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July 3, 2018

To the Attention of: Langley School Trustees

Re: Policy to Keep A Confidential List of Non-immunized Students

Dear Trustees with the Langley School District

I am writing in response to your recent decision to approve a policy to keep a confidential list of students who have not been immunized. While I trust these efforts are well intended, they are misguided for a number of reasons.

1. Complicit in a Campaign to Remove Rights and Freedoms

These efforts, while subtle and seemingly insignificant, follow a pattern witnessed worldwide of the deliberate and systematic eroding of the right of individuals to informed consent and medical decision-making as pertains to vaccination. The Langley School Board is either wittingly or unwittingly complicit in this ongoing and deliberate campaign to remove the rights and freedoms of citizens.

This deliberate and well-orchestrated erosion of rights is clearly evident in the State of California. Initial vaccine legislation assured parents of access to medical, personal and religious exemptions. In 2015, personal and religious exemptions were eliminated and medical exemptions were severely restricted such that citizens in California no longer have the right to informed consent.

Ontario is following a similar pattern of increasing coercion and restrictions to eliminate a citizen's right to informed consent. In 2017, the government of Ontario imposed mandatory "education sessions" upon parents opting out of one or more vaccines. Further, the required exemption affidavit includes a statement that forces parents to sign a self-incriminating statement in order for their children to go to school. This makes Ontario parents who don't vaccinate according to the recommended schedule vulnerable to having their children removed under child protection legislation.

While the final wording of the Langley SD policy was "*softened*" from "*required*" to "*requested*", one wonders how long before vaccines will be required for school attendance? How long will it be before all teachers, administration staff, support

staff and parents will also be required to provide proof of immunization? The Langley School District is advised to exercise extreme caution when proceeding down this slippery slope.

2. Violation of Canadian Charter of Rights and Freedoms

Currently all vaccines in Canada are voluntary. It is imperative they remain voluntary as vaccination is an invasive medical treatment with known unintended adverse effects including permanent disability and death. My son was the victim of DPT vaccine injury, which caused permanent disability and death. In Canada we uphold the medical ethic that *"where there is risk, there must be choice"*.

Any effort to make vaccinations mandatory in Canada would be a violation of the Canadian Charter of Rights and Freedoms. The Charter protects us from government actions that violate our rights and freedoms including the freedom of conscience and religion and the legal right to security of the person. Mandating vaccines is a clear and serious violation of these rights and freedoms.

Mandating vaccines would also violate the medical ethic of informed consent, the Nuremberg Code, and the Universal Declaration of Bioethics and Human Rights - Article 6 - Consent, to which Canada is a signatory.

*"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 Article 3 of this same Declaration it states:

"The interests and welfare of the individual should have priority over the sole interest of science or society."

The Nuremberg Code was written to ensure that such crimes against humanity as occurred under the Nazi government would never occur again. The code states - *"the voluntary consent of the human subject is absolutely essential."*

Health Canada declared in 1997:

"Unlike some countries, immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution . . . legislation and regulations must not be interpreted to imply compulsory immunization." - Immunization in Canada, Volume: 23S4, May 1997

3. Lack of Scientific Evidence of Long Term Safety

The more important issue with regard to vaccination is the lack of scientific evidence of the long-term safety of the current vaccine program. The recommended vaccine schedule has never been proven to be safe in large, long-term clinical trials.

While vaccines are licensed individually, their safety is not proven in the real world way in which vaccines are given - multiple vaccines at once.

Currently, the practice of monitoring the safety and effectiveness of vaccines does not follow standard science based protocols. As a result there is a lack of solid scientific evidence of vaccine safety, effectiveness and necessity.

The lack of evidence includes the following:

- There are no long-term clinical trials that prove the safety of the current vaccine schedule.
- Most effectiveness trials are limited to the measurement of anti-bodies in the blood rather than producing verifiable evidence that the vaccine actually prevented the targeted disease.
- No safety trials exist that determine the safety of giving multiple vaccinations at once.
- No large safety trials using an unvaccinated population as the control group have proven that vaccines are safe and effective.
- The current vaccine schedule has never been tested for safety in the real world way in which the schedule is implemented.
- No clinical proof exists to support the claim that vaccines are responsible for the decline in mortality, let alone the claim of millions of lives saved.
- There are no biological studies that show injecting mercury is safe in any amount.
- No clinical trials have been conducted to establish the safety of using aluminum in vaccines.

4. Lack of a Neutral Placebo

Vaccines are not studied against a neutral placebo. Most vaccine safety trials use control groups consisting of other vaccinated populations or placebos containing aluminum, formaldehyde, polysorbate 80, and other vaccine ingredients. These are not true placebos. Vaccine safety trials that are conducted without a neutral placebo cannot determine if a product is safe. **None of the vaccines on the current BC childhood vaccination schedule were tested against a neutral placebo.**

The failure of the vaccine industry to use a neutral placebo undermines the integrity of government claims that vaccines have been proven to be safe and effective. Until true vaccinated vs. unvaccinated research is conducted any claims of vaccine safety

and effectiveness is an assumption and not scientifically proven. Further, many pre-licensure trials do not include patient populations most at risk of serious adverse events. This is not responsible science. In fact, this is not science.

Vaccines given in the combination schedules recommended for our children today have never been tested for safety, which makes the current practice a medical experiment. The medical practice of vaccination is an uncontrolled experiment upon our infants and children.

Vaccine safety "science" is not recognizable as science anymore.
~ James Lyons-Weiler, Ph.D.

Mr. Timothy Caulfield, Canada Research Chair in health law and policy at the University of Alberta states – *"If they are science-based, step up and be science-based. If they're not science-based, make that explicit, and then society can have an interesting discussion about whether we should have these philosophies ... as part of our health-care system."*

Unfortunately, this standard of scientific oversight is not required with the practice of vaccination. We believe it should be.

5. The Real Epidemic

The trustees of the Langley School District ought to be more aware than most of the alarming increase in the number of children with serious and chronic neurological and immunological health conditions. Thirty years ago the amount of autism, asthma, attention deficit disorder, learning disabilities, life threatening allergies and juvenile diabetes was virtually non-existent.

Today every classroom has children with chronic and serious health conditions and the incidence of these health conditions is growing at an alarming rate. According to a 2010 study published in *The Journal of the American Medical Association*, chronic illnesses in children doubled from 1994 to 2006 and now affects more than 1 out of 4 children in the United States. Canadian numbers are likely similar.

<https://jamanetwork.com/journals/jama/fullarticle/185391>

This significant increase in neurological and immunological disabilities has occurred at the same time the number of vaccines administered to our children has increased 300%. In 1983, BC children received 23 doses of 7 vaccines. Today, children in BC receive up to **70 doses of 17 vaccines**.

Prior to 1980 the rate of autism was extremely rare, less than 1 in 10,000. Today, autism affects more than 1 in 68 children (age 5 – 17) in BC, and at the current rate of growth of autism is projected to affect 1 in 2 children by 2030. The impact of autism on BC will be catastrophic.

BC's Public Health Officer, Dr. Bonnie Henry, is reported to have described the link between autism and vaccines as "*completely erroneous, based largely on studies that have been debunked*". Nothing could be further from the truth.

6. Vaccines Contain Neurotoxins

The scientific community has known for more than fifteen years that when a person is vaccinated the brain's own specialized immune cells, the microglia, become activated. Multiple vaccinations spaced close together over-stimulate the microglia, causing them to release a variety of toxic elements — cytokines, chemokines, excitotoxins, proteases, complement and free radicals that damage brain cells and their synaptic connections.

World-renown researchers, Dr. Romain K. Gherardi, Dr. Chris Exley and BC's own Dr. Chris Shaw all support the contention that aluminum adjuvants in vaccines may have a role in the etiology of autism spectrum disorder. This contention is based upon the significant and burgeoning body of peer-reviewed scientific evidence, which indicates there is a definite link between Autism Spectrum Disorders, Parkinson's disease and dementia, and exposure to aluminum adjuvants in vaccines.

The aluminium content of brain tissues from 5 donors who died with a diagnosis of ASD was found to be extraordinarily high, some of the highest values yet measured in human brain tissue.

~ Professor Christopher Exley

The fact is aluminum is used as an adjuvant in most vaccines today. The neurotoxicity of aluminum is well documented, affecting memory, cognition, psychomotor control and damage to the brain when the aluminum passes through the blood brain barrier. The amount of aluminum used in vaccines regularly exceeds the maximum amount permitted by the FDA. The science of aluminum adjuvant neurotoxicity is well described here: <http://vaccinepapers.org>

Children (and fetuses) are at great risk from aluminum adjuvants because of the combination of rapid brain growth, an incomplete blood-brain barrier, and limited ability to eliminate toxins. With the 2018 BC vaccination schedule, high quantities of aluminum are injected into an infant's fragile microenvironment during these highly sensitive early years of brain formation. In BC, an infant receives more than 7,210 micrograms of aluminum in the first year alone

In spite of reports to the contrary, some vaccines still contain mercury. Vaccine producers use mercury (thimerosal) in the manufacture of vaccines and as a preservative in the influenza vaccine and other multi-dose vials. Mercury is the most toxic substance known that is not radioactive. There is no evidence injected mercury is safe in any amount. Additionally, mercury and aluminum work synergistically

such that their impact is significantly greater when given close together. Both of these neurotoxins are known to cause permanent neurological damage in children and adults.

There are now more than 146 independent studies that show a relationship between vaccines and autism. <https://www.scribd.com/doc/220807175/146-Research-Papers-Supporting-the-Vaccine-Autism-Link>

Approximately one-quarter of all children in the United States now suffer from encephalopathy, autism, ADD, ADHD, a learning disability, or some form of brain damage, which the best contemporary science has shown to be largely, if not entirely, autoimmune in nature.

There is now a solid body of evidence that not only the MMR vaccine but also the other live-virus vaccines, as well as those containing mercury, aluminium, and other adjuvants, are fully capable of causing autoimmune dysfunction that regularly crosses the blood-brain barrier and causes brain damage.

From these experiments it is only a short step to the inference that autoimmune brain damage is well within the capacity of every vaccine, and indeed an inherent property of the vaccination process itself.

~ Dr. Richard Moskowitz, MD
Vaccines – A Reappraisal

7. The Theory of Herd Immunity

It appears the recent decision of the Langley School trustees was justified based on the understanding that “*the number of unvaccinated children in schools has grown to the point where it impairs so-called “herd immunity”*”. The promise of herd immunity is regularly used to coerce legislators, doctors, public-health officials, medical personnel and the public into accepting forced vaccinations. What is not commonly known is that herd immunity is a *theory* that is based on *natural* infection. There is no evidence to conclude that the artificial stimulation of the immune system via vaccination can ever create herd immunity.

This is because the immune response stimulated by vaccines is temporary, lasting a few years or even as short as a few months. Consequently, a vaccinated herd is never really protected. What is also not commonly understood is that most vaccines do not prevent infection or the transmission of disease.

Five vaccines – polio, diphtheria, influenza, pertussis (whooping cough), and tetanus are not designed to prevent infection or transmission of disease. They are designed only to reduce the severity of symptoms should one become infected.

Four vaccine targeted diseases – tetanus, Hepatitis B, HPV, and Meningococcus are not communicable through casual contact and therefore not easily transmitted. Three of the vaccine targeted diseases – Pneumococcus, Influenza, and HPV have so many strains that vaccination does little to reduce the prevalence of the disease. Vaccination actually causes an increase in the strains not covered by the vaccine.

The fact is an individual who is not vaccinated with polio, diphtheria, tetanus, whooping cough, Hep B or Hib **poses no extra danger to the public** than a person who is. To imply that non-vaccinated children are a threat to the community is marketing propaganda and not evidence-based medicine. It is fear mongering with the intent to erode rights and freedoms.

“Vaccine-induced herd immunity is a lie used to frighten doctors, public-health officials, other medical personnel, and the public into accepting vaccinations.”

~ Dr. Russell Blaylock, M.D

8. Viral Shedding

If the Langley School District is genuinely concerned about the transmission of disease, they would be advised to track those students who have recently been immunized with a live-virus vaccine. Live-virus vaccines can spread disease through viral shedding. Live-virus vaccines include: measles, mumps, rubella, nasal flu, shingles, rotavirus, chicken pox, oral polio and yellow fever.

Vaccine strain live-virus can be shed in body fluids such as saliva, nasal and throat secretions, breast milk, urine and blood, stool and skin lesions. Shedding after vaccination may continue for days, weeks or months depending on the vaccine and the individual.

Vaccinated individuals risk spreading disease every time they are re-vaccinated. Vaccinated individuals can also be infected, yet remain asymptomatic thereby unknowingly spread the disease. Viral shedding is the reason recently vaccinated individuals are not permitted to visit hospital wards of cancer and immune suppressed patients.

No parent should be pressured to vaccinate their children on the basis of speculation of vaccine induced herd immunity, or to risk his or her child’s health in the hope it may protect someone else’s child. The conflict between private and public rights contradicts the claims made by vaccination proponents.

9. Vaccine Mandates

Vaccine mandates should only be considered if:

- 1) A disease has a high rate of mortality.
- 2) The disease is highly contagious.
- 3) The vaccine is proven to be safe.
- 4) The vaccine is effective in preventing transmission.

None of the current vaccines and their related diseases meets these criteria. There is no medically justified rationale for mandating vaccinations in British Columbia.

10. Mandating Undermines Self Determination

What I valued most about my education was the training and encouragement I was given to be a strong and independent thinker. I was taught that it is my human responsibility to think for myself and to take ownership of my God-given capacity to think and act.

To remove individual choice from the practice of injecting known toxins, animal DNA, and foreign substances into one's body and the bodies of our children and grandchildren is a violation of our rights as independent, free-thinking and sovereign beings.

It is also interesting to note that schools in BC cannot discriminate against children who are positive for hepatitis B or are carriers of the disease, nor can they bar children who are HIV positive. Children with these diseases have the right to medical privacy protection and cannot be barred from school because they may have one of these communicable diseases. Healthy unvaccinated or partially vaccinated children should have the same right to medical records privacy and non-discrimination as do those who are hepatitis B infected or have HIV.

It is my wish that, rather than participate in the erosion of our rights and freedoms, the Langley education system act as a buffer and a refuge for the increasing persecution of those families wishing to vaccinate selectively, delay or avoid vaccines entirely. It would also be my wish the Langley School District become strong advocates for protecting our sovereignty, our freedom of conscience and religion, our privacy, and our legal right to security of the person.

As can be seen by the length of this document, the vaccine decision is complex and complicated. Thus, it is rather disconcerting that the Langley School trustees would choose to pass this proposal "*quickly*" and "*without debate*".

It is my hope the members of the Langley School District re-consider their decision of participating in the erosion of privacy and choice pertaining to vaccinations in Langley and instead be advocates for truth, freedom and democracy.

I do this work in honour of my vaccine injured son.

Sincerely,



Ted Kuntz
Parent of a Vaccine Injured Child
Vice President, Vaccine Choice Canada

cc.

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