations must not be interpreted to imply compulsory immunization."* **Visit our website for more information.**

What's in those vaccines?

- Complex biochemical substances including DNA** debris from animal and aborted fetal tissue, foreign proteins, cell fragments, bovine serum albumin, viral and bacterial particles, emulsifiers, neurotoxins, formaldehyde, monosodium L-glutamate, egg proteins and much more.
 - Aluminum Adjuvant:** A neurotoxin that triggers brain inflammation and is linked to brain injuries and autoimmune disorders. 7210 micrograms injected in first year.
 - Mercury Preservative:** A neurotoxin contained in some multi-dose vials of influenza vaccine, 2 doses given in first year of life contain nearly 50 micrograms of mercury.
 - Polysorbate 80:** An emulsifier that crosses the blood brain barrier allowing vaccine ingredients into the brain. Causes infertility in animal studies.
 - Human DNA:** Many live viral vaccines are contaminated with fetal DNA debris & associated with autistic disorder and epidemic childhood leukemia and lymphomas. (Ref: T. Deisher).
- The highest numbers of vaccine doses are given in the first 2 years of life during critical phases of brain and immune system development. Vaccines can trigger brain inflammation, derail normal brain development, impair thinking, concentration, attention, behavior, language and cause neurological motor injuries. Vaccines are not evaluated for carcinogenic or mutagenic potentials or impairment of fertility. Read Product Monographs available at www.vaccines411.ca under the health professional tab.

Make an informed vaccine decision!

Your Child. Your Future. Your Choice.
www.vaccinechoicecanada.com



PDF's for printing available on our website: www.vaccinechoicecanada.com in **Resources**.