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## **Pre-requisites to a Mandatory Medical Intervention**

Prior to any consideration of removing the right to choice pertaining to the medical practice of vaccination a number of pre-requisites or pre-conditions ought to be in place. These conditions include:

### **A. Mandatory Reporting of All Adverse Effects**

Much of the data we have about the frequency of adverse effects of vaccinations comes from the Vaccine Adverse Event Reporting System (VAERS) in the United States, which received over 44,000 vaccine adverse reaction reports in 2015 alone. VAERS is “a passive reporting system” and it is estimated that only 1% to 10% of actual vaccine injury incidences are reported.

Canada does not have a requirement for mandatory reporting of vaccine injury, nor a publicly accessible vaccine injury database. The Public Health Agency of Canada has revealed that between 1965-2010, **115,000 adverse vaccine reactions were reported**. It is acknowledged that the vast majority of vaccine reactions, injuries and deaths are denied and never reported to government health agencies.

Prior to any consideration of removing the right to choice a system of reporting adverse effects of vaccination must be implemented .

### **B. Mandatory Training of Physicians**

Currently physicians receive no formal training on how to diagnose or treat vaccine injury. How can citizens trust vaccine injury data when medical practitioners have not been trained to recognize vaccine injury? Is it ethical to subject our children to the risk of vaccine injury and then not be able to treat the injury? This needs to change prior to any consideration of removing the right to choice.

### **C. Mandatory Compensation for Vaccine Injury**

Currently there is no national vaccine injury compensation program in Canada. Canada is the only G7 Nation without a vaccine injury compensation plan. Is it morally acceptable to force families to expose their children to the risk of

vaccine injury or death and then fail to compensate families when injury or death occurs? This needs to change prior to any consideration of removing the right to choice.

#### **D. Evidence of Long-term Vaccine Safety**

Currently there are no long-term clinical trials that demonstrate vaccine safety. No safety trials exist that determine the safety of giving multiple vaccinations at once. No large safety trials exist that use an unvaccinated population as the control group. Combined vaccines have not been tested for carcinogenicity, toxicity, genotoxicity, mutagenicity, or for long-term adverse reactions. Mandatory vaccination should not be considered until the safety of the current vaccination schedule has been established.

#### **E. Hold Vaccine Manufacturers Liable**

Currently the vaccine industry is not legally liable for the safety of their products. This industry was granted legal immunity by an act of US Congress in 1986. The vaccine industry is the only industry, other than the nuclear industry, that is not legally responsible for the safety of their products.

Canadian medical practitioners are effectively immune from legal accountability as both proof of causation and negligence are required to successfully hold medical practitioners accountable for vaccine injury and death. This means the vaccine industry in Canada is not legally liable for the safety of their products and practices.

This freedom of liability includes the vaccine manufacturers as well as government agents, and those who administer vaccines including Doctors and Nurses. No one in the medical industry takes responsibility for the harm caused by vaccines. This is unethical and immoral.

The lack of legal accountability removes an important and effective measure to ensure products are safe and effective. A consequence of this legal immunity is there is no legal or financial incentive for the vaccine industry to make vaccines safer, even when there is evidence that vaccines can be made safer. This creates a very dangerous situation.

There is evidence that the legal immunity provided to vaccine manufacturers, health officials and practitioners has increased the risk of harm. To increase vaccine safety vaccine manufacturers and medical practitioners must be legally liable for the harm and death caused by their products and practices.

## **F. Oversight by An Independent Body**

The Center for Disease Control is a seriously conflicted agency and cannot be trusted to monitor vaccine safety and effectiveness. The CDC is charged with a dual responsibility - to monitor vaccine safety and to promote vaccines. The CDC is a part of the industry they regulate. The CDC is a private, for-profit corporation that holds patents on over 50 vaccines and sells more than \$4.5 billion worth of vaccines each year. Federal conflict of interest rules don't apply to the CDC.

As of April 2018, all voting members of the National Advisory Committee on Immunization in Canada excepting one declared direct or indirect financial or intellectual conflicts of interest. There is increasing concern that our public health institutions have become co-opted and are instruments of corporate interests. Providing truly independent oversight will contribute to consumer confidence.

A judicial body needs to be established to provide independent evaluation of product safety claims, as well as evaluate the justification for imposing medical treatments upon unwilling citizens. This body ought to be independent of both industry and government influence and have the investigative powers of the judiciary.

## **G. Mandatory Reporting of All Research Trials**

Currently the pharmaceutical industry is able to withhold evidence of research trials and outcomes that produce unfavorable results. Research trials can be and are withheld from public and governmental scrutiny. How can we make informed decisions of benefit/risk when important research data is being withheld? There ought to be mandatory reporting of all research trials and outcomes prior to any consideration of removing the right to choice.

## **H. Mandatory Quarantine of Individuals Receiving Live Viruses**

Vaccines containing live viruses have the ability to infect the general population up to six weeks following vaccination due to viral shedding. If we are genuinely serious about stopping the transmission of viruses, individuals vaccinated with live/attenuated viruses including chicken pox, measles, mumps, rubella, intranasal influenza and shingles need to be quarantined following vaccination.

Currently none of these conditions exist in Canada. Any effort to make vaccination mandatory without these safeguards is irresponsible and unethical.