



Consent or Coercion

Prepared for
Members of the Nova Scotia Legislature

"We and our children have been and are the victims of a carefully orchestrated, 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."

~ Dr. Thomas Stone, MD Pediatrician



Dear Members of the Nova Scotia Legislature:

On October 22, 2019 Nova Scotia Progressive Conservative Party leader Tim Houston, in a [Private Member's Bill No. 210](#), tabled amendments to the Nova Scotia Health Protection Act. This Bill requires *proof of immunization* for children attending schools or pre-primary education in Nova Scotia, unless a medical exemption is provided.

This proposed legislation restricts the right of citizens to exercise their legal right to medical decision-making, undermines the medical ethic of informed consent, and threatens our most basic liberties guaranteed under the Canadian Charter of Rights and Freedoms including bodily sovereignty and security of the person.

Any efforts to impose medical products by *coercion* alters the relationship between a government and its citizens and undermines trust in both government and the medical profession. A change of this significance requires thoughtful dialogue supported by extensive and rigorous scientific evidence. This is not occurring. Instead, we have a one-sided narrative that is fear-based, adversarial and reliant on inadequate evidence.

A fair and responsible dialogue would include questions such as:

Is the vaccination paradigm and the evidence to support vaccine safety and efficacy independent, robust and transparent?

Is the removal of religious and conscientious entitlements justified given there is no medical emergency to warrant the loss of long held rights and freedoms?

Have efforts to protect children from common childhood infections through the use of vaccination inadvertently created even more serious and chronic illnesses?

Does an open and just society permit the silencing and censoring of debate on the topic of protecting our most basic human rights – those of informed consent and bodily autonomy?

Included in this document is information collected from published sources by scientists, researchers, physicians and concerned citizens. Many of your constituents are already aware of this information. Our purpose is to help you understand the reasons for the increase in vaccine hesitancy among parents today and our vigilance in protecting our ethical and legal right to informed consent.

“Components of decision making about vaccination programs must be high quality and transparent and should stand up to external scrutiny to sustain the confidence of both the public, vaccine hesitant parents and healthcare providers.”

~ Dr. Natasha Crowcroft

It is our expectation that you will hold the Nova Scotia government accountable to provide science-based evidence to support claims of vaccine safety, efficacy and necessity. Above all, we expect you to vigorously defend our legal entitlement to informed consent and our rights and freedoms under the Canadian Charter.

Sincerely,

Ted Kuntz
President Vaccine Choice Canada

The Health of Our Children is Declining

Nova Scotia legislators ought to be concerned about the health of our children. The fact is today's children are *significantly less healthy* than those of previous generations. The declining health of our children is confirmed in the **Raising Canada** report issued by the *O'Brien Institute for Public Health* in 2018. ¹

Disorders such as autism, attention deficit hyperactivity disorder, learning disabilities, life threatening food allergies, juvenile diabetes, childhood cancers, autoimmune diseases such as arthritis are increasing at a dramatic rate. One in ten Canadian children have life-threatening afflictions. ² In the last 25 years we have witnessed huge increases in the following childhood conditions: ³

- **Autism** – – increased more than one thousand-fold in less than a generation; autism spectrum disorders now affect more than 1 in 66 Canadian children and 1 in 42 males. ⁴
- **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 affected
- **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

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 - 41 doses of up to 16 different vaccines in the first 18 months of life alone.**

Children can receive more than **70 doses by age 18.**⁵ Health Canada even promotes vaccines for pregnant women although no clinical trials have been conducted to confirm the safety of this medical procedure on either the mother or the fetus. ⁶

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

¹ <https://obrieniph.ucalgary.ca/files/iph/raising-canada-report.pdf>

² <https://web.archive.org/web/20151020023902/http://pm.gc.ca/eng/news/2008/03/19/pm-announces-additional-funding-free-medicalert-bracelets-children>

³ <https://vaccinechoiccanada.com/health-risks/why-do-pediatricians-deny-the-obvious/>

⁴ <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/autism-spectrum-disorder-children-youth-canada-2018.html>

⁵ <https://vaccinechoiccanada.com/resources/canadian-provincial-vaccine-schedules-2020/>

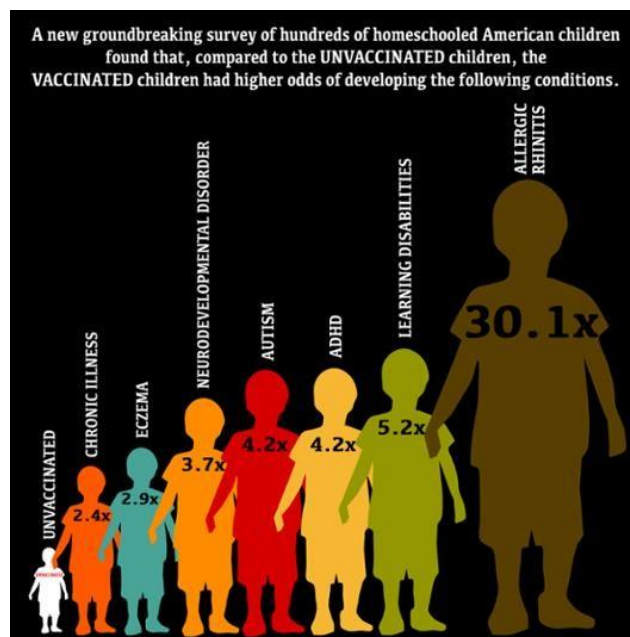
⁶ <https://www.icandecide.org/wp-content/uploads/2019/11/ICAN-v-FDA-Resolved-Court-Filed-Copy-Copy.pdf>

Are Vaccinated Children Healthier?

The most important question that Nova Scotia legislators ought to be asking is –

Are vaccinated children healthier than 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 to 12-year old children in the United States. The results of the study revealed that, while vaccinated children were less likely to have chickenpox or whooping cough, they were *significantly more likely* to have pneumonia, allergies, ear infections, eczema, a learning disability, Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), neuro-developmental disorders and chronic illness.⁷



Graphic from Children's Medical Safety Research Institute (CMSRI)

The conclusions of the study are as follows:

*“ . . . the strength and consistency of the findings . . . 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.**”*

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 a child's developing immune system and brain, leading to life-threatening or debilitating disorders such as learning disabilities, attention deficit disorders, autism, asthma, allergies, juvenile diabetes and death.

⁷ <https://antivaccina.org/files/MawsonStudyHealthOutcomes5.8.2017.pdf>

There is irrefutable scientific evidence that vaccine ingredients such as the aluminum adjuvant, which is present in many vaccines and is designed to stimulate immune response, is linked to long-term brain inflammation that can cause life-long brain injury, mental illnesses, seizures/epilepsy, learning and memory impairment, ADHD, social and speech impairment, compulsive behaviours and schizophrenia. Continuous and repeated immune system provocation which results in chronic inflammation in the formative years of life can seriously disrupt the normal course of brain development.⁸

The dosing of aluminum in vaccines *is not based on safety science*, rather dosing is based on the level needed to produce antibody titers. Aluminum levels in the current vaccine schedule exceed weight-corrected pediatric dose safety limits. Calculations of the levels of aluminum in modern vaccine schedules indicate that infants are at risk of acute, repeated, and possibly chronic exposures of toxic levels of aluminum.^{9 10}

Tragically, we are losing catastrophic numbers of the next generation of children to neurological, neurodevelopmental, behavioral and learning disabilities. Unlike acute infectious illnesses, these are chronic, life-long and severely disabling conditions that often prevent children from reaching their full potential in intellectual achievement, and physical and emotional well-being.

The estimated lifetime cost to support a child with autism and an intellectual disability is **\$3.14 M** (\$2.4 M US).¹¹ Leigh and Du (2015) estimate that by the year 2025, the national cost for caring for people with autism in the United States will exceed \$461 billion per year.¹² If these figures hold true for Canada, the estimated annual cost to care for Canadians with autism will be **\$46 billion**. In the UK, the cost to support autism is greater than that of cancer, heart disease and stroke combined.

The Status of Vaccine Safety Testing

When a parent carefully examines the vaccine safety literature, they soon discover that the safety of the vaccine program has **not** been established using sound, rigorous and independent science. Health Canada's claim that it "*conducts rigorous scientific review and testing of vaccines to assess their quality, safety, and efficacy before they are approved for use*" is not supported by evidence of such. The fact is Health Canada does **not** conduct its own clinical trials to determine vaccine safety and efficacy and instead relies on the data provided by the vaccine manufacturers.

Given that vaccines are a product given to healthy children, the level of safety testing ought to be even more rigorous than is required with all other pharmaceutical products. This is not the case. The safety testing of vaccine products is less rigorous, incomplete, and protocols appear to have been designed to obscure identifying long-term adverse effects.

The reality is that vaccines are not benign medical products. Vaccination is an invasive medical procedure that delivers complex biochemical drugs by injection.^{13 14 15}

⁸ <http://vaccinepapers.org>

⁹ <https://www.sciencedirect.com/science/article/pii/S0946672X17300950>

¹⁰ <https://vaccinechoicecanada.com/wp-content/uploads/vcc-canada-map-vaccine-toxin-load-2020.pdf>

¹¹ https://ses.library.usyd.edu.au/bitstream/handle/2123/20198/Rogers_T_thesis.pdf?sequence=2&isAllowed=y

¹² https://www.researchgate.net/publication/260153977_Economic_Burden_of_Childhood_Autism_Spectrum_Disorders

¹³ <https://www.nap.edu/read/13164/chapter/5>

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

There is a widely held assumption that all recommended vaccines are safe and effective for all children. As the Nova Scotia government considers increasingly coercive measures to address the growing hesitancy in vaccinations, this is a good time to ask if the assumption of vaccine safety and efficacy is valid and supported by robust scientific evidence.

Our concern is that governments and the medical industry tend to over-simplify what is really a very complex matter. This over-simplification and allegiance to an ideology puts us all at risk.

“We cannot overemphasize the fact that that we really don't have very good safety monitoring systems in many countries and this adds to the miscommunication and the misapprehensions because we're not able to give clear-cut answers when people ask questions about the deaths that have occurred due to a particular vaccine.”

~ Dr. Swaminathan, Chief Scientist with WHO

Are Vaccines Safe and Effective for Everyone? Consider these Six Concerns

1. Vaccine products do not undergo the same level of safety testing as other medical products.

Most people, including doctors and public health officials, are not aware that vaccines are not tested for safety to the same standards required for all other medical products. Vaccines have been classified as ‘*biologics*’ and are exempted from the strict and extensive safety testing required for all drugs.

The result is that no childhood vaccine product licensed for use in Canada has been tested for safety using long-term, double blind, placebo-controlled studies that are conducted on all other drugs prior to licensing.

Instead, vaccines are released to the public 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 whose safety is determined by the amount of injury or death reported *after* vaccination.

This method to evaluate safety is grossly inadequate given that medical professionals are neither trained to recognize and diagnose vaccine injury, nor are there legal consequences for failing to report vaccine injury. Parents who report adverse events following vaccination are routinely told that adverse events are normal or merely a “coincidence” and could not have been caused by the vaccine.

A study conducted at Harvard Pilgrim Hospitals for the Center for Disease Control (CDC) concluded that “*fewer than 1% of vaccine adverse events are reported.*”¹⁶ This means that 99% of vaccine adverse reactions may go unreported and unacknowledged. The study also found that 2.6% of vaccinations resulted in injuries—a ratio of **one for every 39 vaccines** administered.

2. Vaccine products are not evaluated against a neutral placebo.

On examining the vaccine safety science, what an informed parent discovers is that none of the vaccines on Nova Scotia’s childhood vaccination schedule were tested against a neutral / inert placebo. The reason this is so critically important is that without such a comparison study, no valid claims about any vaccine’s

¹⁶ <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

safety or efficacy, nor the safety of any combination of vaccines can be made. This standard of safety testing is required for all pharmaceutical products - excepting for vaccines.

This fact was confirmed by the Informed Consent Action Network (ICAN) which analyzed all the scientific evidence on which Health and Human Services (HHS) rests its claim of vaccine safety.¹⁷ ICAN meticulously reviewed every single study provided by HHS. The FDA, and by extension Health Canada, licenses vaccines based on HHS studies. The lack of proper placebo-controlled comparator groups for safety-based studies should concern everyone committed to the health and safety of our children.

3. Pre-licensure testing period is too short to evaluate the long-term safety of vaccine products.

A further concern is the length of pre-licensing safety testing of vaccine products. While pharmaceutical products are tested for safety for five to ten years prior to licensure, childhood vaccines undergo pre-licensing safety monitoring of a few days to a maximum of a few weeks.

This brief pre-licensing monitoring is not long enough to reveal whether vaccines cause autoimmune, neurological or developmental disorders like autism, learning disabilities, attention deficit hyperactivity disorder, life threatening allergies, asthma and other disorders. These disorders will only become apparent after the child is a few years of age.

Vaccine safety testing is conducted on a small sample, which may or may not include infants and children; is not compared against a control group receiving an inert/neutral placebo; and the period of testing ranges from as short as 48 hours to as long as 6 weeks.

Below is the duration of active monitoring of various vaccine products prior to licensing in Canada: ^{18 19}

Hep B (<i>Merck</i>)	- actively monitored for 5 days
Hep B (<i>GSK</i>)	- actively monitored for 4 days
DTap	- actively monitored for 8 days
MMR	- actively monitored for 42 days
Polio	- actively monitored for 3 days
Hib	- actively monitored for 3 days
Pneumococcus	- actively monitored for 7 days
Rotavirus	- actively monitored for 8 days
Meningococcal	- actively monitored for 7 days
Influenza	- actively monitored for 4 days

4. The safety of the vaccine program has not been established.

Our public health officials claim 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 is not supported by scientific rigor.

The fact is we don't know the safety of the current 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

¹⁷ <https://www.icandecide.org/wp-content/uploads/2019/09/VaccineSafety-Version-1.0-October-2-2017-1.pdf>

¹⁸ <https://www.vaccine101.ca/single-post/2018/02/07/Vaccine-Approval-Is-Fast-Tracked---Part-2>

¹⁹ <https://www.icandecide.org/wp-content/uploads/2019/09/VaccineSafety-Version-1.0-October-2-2017-1.pdf>

Institute of Medicine (IOM) which concluded that the safety of the current childhood vaccine schedule has never been proven in large, long-term clinical trials. ²⁰ They state:

“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 compared entirely unimmunized populations with those fully immunized for the health outcomes of concern to stakeholders.”

In 2012, the Institute of Medicine reviewed 155 health conditions associated with the Varicella, Tetanus, Hepatitis B & MMR 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. ²¹

In 2012, the Cochrane collaboration reached this conclusion about MMR vaccine safety testing:

“The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, are largely inadequate.” ²²

If you review the vaccine information inserts provided by the manufacturer they clearly state that vaccines have not been tested for their ability to cause cancer (carcinogenicity); their ability to damage an organism (toxicity); their ability to damage genetic information within a cell (genotoxicity); their ability to change the genetic information of an organism (mutagenicity); their ability to impair fertility; or for long-term adverse reactions.

There are more than 300 diseases listed as possible side effects of vaccination in the product information monographs. These include autoimmune diseases such as fibromyalgia and rheumatoid arthritis, diabetes, asthma, peanut allergies, narcolepsy, ADD, ADHD, autism. language delays, and more.

It is deceptive and even fraudulent to make the unqualified statement that vaccines are “safe and effective” when there is insufficient scientific evidence to support such claims.

5. Vaccine manufacturers granted legal immunity.

If vaccines cause harm to children and adults, why aren't vaccine manufacturers held accountable in a court of law? The answer to this question is that in 1986 the U.S. Congress passed legislation that terminated the right of individuals injured by vaccines and parents of vaccine injured children to sue vaccine makers. The consequence of this legislation is that vaccine makers have been given *blanket immunity* and are no longer legally or financially liable for any harm or deaths caused by their products.

Think about this for a moment. Vaccines are the only product where a manufacturer is not legally responsible for injury and death caused by their products. The result of this legal immunity is that no one is held accountable when injuries and deaths occur. Would you accept this lack of accountability with any other product or with any other pharmaceutical product? Why do we permit this lack of accountability with something as vitally important as childhood vaccines? And finally, if vaccines are as safe as claimed, why do vaccine manufacturers need immunity?

²⁰ <https://www.ncbi.nlm.nih.gov/books/NBK206940/>

²¹ <https://www.nvic.org/PDFs/IOM/2013researchgaps-IOMchildhoodimmunizationschedulea.aspx>

²² https://www.cochrane.org/CD004407/ARI_using-combined-vaccine-protection-children-against-measles-mumps-and-rubella

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. 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 death if they follow Health Canada and its agencies' recommendations for vaccine administration.

A consequence of this legal immunity is that there is no legal or financial incentive for the vaccine industry to make their products safer, even when there is clear evidence that vaccines can be made safer. There is growing evidence that the legal immunity provided to vaccine manufacturers has increased the risk of harm to our children.²³ 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 the Nova Scotia today.

*This legal immunity was designed to protect the vaccine industry.
It was not designed to protect citizens from harm.*

6. Vaccination is Not Immunization.

Bill 210 requires “*proof of immunization*” in order for children to access their legal and moral right to a public education. The fact is that a child’s immune status is not even considered in this legislation. This legislation only considers their ‘vaccination status’. *Vaccination is not immunization*. Immunity is a complex phenomenon that is grossly oversimplified by the claim that the production of temporary antibodies via vaccination means that one is immune from infection.

Many of the vaccines required under Bill 210 are not designed to prevent infection or transmission; rather, these vaccines are designed solely to reduce the symptoms should an infection occur. To mandate all vaccines under the guise of preventing infection is dishonest and deceptive. This legislation furthers this deception by assuming that vaccination equals immunization.

An example of the failure of a vaccine to provide immunization is the pertussis (whooping cough) vaccine. According to the FDA, those vaccinated with DTaP will have fewer symptoms of pertussis, however they can still become infected and transmit pertussis. Children who receive a pertussis vaccine are even more likely to spread pertussis because they can be asymptomatic carriers and not aware of being infectious. In contrast, an unvaccinated individual who contracts pertussis is more likely to be aware of being infectious and take the necessary precautions to avoid infecting others.

According to a 2019 review, *asymptomatic* pertussis infection is 4–22 times more common than *symptomatic* infection and rates of actual illness are 40–160 fold more common than rates of reported pertussis.

If the intention of Nova Scotia’s Bill 210 is to prevent children who are not immune to infection from attending and receiving a public education, then it follows that the government will need to take further actions to prevent children who do not have immune status from attending school.

Specifically:

- Approximately 10% of the population are ‘non-responders’ to vaccination and do not create antibodies. Will these non-responders be allowed to attend school?
- The antibody levels of the vaccinated wanes over time, meaning they are no longer ‘immune’. Will

²³ https://www.researchgate.net/publication/317990404_Is_Delimitation_Associated_with_a_Change_in_Product_Safety_The_Case_of_Vaccines

testing be conducted on an annual basis to determine who has adequate antibody levels? Will those with less than adequate antibody levels be denied a public education?

- Will children vaccinated with vaccines that are not designed to prevent infection and transmission (*pertussis, influenza, polio, tetanus, diphtheria*) be denied a public education?
- Will immune-compromised children who can't be vaccinated be allowed to receive a public education? And if so, will they not pose a risk to other immune-compromised children?
- If disease transmission is really what proponents of vaccine mandates are concerned about, would it not follow that children recently vaccinated with live-virus vaccines (*measles, mumps, rubella, nasal influenza, shingles, rotavirus, chicken pox, oral polio, yellow fever*) also be excluded from school until it has been established that the viral shedding has ceased?

Based on current policies and practices, the answers to these questions are obvious.

None of the unvaccinated immune-compromised children will be denied access to a public education.

None of the non-responders to the artificial stimulation of the immune system via vaccines will be denied a public education.

None of the significant number of children and adults whose immunity has waned because of the temporary protection provided by vaccines will be denied a public education.

We know there is no testing to determine who has adequate antibody levels and is considered immune to infection and who is not.

And there is no acknowledgement given, much less consideration of the viral shedding from a recently vaccinated child. The fact is a child can be vaccinated with a live virus vaccine in the gymnasium and be back in their classroom within minutes.

This means that the restrictions being proposed upon unvaccinated or selectively vaccinated children is not about medical risk. Vaccine mandates are not about making the public space safer. Vaccine mandates are a means to coerce families to vaccinate by creating hardship and threatening the future of their children.

Finally, public health officials recognize that antibody levels are a poor predictor of 'immunity'. The fact is individuals can have high antibody levels and still become infected, and others can have low antibody levels and be immune to infection. Our understanding of immunity is still in its infancy.

Do Unvaccinated Children Put Others at Risk?

The medical industry and the mainstream media are quick to blame individuals who are "under-vaccinated" for the spread of infection. But is this true? The idea that the only plausible reason individuals contract infections is because some children don't get vaccinated is a powerful marketing strategy. Is this fear-mongering marketing tool evidence-based? Here are the facts:

- Vaccines **do not confer life-long immunity** or eliminate susceptibility to infection. The immunity 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. ²⁴

- It has been demonstrated that yearly influenza vaccination is known to **decrease immune responses** to the following season's influenza strain, ²⁵ as well as to increase the risk of contracting other respiratory viruses. ²⁶
- It is now recognized that the current 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.”* ²⁷
- Live virus vaccines **can infect, transmit and shed**. Viral shedding, which involves the expulsion of the virus, 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. ²⁸
- At the 2019 Global Vaccine Safety Summit, it was acknowledged that the universal vaccination program has eliminated the natural herd immunity we enjoyed in the pre-vaccine era and that humanity is now **dependent on vaccine-induced immunity**.

“We’re in a unique position in human history . . . we’ve shifted the human population to dependency on vaccine-induced immunity.”

- Dr. Heid Larson

- Herd immunity via vaccination is a theoretical concept that has **repeatedly failed** to take effect even when high vaccination targets have been achieved.
- 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.

In an open letter to US legislators, immunologist Tetyana Obukhanych Ph.D addressed the question of whether unvaccinated children pose a higher risk to the public than vaccinated children. Dr. Obukhanych stated: ²⁹

“It is often stated that those who choose not to vaccinate their children for reasons of conscience endanger the rest of the public . . . 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. Discrimination against children who are not vaccinated is completely unwarranted as (they) pose no undue public health risk.”

²⁴ <https://vaccinechoicecanada.com/about-vaccines/general-issues/herd-immunity/herd-immunity-can-mass-vaccination-achieve-it/>

²⁵ <http://www.cmaj.ca/content/187/6/E180>

²⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404712/>

²⁷ <https://sboh.wa.gov/Portals/7/Doc/Meetings/2019/03-13/Tab09e-Cherry JPIDS 2019.pdf>

²⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4009347/>

²⁹ <https://vaccinechoicecanada.com/?s=Tetyana+Obukhanych+>

Can Vaccines Create Herd Immunity?

The concept of ‘herd immunity’ is a noble concept. It is often presented as an act of compassion and shared responsibility for our fellow man. We honor this compassion for those who are vulnerable. However, have we fully examined whether this theoretical concept is true? What evidence do we have that herd immunity can be achieved via vaccination?

Is the assumption of herd immunity robust enough to justify the violation of individual rights and freedoms, the loss of parental rights to make medical decisions for their children, and the denial of bodily sovereignty?

What of those who are harmed and killed by vaccination? What is our shared responsibility for them? Where is our compassion for the vaccine injured and killed? How can we have compassion for one group of children and not another?

These questions require thoughtful dialogue and robust scientific evidence. The fact is vaccine induced ‘herd immunity’ is a theoretical concept that is being used to manipulate doctors, public health officials, politicians and the public into accepting mandated vaccination.

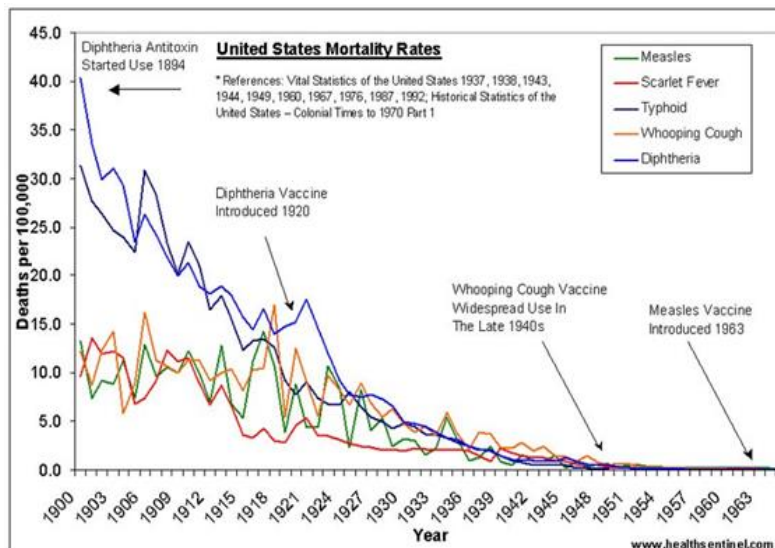
Let’s honor our compassion for our fellow man. However, we need to ask if removing our right to free will and free choice is the highest act of compassion. We need to ask if and whether our compassion has been hijacked by self-righteous ideology and the slick marketing of pharmaceutical products.

“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.”

~ Lucija Tomljenovic Ph.D - Immunologist

Aren’t Vaccines Responsible for the Decline in Mortality?

Vaccines are often given credit for the decline in mortality of major infectious diseases over the last century. 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 vaccines are primarily responsible for reduced mortality. Rather, the evidence indicates that public health measures such as clean drinking water, closed sanitation systems, better nutrition, improved housing and reduced exposure to toxins are the real reason for improved rates of mortality and morbidity.

“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.”

~ McCormick W.J., Archives of Pediatrics

What About Measles?

Health authorities would have us believe that measles is a dangerous childhood disease. The fact is that measles is a benign childhood infection in Canada. In 2019 there was a total of 113 diagnosed cases of measles in a population of 37,000,000 with no deaths and no permanent injury.

According to Physicians for Informed Consent, measles is *“a self-limiting childhood viral infection.”* In developed countries measles may be inconvenient for 4 – 6 days but the risk of permanent injury or death of children from measles is “rare”.³⁰ In fact, public health officials in Canada removed measles as a notifiable disease in 1958 because it 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 exposure.

No Medical Justification for Vaccine Mandates

We have been seriously misled by the for-profit pharmaceutical industry and the corporate controlled mainstream media into believing that contracting measles in childhood is dangerous, justifying mandates for all vaccines. There is no medical justification to impose up to **17 vaccines and 70 doses** 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 article in the Globe and Mail – ‘Stop the Hysteria Over Measles Outbreaks’ that the media-fueled hysteria is unwarranted.³¹

*“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.”*

³⁰ <https://physiciansforinformedconsent.org/measles/>

³¹ <https://www.theglobeandmail.com/opinion/article-stop-the-hysteria-over-measles-outbreaks/>

The Impact of Coercive Vaccine Regulations

Removing non-medical exemptions and creating coercive vaccine regulations is a clear violation of our most basic human right to informed consent when considering any invasive medical treatment that carries the risk of injury and death – which vaccines certainly do. It is important that we be fully aware of the impact that mandating vaccines would have on our rights and freedoms.

Loss of Personal Self-Determination

Coercive vaccine regulations would mean that individuals no longer have self-determination over their own body or that of their children. Instead, industry and unelected government agents would have the authority to impose medical interventions upon healthy citizens. This action would establish a very dangerous precedent.

While the context of the current debate is about vaccines, the potential impact goes well beyond this. To pass draconian regulations that would extinguish the right of Canadians to decide what goes into our own body and into the bodies of our children, means that legislators endorse the loss of the most basic and inalienable right to life and liberty as defined in the Canadian Charter of Rights and Freedoms.

A Significant Change in Medical Ethics

Mandatory vaccination would also mean a significant change in how medicine is practiced. It would mean that physicians would no longer uphold the Hippocratic Oath – *‘First do no harm.’* As a community, we uphold the principle – *‘Where there is risk, there must be choice.’* Forced vaccinations and consent achieved through coercion disregard these principles and ethics.

Our current medical ethics support the right that no one should be forced to undergo an invasive medical procedure without his or her fully informed consent. We condemned the forced sterilization of individuals with developmental disabilities, and Nazi practices that included involuntary euthanasia, experimentation and sterilization. We’ve also condemned ideological policies such as residential schools for our First Nations. In spite of these experiences, the pharmaceutical lobby is once again encouraging legislators to impose regulations that would eliminate our fundamental right to make voluntary and informed choices.

*“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.
The public deserves better.
Negative effects must be honestly brought to light.
Legislative bodies need to do their homework and reject any thought
of mandating vaccinations.”*

~ Ralph Campbell, MD,

A Path of Coercion

In their zeal to increase vaccination rates, Public Health officials seem unconcerned that they are supporting policies that undermine our right to fully informed consent. Canada is a signatory to ‘**The Universal Declaration of Bioethics and Human Rights.**’ Article 6 describes consent as:

“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.”

This means that consent must be voluntary, free and 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 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.”

We only need to look to other countries 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 same thing can and will happen in Nova Scotia unless we stand up for our rights and freedoms.

The Association of American Physicians and Surgeons (AAPS) in the United States opposes government interference in medical decisions, including mandated vaccines. In a strongly worded statement issued in 2019 the AAPS declared:

*“Governmental pre-emption of patients’ or parents’ decisions about accepting drugs or other medical interventions is a serious intrusion into individual liberty, autonomy, and parental decisions about child-rearing . . . AAPS believes that liberty rights are unalienable. Patients and parents have the right to refuse vaccination . . . Unvaccinated persons with no exposure to a disease and no evidence of a disease are not a clear or present danger.”*³²

Conflicted Interests

We need to be thoughtful and vigilant when considering the idea of imposing an invasive medical procedure. This is especially true when the motive of profit can distort the true value and benefit of such medical procedures. Vaccine manufacturers operate as *for-profit* businesses. Their goal is to have the highest financial return, eliminate competition, use advertising to promote their products. In addition, they employ lobbyists to influence governments to provide them a favorable position in the market.

It is important to note that 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

³² <https://aapsonline.org/measles-outbreak-and-federal-vaccine-mandates/>

- recommendations that are then implemented by Health Canada.

The top pharmaceutical companies that produce almost all childhood vaccines have been found guilty and have paid billions in criminal penalties for research fraud, faking drug safety studies, failing to report safety problems, bribery, kickbacks and false advertising. There is no reason to believe that they are telling the truth when it comes to vaccine safety and efficacy.

Vaccines are the fastest growing sector of the pharmaceutical industry, with 271 vaccines under development. The global vaccine market more than 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 that governments are not being corrupted and co-opted by industry money. Currently there exists no significant separation between the pharmaceutical industry and government.

“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.”³³

~ Dr. Aseem Malhotra,
to the European Parliament in Brussels, April 12, 2018

We Need Your Help

A decision to introduce legislation that supports coercive measures and the loss of informed consent requires:

- More **conversation**
- More **information**
- More **evidence** and scrutiny
- More **caution**
- More **oversight**

Unfortunately, the very opposite is occurring. This is why we need your help. You have a responsibility to the citizens of Nova Scotia to get this right. Short-circuiting the dialogue on vaccinations or remaining silent will not serve us, or future generations well. Forcing vaccinations upon unwilling citizens will, in fact, undermine our democracy. Taking away personal rights and freedoms will change our province forever.

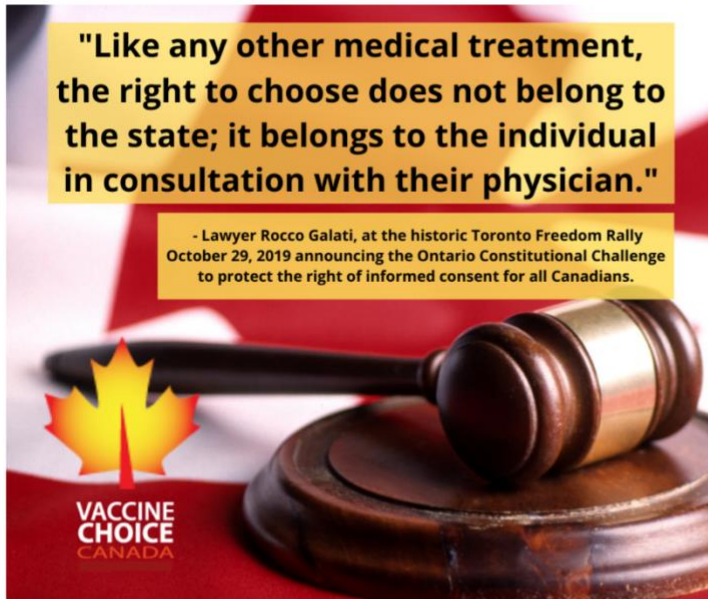
Imposing vaccines is a serious decision that affects *every* citizen, now and for generations to come.

Once a freedom is lost, it is almost impossible to get it back.

³³ <https://www.youtube.com/watch?v=lzKEYqgbq84&app=desktop>

Who Is Vaccine Choice Canada?

Vaccine Choice Canada (VCC) is a federally registered not-for-profit educational society supported solely 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, and death.



Vaccine Choice Canada, along with five individual mothers of children in the school system, have launched an action, in the Superior Court of Ontario, against the government of Ontario, challenging the Constitutional Validity of the Immunization of School Pupils Act.

For more information: www.vaccinechoicecanada.com/exemptions/news-release-vaccine-choice-canada-october-28-2019

www.VaccineChoiceCanada.com

"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 Kennedy

