



Email: info@vaccinechoicecanada.com
Mail: P.O. Box 169, Winlaw, BC, V0G 2J0
Web site: www.vaccinechoicecanada.com

March 15, 2018

To the Attention of: Executive, Manitoba School Boards Association

Re: Consideration to Make Vaccines Mandatory

Dear Executive Members

I am writing in response to the upcoming discussion by the Executive of the Manitoba School Boards Association to consider making vaccinations mandatory in Manitoba. While I trust these efforts are well intended, they are seriously misguided for a number of reasons.

1. 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. 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 The consent should, where appropriate, be expressed and **may be withdrawn by the person concerned at any time and for any reason** without disadvantage or prejudice."*

2. Lack of Long Term Safety

The more important issue with regard to imposing mandatory vaccination is the lack of evidence of the 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.

We are currently experiencing an epidemic in our communities and it is not measles, mumps, or chicken pox. It is autism, learning disabilities, ADHD, life threatening allergies, asthma, and other neurological and immunological system disorders. Autism now affects 1 in 36 children. ADHD affects 1 in 10 children. Seizures occur in 1 in 20 children today. The impact of autism and other neurological disorders on society is catastrophic.

The Manitoba school boards executive ought to be more aware than most of the alarming number of children with serious and chronic neurological and immunological health conditions. Our schools are challenged in coping with children who can't learn, many who are non-verbal, are affected by diabetes, seizure disorders, behavioral problems, bowel disease, life-threatening allergies, and asthma.

Thirty years ago the amount of autism, 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.

This significant increase in neurological and immunological conditions has occurred at the same time the number of vaccines administered to our children has more than doubled.

3. Vaccines Contain Neurotoxins

Vaccines contain known neurotoxins. Vaccine producers use mercury (thimerosal) in the manufacture of some vaccines, and as a preservative in multi-dose vials of the influenza vaccine. Mercury is the most toxic substance known that is not radioactive. There is no evidence injected mercury is safe in any amount.

Aluminum is used in vaccines as an adjuvant. 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/>

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.

4. Vaccine – Autism Relationship

While Health Canada and the Center for Disease Control issues statements in an attempt to reassure health consumers that there is no relationship between vaccines and autism, the scientific evidence of a relationship is compelling and disturbing. The Manitoba Schools Board of Trustees may not be aware of the following:

- A report in the Pace Environmental Law Review Journal reviewed 83 cases of vaccine-induced brain injury that resulted in an autism diagnosis, which were compensated by the U.S. Federal Vaccine Injury Compensation system <http://digitalcommons.pace.edu/pelr/vol28/iss2/6>
- There are now more than **145 independent studies** that show a relationship between vaccines and autism. <https://www.scribd.com/doc/220807175/145-Research-Papers-Supporting-the-Vaccine-Autism-Link>
- Dr. William Thompson, a Senior Scientist with the Vaccine Safety Division of the CDC, and the lead statistician and co-author of the 2004 CDC study that is used by vaccine proponents to deny a link between the MMR vaccine and autism, took whistleblower status in 2014 to reveal CDC scientists colluded to commit scientific fraud in order to obscure the link between the MMR vaccine and autism. Dr. Thompson claims the federal agency ordered him and his colleagues to destroy study findings that confirmed a link between the MMR vaccine and autism.

This alarming disclosure is the basis of the 2016 documentary Vaxxed: From Cover-Up to Catastrophe. The media, to its discredit, has actively tried to censor this film, refused to inform the public of this significant disclosure, and has failed to advocate for a full investigation of Thompson's claims.

- Award-winning journalist, Sharyl Attkisson investigated the vaccine-autism link and compiled an extensive list of studies that show a vaccine-autism link. (What the News Isn't Saying About Vaccine-Autism Studies – updated November 27, 2016). <https://sharylattkisson.com/what-the-news-isnt-saying-about-vaccine-autism-studies>

Attkisson concluded –

“The body of evidence on both sides is open to interpretation. People have every right to disbelieve the studies on one side. But it is disingenuous to pretend they

do not exist.”

- Dr. Bernadine Healy, the former head of the National Institutes of Health, stated that the vaccine-autism link is not a “myth”. Dr. Healy disclosed that her colleagues at the Institute of Medicine did not wish to investigate the possible link between vaccines and autism because they feared the impact it would have on the vaccination program. This failure to fully investigate the vaccine-autism link is politics, not science.

There is an abundance of evidence that a vaccine-autism link exists. Asking for vaccines to be mandated without compelling and irrefutable evidence that vaccines are safe is unethical and immoral. There is no evidence that the total health outcomes of vaccinated children are better than unvaccinated children. The absence of this evidence is irresponsible and indicates vaccination is ideology rather than evidence-based medicine.

5. Misguided Concern About ‘Vaccine Preventable Diseases’

An important question for consideration is - **are vaccine preventable diseases on the increase in Manitoba?** The tables below give incidence (number of cases) and rates per 100,000 population for 2015 and the previous 5 years. The 2015 report states:

VACCINE PREVENTABLE DISEASES (VPDS)

- Invasive pneumococcal disease was the most reported vaccine preventable disease in 2015. There were 119 laboratory-confirmed cases, **which was lower than the expected number of cases.** Most of the health regions had consistent incidence rates over the last six years, with the exception of Northern Health Region, which has been fluctuating.
- HI non-serotype B is not vaccine preventable.

TABLE 1: NUMBER AND INCIDENCE (PER 100,000 POPULATION) OF LABORATORY-CONFIRMED CASES IN MANITOBA, BY DISEASE, 2015 AND 5-YEAR AVERAGE (2010-2014)

Disease name	Count		Incidence Rate (95% CI)	
	2015	2010-2014 Average	2015	2010-2014 Average

Vaccine Preventable Diseases				
Congenital rubella syndrome	0	0.2	0 (0, 0.3)	0 (0, 0.3)
Diphtheria	0	0.4	0 (0, 0.3)	0 (0, 0.3)
Haemophilus influenzae (non-serotype B)	34	-	2.6 (1.8, 3.6)	-
Haemophilus influenzae (serotype B)	3	-	0.2 (0, 0.7)	-

Invasive meningococcal disease	3	5	0.2 (0, 0.7)	0.4 (0.1, 0.9)
Invasive pneumococcal disease	119	143.6	9.0 (7.5, 10.8)	11.0 (9.3, 12.9)
Measles	1	1.4	0.1 (0, 0.4)	0.1 (0, 0.5)
Mumps	7	3.0	0.5 (0.2, 1.1)	0.2 (0, 0.7)
Pertussis	56	43.2	4.2 (3.2, 5.5)	3.3 (2.4, 4.5)
Rubella	0	0.6	0 (0, 0.3)	0 (0, 0.4)
Typhoid fever	5	4.6	0.4 (0.1, 0.9)	0.4 (0.1, 0.8)

The data indicates that the number of cases/rates of all 'vaccine preventable diseases' in Manitoba are down from previous 5 year averages except for the two vaccines that we know do not effectively prevent the illness or the transmission of the illness, namely mumps and pertussis (whooping cough) respectively.

You can compare Manitoba's 2015 data to the overall rates in Canada by looking at the [2015 Health Canada Vaccine Preventable Diseases Report](https://www.canada.ca/en/public-health/services/publications/healthy-living/vaccine-preventable-disease-surveillance-report-december-31-2015.html?wbdisable=true) : <https://www.canada.ca/en/public-health/services/publications/healthy-living/vaccine-preventable-disease-surveillance-report-december-31-2015.html?wbdisable=true>

You can also compare Manitoba's rates to Ontario, which has a school vaccination requirement. https://www.publichealthontario.ca/en/DataAndAnalytics/Documents/PHO_Monthly_Infectious_Diseases_Surveillance_Report_-_January_2016.pdf

	National rate	Manitoba rate	Ontario
Measles	0.6	0.1	0.14
Rubella	0	0	0
Mumps	0.2	0.5	0.23
HIB	0.08	0.2	0.06
Diphtheria	0.01	0	n/a
Pertussis	9.8	4.2	4.58
IMD	0.3	0.2	0.22
IPD	9.0	9.0	6.26

Summary: Manitoba, with no school vaccination requirements, **meets or beats both national and Ontario incidence rates**, except for Mumps and Hib. And Ontario has a lower rate of IPD.

The impetus for this lobbying effort to mandate vaccines is often justified as a result of the minor increase in incidences of measles. The executive members seem unaware that measles, while highly contagious and inconvenient, is a benign childhood illness in Canada. The mortality of measles in healthy children is virtually zero. During the ten-year period of 2004 – 2015 the CDC in the US reported there were no deaths attributed to measles, while VAERS reported 108 deaths linked to adverse reaction to the measles vaccine. A child in Manitoba is significantly more at risk of dying from the measles vaccine than dying due to contracting measles.

It is now recognized that childhood diseases such as measles, mumps, chicken pox, and influenza prime and develop an infant's immune response. By precluding our infants and children from natural exposure to these infectious agents, an infant's immune system fails to develop into a strong and robust system able to provide life long protection and good health. Measles infection is shown to contribute to the prevention of cancer and coronary heart disease.

6. Use of Aborted Fetal Tissue

The Manitoba School Boards Executive may not be aware that many live virus vaccines are cultured in aborted fetal tissue. <https://cogforlife.org/wp-content/uploads/vaccineListOrigFormat.pdf> To mandate the injection of aborted fetal matter into our children seems a serious violation of basic human principles and values.

7. Mandating Undermines Self Determination

To remove parental choice and self determination from the practice of injecting known toxins 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.

8. Vaccines Are Many Drugs

The vaccine industry and the media have a tendency to present vaccines as if they are one drug rather than a number of distinct and different drugs. Vaccines vary by safety, effectiveness, and necessity. They also vary by manufacturer, ingredients, and manufacturing process. Stating, "all vaccines are safe and effective" is like saying, "all prescription drugs are safe and effective". Such statements are without scientific integrity. Vaccines need to be evaluated on a vaccine-by-vaccine basis to evaluate their safety, effectiveness, and necessity for each individual. A "one size fits all" paradigm is dangerous and ignores the uniqueness of each vaccine and child.

What Ought to Be Made Mandatory

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. The Executive of the Manitoba School Boards would be of great service to their students if they advocated for the following conditions be made mandatory:

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 one percent 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. This needs to change prior to any consideration of removing the right to choice.

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 diagnose or 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, impact on fertility, or for long-term adverse reactions. Mandatory vaccination should not be considered until the safety of the current vaccination schedule is well established.

E. Hold Vaccine Manufacturers Liable

The vaccine industry in the United States, which manufactures most vaccines for Canadians, is immune from being held legally liable for any harm caused by their products. The vaccine 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.

As a consequence there is no legal or financial incentive for vaccine manufacturers to make safer products, even when there is evidence that vaccines can be made safer. No one in the medical industry takes responsibility for the harm caused by vaccines. This is unethical and immoral. Vaccine manufacturers must again be held legally liable for any harm their products cause prior to any consideration of removing the right to choice..

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 effectively a 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.

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 must be quarantined for up to six weeks following vaccination.

Ironically, at the same time that the Manitoba School Boards Executive members are considering vaccine mandates, the members of the US Congress and Senate were presented with a six-step plan to increase vaccine safety. This plan included the following:

1. Subject vaccines to a scientifically rigorous approval process.
2. Require reporting of vaccine adverse events.
3. Ensure all parties involved with federal vaccine approvals and recommendations are free from conflicts of interest.
4. Reevaluate all vaccines recommended by the *Advisory Committee on Immunization Practices* (ACIP) prior to the adoption of evidence-based guidelines.
5. Study what makes some individuals more susceptible to vaccine injury.
6. Support fully-informed consent and individual rights to refuse vaccination.

Board Executive as Advocates

It is my wish that rather than advocate for the erosion of our rights and freedoms, the Manitoba education system be a strong advocate for protecting our sovereignty, our freedom of conscience and religion, our legal right to security of the person, and be advocates for self determination and free will.

It is my hope the Manitoba School Boards Executive will re-consider any thought of advocating for the erosion of choice pertaining to vaccinations, and instead be advocates for truth, freedom, and democracy in Manitoba.

For more information, visit: www.vaccinechoicecanada.com

I do this work in honour of my son.

Sincerely,



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

Cc.

Ken Cameron
kcameron@rrsd.mb.ca

Sandy Nemeth
sandy.nemeth@lrsd.net

Alan Campbell
acampbell@isd21.mb.ca

Floyd Martens
fmartens@mts.net

Kelly Riehl
kriehl@svsd.ca

Patricia Wiebe
wiebep@blsd.ca

Lena Kublick
lkublick@lssd.ca

Leslie Tucker
ltucker@mysterynet.mb.ca

Cheryl Smukowich
csmukowich@sjsd.net

Kathleen McMillan
kmcmillan@pembinatrails.ca

Cathy Collins
cathycollins@wsd1.org