



## Consent or Coercion

Prepared for  
**Members of Ontario 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 Member of Ontario Parliament:

This document has been developed to bring to your awareness the urgent need to protect our **fundamental rights and freedoms** as citizens of Ontario. The Ontario government is being lobbied to introduce legislated restrictions on the right of citizens to exercise their legal right to medical decision-making. These efforts undermine the medical ethic of informed consent and threaten our most basic liberties.

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 of thoughtful dialogue and robust science, we have a one-sided narrative that is fear-based and adversarial supported by 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 justify 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?*

*Should we permit the silencing and censoring of debate on this critically important topic?*

Included in this document is information collected from published sources by scientists, researchers, physicians and concerned citizens. Our purpose is to help you understand the reasons for the increase in vaccine hesitancy among Ontario parents today.

*“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 you will hold the Ontario 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.

*Can we depend on you to protect the rights of Ontario citizens to therapeutic choice and informed consent?*

Sincerely,  
Edda West, Founder and President Vaccine Choice Canada

## The Health of Our Children is Declining

We are experiencing a major epidemic. Public Health agencies and the mainstream media would have you believe the epidemic is measles, mumps and influenza. Ignored in this hysteria and fearmongering is the **epidemic of neurological and immune system disorders** common in children today.

Disorders as autism, attention deficit hyperactivity disorder, 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) are increasing at a dramatic rate. **One in ten Canadian children** have life-threatening afflictions. <sup>1</sup> In the last 25 years we have witnessed huge increases in the following childhood conditions: <sup>2</sup>

- **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. <sup>3</sup>
- **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 2018. <sup>4</sup> Today's children are *significantly less healthy* than those of 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 - 41 doses of up to 16 different**

<sup>1</sup> <https://web.archive.org/web/20151020023902/http://pm.gc.ca/eng/news/2008/03/19/pm-announces-additional-funding-free-medicalert-bracelets-children>

<sup>2</sup> <https://vaccinechoicecanada.com/health-risks/why-do-pediatricians-deny-the-obvious/>

<sup>3</sup> <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/autism-spectrum-disorder-children-youth-canada-2018.html>

<sup>4</sup> <https://obrieniph.ucalgary.ca/files/iph/raising-canada-report.pdf>

**vaccines** in the first 18 months of life alone.

New Brunswick, the Northwest Territories and Nunavut start injecting babies on the first day of life. Children can receive as many as **70 doses** by age 18. Health Canada even condones injecting vaccines into pregnant women although inadequate evidence exists to confirm the safety of this medical practice for the mother and fetus.

*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.*

*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?**

## **The Status of Vaccine Safety Testing**

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

We all know that a product can be *effective* and **not safe**. Our history is replete with examples of this:

- **DDT** was effective and not safe
- **Thalidomide** was effective and not safe
- **Asbestos** was effective and not safe
- **Glyphosate** was effective and not safe
- **OxyContin** was effective and not safe
- **Vioxx** was effective and not safe

There is evidence that vaccines can be temporarily effective in reducing the incidence and symptoms of infections like measles and mumps, and thus we acknowledge the desire of public health to want to increase the uptake of vaccine products. There is also evidence that **vaccines cause harm**.

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

We wish to bring to your attention five concerns pertaining to vaccine safety.

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

Most people, including 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 the standards required of all other medical products. In other words, vaccines are not subjected to the **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 Health and Human Services in the US concluded that *"fewer than 1% of vaccine adverse events are reported."*<sup>5</sup> This means that 99% of vaccine adverse reactions may go unreported and unacknowledged. They also stated that *"Low reporting rates . . . endanger public health."*

## 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 Ontario'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 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 vaccines**.

This fact was recently confirmed by the **Informed Consent Action Network (ICAN)** which analyzed all the scientific evidence on which Health and Human Services rests its claim of vaccine safety.<sup>6</sup> ICAN meticulously reviewed *every single study* provided by HHS and which is the basis on which the FDA and by extension Health Canada licenses vaccines. The lack of proper placebo-controlled comparator groups for safety-based studies should concern everyone committed to the health and safety of our children.

<sup>5</sup> <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

<sup>6</sup> <https://www.icandecide.org/wp-content/uploads/2019/08/VaccineSafety-Version-1.0-October-2-2017-1.pdf>

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

Another concern is the unacceptably short time period for pre-licensing safety testing of vaccine products. While pharmaceutical products are tested for safety for *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. This is the duration of active monitoring of various vaccine products prior to licensing in Canada: <sup>7</sup> <sup>8</sup>

**Hep B (Merck)** - actively monitored for 5 days

**Hep B (GSK)** - 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 robust scientific evidence.

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 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. <sup>9</sup> They state:

<sup>7</sup> <https://www.vaccine101.ca/single-post/2018/02/07/Vaccine-Approval-Is-Fast-Tracked---Part-2>

<sup>8</sup> <https://icandev.wpengine.com/wp-content/uploads/2019/08/ICAN-Reply.pdf>

<sup>9</sup> <https://www.ncbi.nlm.nih.gov/books/NBK206940/>

*“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 2011, the IOM 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. <sup>10</sup>

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.”* <sup>11</sup>

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.

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? 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?

This freedom from liability includes not only the vaccine manufacturers, but also

<sup>10</sup> <https://www.nvic.org/PDFs/IOM/2013researchgaps-IOMchildhoodimmunizationschedulea.aspx>

<sup>11</sup> [https://www.cochrane.org/CD004407/ARI\\_using-combined-vaccine-protection-children-against-measles-mumps-and-rubella](https://www.cochrane.org/CD004407/ARI_using-combined-vaccine-protection-children-against-measles-mumps-and-rubella)

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.

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

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.<sup>12</sup> 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 world today.

### **Vaccine safety has not been established.**

When a parent carefully examines the vaccine safety literature what they discover is that the safety of the vaccine program **has not been established** using sound, rigorous and independent science. Health Canada claims that it “*conducts rigorous scientific review and testing of vaccines to assess their quality, safety, and efficacy before they are approved for use.*” 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.

Health Canada acknowledges that vaccines licensed for use in Canada have not been tested for mutagenicity and carcinogenicity and further that it does not see a need to conduct such research. Health Canada also holds the opinion that it is not necessary to test vaccine products against a neutral placebo prior to bringing these products to market

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.<sup>13 14 15</sup>

<sup>12</sup>

[https://www.researchgate.net/publication/317990404\\_Is\\_Delitigation\\_Associated\\_with\\_a\\_Change\\_in\\_Product\\_Safety\\_The\\_Case\\_of\\_Vaccines](https://www.researchgate.net/publication/317990404_Is_Delitigation_Associated_with_a_Change_in_Product_Safety_The_Case_of_Vaccines)

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

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

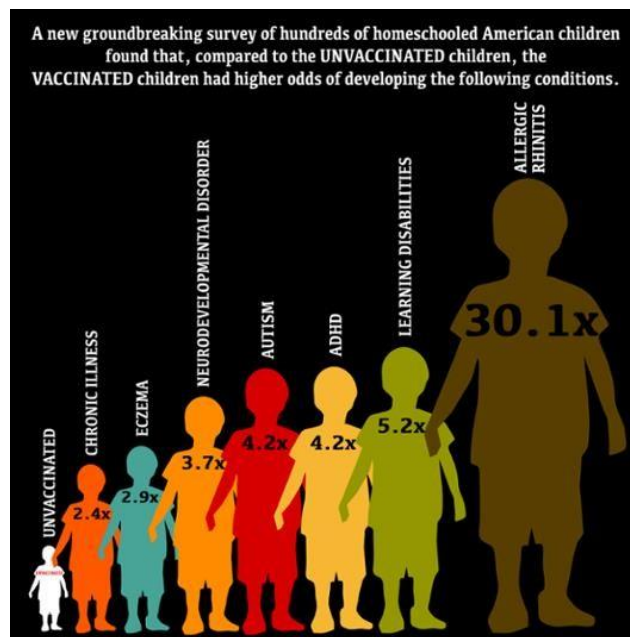
<sup>15</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3170075/>



## Are Vaccinated Children Healthier?

The most important question with regard to vaccination 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. <sup>16</sup> 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, otitis media (ear infection), eczema, a learning disability, Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, neuro-developmental disorders and chronic illness.



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

The conclusions of the study were 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.**”*

Tragically, we are losing a large portion of the next generation of children to neurological, neurodevelopmental, behavioral and learning disabilities. And, unlike acute infectious illnesses, these are **chronic, life-long and severely disabling conditions**.

<sup>16</sup> <https://antivaccina.org/files/MawsonStudyHealthOutcomes5.8.2017.pdf>

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.

*“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.”* <sup>17</sup>

~ Judy Converse, MPH, RD, LD



Canada is the only G7 Nation without a vaccine injury compensation plan. Other countries recognize that vaccines cause injury and death and compensate families for their loss.

## 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 but is factually and scientifically flawed. 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. <sup>18</sup>
- It has been demonstrated that yearly influenza vaccination is known to **decrease immune responses** to the following seasons influenza strain, <sup>19</sup> as well as increasing the risk of contracting other respiratory viruses. <sup>20</sup>

<sup>17</sup> <https://vaccinechoicecanada.com/health-risks/why-do-pediatricians-deny-the-obvious/>

<sup>18</sup> <https://vaccinechoicecanada.com/about-vaccines/general-issues/herd-immunity/herd-immunity-can-mass-vaccination-achieve-it/>

<sup>19</sup> <http://www.cmaj.ca/content/187/6/E180>

<sup>20</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404712/>

- 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.*” <sup>21</sup>
- Live virus vaccines (*measles, mumps, rubella, intranasal influenza, chickenpox, shingles*) 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. <sup>22</sup>
- 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 we enjoyed in the pre-vaccine era.
- 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: <sup>23</sup>

*“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.”*

## **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 “act of compassion” is true? What evidence do we have that herd immunity can be achieved via vaccination? What of those who are harmed and killed by vaccination? What is our shared responsibility to them? Where is our compassion for the vaccine injured and killed? How can we have compassion for one group of children and not another?

Is the assumption of herd immunity robust enough to justify the loss of individual rights and freedoms, the right of parents to make medical decisions for their children, and bodily

<sup>21</sup> <https://sboh.wa.gov/Portals/7/Doc/Meetings/2019/03-13/Tab09e-Cherry JPIDS 2019.pdf>

<sup>22</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4009347/>

<sup>23</sup> <https://vaccinechoicecanada.com/?s=Tetyana+Obukhanych+>

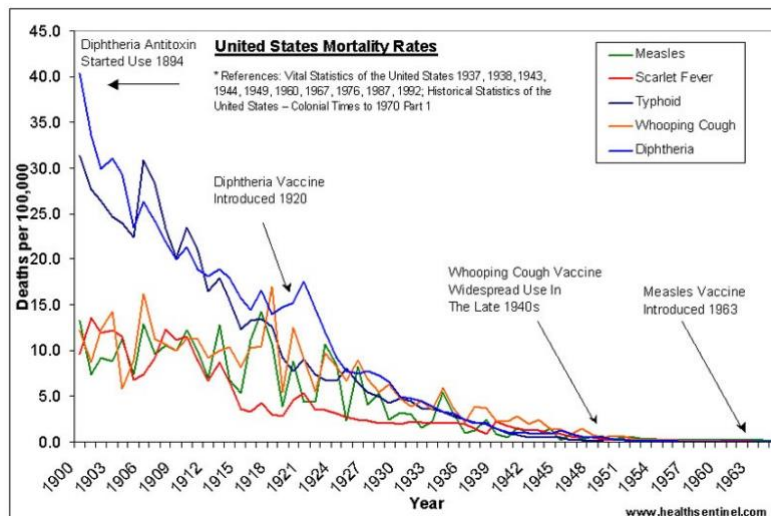
sovereignty? These questions require thoughtful dialogue and robust scientific evidence. The fact is vaccine induced “herd immunity” is a *theoretical concept* that is being used to coerce doctors, public health officials, politicians and the public into accepting mandated vaccination. Let’s honor our 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, and whether our compassion has been hijacked by self-righteous ideology?

*“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. With the recent outbreak in Canada in which a total of 111 citizens in a population of 37,000,000 were infected, there were **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*”.<sup>24</sup> 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

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**.<sup>25</sup>

*“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.”*

## Vaccine Failure

What is rarely reported in the mainstream media or by public health officials is that many of the citizens who contract measles have been vaccinated. Vaccine experts now recognize that the **measles vaccine does not and cannot eliminate measles outbreaks** in the general population. This is because up to 10% of individuals are “*non-responders*,” while another 8 - 9% of individuals stop producing antibodies within 2 - 10 years.

Vaccination has resulted in an expanding population of people at risk of measles. Instead of *eliminating* measles as promised back in 1965, the measles vaccine has shifted the risk of

<sup>24</sup> <https://physiciansforinformedconsent.org/measles/>

<sup>25</sup> <https://www.theglobeandmail.com/opinion/article-stop-the-hysteria-over-measles-outbreaks/>

measles away from children, in whom it is generally a benign illness, and onto those for whom it poses a greater risk of **potentially deadly complications** - infants and adults.

This has created a paradoxical situation whereby in highly vaccinated societies measles occurs primarily in the adult and infant populations. A review of Canadian government measles statistics 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 of age and adults account for 70% of measles cases in Canada. <sup>26</sup>

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

Dr. Gregory Poland made a call for a new measles vaccine in 2012 because of the recognized failure of the MMR vaccine to effectively and safely eliminate measles. <sup>27</sup> The primary cause of the current measles outbreak is a result of **vaccine failure**, not a failure to vaccinate. Holding unvaccinated children responsible for measles outbreaks is **dishonest and discriminatory**.

To mandate 16 or 17 vaccines in Ontario in order to receive a public education is to discriminate based on medical choice, not medical risk. Schools can only treat children with infectious diseases differently from other students where there is a *significant* health risk.

The determination that a person poses a direct threat to the health or safety of others may **not be based on generalizations or stereotypes**. There is no basis in law to discriminate against children who do not have an infectious disease. We would not tolerate this kind of discrimination with any other medical condition or treatment. Why are we willing to tolerate this kind of discrimination with unvaccinated or selectively vaccinated children?

## **The Safety of the Measles Vaccine**

Is the measles vaccine “*safe?*” According to the Canada Vigilance database there were **nine deaths** following administration of measles vaccines during the 50-year period 1965 – 2015 and **237 severe adverse events** following the administration of measles vaccines during the 41-year period 1970 – 2011. If we consider that less than 1% of vaccine injuries and deaths are reported, the number of deaths from the measles vaccine could be as high as **nine hundred**, and the number of severe adverse events as high as 23,700.

A 2011 paper, *Adverse Events following 12-18-Month Vaccinations* by Kumanan Wilson of the Ottawa Hospital Research Institute **found that 1 in 168 babies** had made emergency room visits within 4 – 12 days following their 12-month shots which included MMR vaccination. <sup>28</sup> Several children died during the study period.

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

<sup>27</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3905323/>

<sup>28</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3236196/>

Merck's own product inserts for its two MMR vaccines lists the following adverse events:

*pneumonia and respiratory infection, cellulitis, aseptic meningitis, anaphylaxis, necrotizing retinitis, nerve deafness, cerebrovascular accident or stroke, encephalitis, Guillain Barré syndrome, acute hemorrhagic edema, arthritis, diabetes, pancreatitis, subacute sclerosing panencephalitis, and death.*

Looking at all the data, it is perfectly understandable why a well-informed parent would choose to allow their children to experience measles naturally and gain true life-long immunity, rather than expose their children to a deficient vaccine whose manufacturer warns of the many autoimmune diseases that have been observed in children during clinical trials.

### **Being Concerned About Vaccine Safety Is Not Anti-Science**

Daring to question the claims of Health Canada and the for-profit pharmaceutical industry is not *anti-science*. Rather, questioning and demanding clinical evidence of vaccine safety and effectiveness demonstrates a strong *pro-science* attitude, as well as being characteristic of responsible parents and health consumers. The arguments used to legitimize, legalize and implement vaccination mandates are ***ideological constructs and not evidence-based medicine***.

Indeed, the **failure of the vaccine industry to provide clinical and biological evidence** of long-term vaccine safety and efficacy is profoundly anti-science. Saying that there is no need to conduct long-term safety trials with inert placebos is irresponsible and unethical.

### **One Schedule Fits All' is Ideology**

Pediatricians instruct new parents to give babies one food at a time to ensure they have no reactions or allergies. Yet there is no such consideration with vaccines. Not all vaccines are the same, made the same, contain the same ingredients, are 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 imply that all vaccines have the same efficacy and safety. This is clearly untrue. Saying, "*All vaccines are safe and effective*" is like saying "*All prescription drugs are safe and effective.*" Such statements are without scientific integrity.

The primary metric used by Health Canada to measure success 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 success.**

## 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 all 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. These regulations extinguish the right of Canadians to decide what goes into our own body and the bodies of our children. If you cannot voluntarily decide when and for what reason you are willing to risk your life or the life of your child, your inalienable right to life and liberty has been taken from you.

### 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 would 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 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,



## Systematic Erosion of Choice

Many governments that introduce vaccine mandates initially offer 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 who are resistant to giving up their freedom and their right to informed consent. One need only look elsewhere to witness the tactics used by governments to increase vaccine compliance and deny informed consent.

- New York authorities threaten to impose fines and call Child Protective Services if a parent fails 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.
- When the California government introduced vaccine mandates, the state promised to uphold religious, personal and medical exemptions. However, once vaccine mandates were implemented, government then removed both religious and personal exemptions. New legislation severely restricts medical exemptions.
- Some doctors in California have decided that vaccinations are “*simple and common*” where the related risks are “*commonly understood,*” and therefore informed consent is no longer required.
- Argentina denies passport and driver’s license 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. Families are being forced to choose between their ethics and conscious choice and feeding their children.

## A Path of Coercion

In their zeal to increase vaccination rates, Public Health officials may not fully understand they are supporting policies that undermine 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 need only 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 could happen in Ontario. These actions, no matter how well intended, undermine our freedom to think, speak and choose.

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.”* <sup>29</sup>

## **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, and 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 - recommendations that are then implemented by Health Canada.

The top pharmaceutical 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. **There is no reason to believe that they are telling the truth when it comes to vaccine safety and efficacy!**

<sup>29</sup> <https://aapsonline.org/measles-outbreak-and-federal-vaccine-mandates/>

Vaccines are the fastest growing sector of the pharmaceutical industry, with 271 vaccines under development. 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 body. 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.”<sup>30</sup>*

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

## **We Need Your Help**

A decision that involves using coercive measures and the loss of informed consent 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 very opposite is occurring. This is why we need your help. You have a responsibility to the citizens of Ontario to get this right. Short-circuiting the dialogue on vaccinations or remaining silent will not serve us 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.**

*“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

<sup>30</sup> <https://www.youtube.com/watch?v=IzKEYqgbq84&app=desktop>

## Who Is Vaccine Choice Canada?

**Vaccine Choice Canada(VCC)** — Vaccine Choice Canada 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.

VCC formed in response to the growing concern about the safety of the current vaccination program. As a public information and resource group, we are committed to protecting children’s health by informing parents of the existing and emerging scientific literature evaluating the risks, side effects, and potential long-term health effects of artificial immunization.

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.

### **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 and cannot be made mandatory because of protections guaranteed in our Charter of Rights and Freedoms. Vaccines are simply ‘recommended’. Our goal is to keep it this way.

Vaccine Choice Canada maintains a website to provide a national and international overview of the vaccine issue with links to the many vaccine information consumer groups around the world. Our extensive Science page provides access to scientific articles on this topic. We publish an acclaimed newsletter with articles and research on this subject from international sources.

For more information: [www.vaccinechoicecanada.com](http://www.vaccinechoicecanada.com)

Email: [info@vaccinechoicecanada.com](mailto:info@vaccinechoicecanada.com)

