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December 5, 2017

**The Ontario Ministry of Health and Long Term Care**

Hon. Dr. Eric Hoskins, Minister of Health  
Dr. Bob Bell, Deputy Minister of Health  
Hepburn Block 10th Flr, 80 Grosvenor St,  
Toronto, ON M7A 1R3

**Ontario Medical Association**

150 Bloor Street West, Suite 900  
Toronto, Ontario, M5S 3C1

To the Attention of:

Dr. Shawn Whatley, OMA President  
Dr. Nadia Alam, OMA President Elect  
Dr. Timothy Nicholas, Chair, OMA Board of Directors

**The Pediatric Alliance of Ontario**

Dr. Hirotaka Yamashiro, President  
Dr. Sharon Burey, Interim Vice President

To Whom It May Concern:

Recently I was made aware of your online document – **Healthy Choices, Healthy Children: Why Vaccinations Are A Healthy Choice for A Strong Immune System!**

<http://www.health.gov.on.ca/en/pro/programs/immunization/myths.aspx#>

It is my assumption that the intention of this document is to provide Ontario parents with accurate and up-to-date information about the safety, effectiveness and necessity of the current recommended vaccination schedule. Unfortunately your document contains numerous inaccuracies and makes many statements and claims about vaccine safety and effectiveness that are not supported by the evidence.

If this document represents the best and most up-to-date information available from the Ontario Ministry of Health, the Ontario Medical Association and the Pediatric

Alliance of Ontario, it indicates that health consumers in Ontario are being given inaccurate, deceptive, and dishonest information with which to make their vaccination decisions.

This level of deception, dishonesty and inaccuracy negatively impacts the ability of Ontario parents to make well-informed decisions pertaining to the medical practice of vaccinations. It also undermines the trust and confidence in these institutions to provide reliable and verifiable information and to act in the public's best interest.

In the document you make the claim that a number of the concerns raised by parents are "myths". The fact is none of these statements of concern are myths. These are legitimate and well-documented concerns that ought to be acknowledged and addressed by your organizations in a constructive and responsible manner.

It appears Ontario parents are more aware and up-to-date with the current status of vaccine safety and effectiveness research than the Ontario Medical Association, Ministry of Health and Pediatric Alliance of Ontario. I have attempted to address the most significant of the inaccurate statements and claims in the document below.

It is my expectation the Ontario Medical Association, the Ontario Ministry of Health, and the Pediatric Alliance of Ontario will make the appropriate corrections in their vaccine related materials. I also expect these organizations will preserve and protect the medical right of Ontario citizens to informed consent with regard to vaccination.

*"You may choose to look the other way,  
but you can never say again that you did not know."*

*- William Wilberforce*

Sincerely,



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

CC

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MPPs of Ontario



Challenging Myths and  
Misinformation  
from  
the Ontario Ministry of Health

December 2017

Response prepared by:



## 1. Vaccines and Autism.

In your document you make the following claims:

- *Vaccines do not cause autism.*
- *Many studies have found no connection between vaccination and autism.*

Both of these statements are deceptive and dishonest.

### **The Facts –**

#### **Unscientific and Misleading**

It is unscientific and perilously misleading for the Ontario Medical Association, the Ministry of Health and the Pediatric Alliance of Ontario to assert that vaccines and autism have been exhaustively studied and that no connection has been found.

While there are 16 or so industry-funded studies that are regularly cited by critics of the vaccine-autism hypothesis, these studies examine only **one vaccine product** (MMR) and only **one vaccine ingredient** (Thimerosal).

**It is illogical to exonerate all vaccines, all vaccine ingredients, and the total Ontario vaccine program based on a handful of epidemiological studies** of just one vaccine product and one vaccine ingredient.

These studies include the 2004 CDC study that senior CDC scientist Dr. William Thompson revealed the CDC fraudulently withheld data with the express intention of misleading the public about the vaccine-autism link. Numerous other CDC studies conducted by Dr. Poul Thorsen have also been found to be fraudulent. Thorsen is a wanted felon in the United States. The remaining studies have been widely criticized in the scientific community for their lack of power and design. None of the studies compares the rate of autism in an unvaccinated population with a vaccinated population.

#### **No Finding Does Not Mean No Connection**

A finding of “*no connection*” does not mean there is no connection. It only means these particular researchers, using the particular research design of their study, did not find a connection. In no way do these findings support making the claim – “*vaccines do not cause autism*”. **To make such a claim is unscientific and irresponsible.**

#### **Substantial Evidence of Vaccine-Autism Link**

It appears the Ontario Medical Association, Ministry of Health, and Ontario’s

Pediatricians are unaware or choose to ignore the substantial body of evidence that has found a connection between vaccine-induced brain injury that resulted in an autism diagnosis.

The body of evidence of a vaccine – autism link includes 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 **142 independent research studies** that show a relationship between vaccination and autism. <https://www.scribd.com/doc/220807175/128-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. Representative Bill Posey read Dr. Thompson's statement into the Congressional record.

<https://www.c-span.org/video/?c4546421/rep-bill-posey-calling-investigation-cdcs-mmr-reasearch-fraud>

This alarming disclosure is the basis of the 2016 documentary **Vaxxed: From Cover-Up to Catastrophe**. The medical industry, 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 connection exists. It is dishonest and irresponsible to make the claim there is "*no connection between vaccines and autism*". Anyone who makes this claim is offering propaganda, not science.

### **Comments on Dr. Wakefield**

To make the claim that the retraction by the Lancet of Dr. Wakefield's 1998 case study and the stripping of his medical license by the General Medical Council is evidence that vaccines do not cause autism is both naïve and irrelevant.

It is clear the author(s) of this document never read Dr. Wakefield's 1998 Lancet paper and are simply regurgitating false statements promulgated by a captured and compliant media. Had the author(s) actually read the 1998 Lancet paper they would have discovered that Dr. Wakefield's case study was never intended to prove the MMR vaccine – autism connection. Dr. Wakefield's paper was a *case study* that investigated a consecutive series of 12 children with chronic enterocolitis and regressive developmental disorder.

<http://www.wellwithin1.com/WakefieldOriginalPaper.pdf>

Wakefield's own statement in the Lancet paper is - "*We did not prove an association between measles, mumps, and rubella vaccine and the syndrome described*", and concluded that, "*Further investigations are needed to examine this syndrome and its possible relation to this vaccine.*"

Dr. Wakefield did recommend parents use the single dose vaccines for measles, mumps, and rubella rather than the triple live virus vaccine until the risk was better understood. It was the UK government's decision to withdraw the license for the single vaccines, and Merck's decision to stop production in the US and Canada that gave parents no option but to accept the triple virus vaccine or not vaccinate.

**It is clear the government's intention in this matter was the protection of the triple live-virus vaccine product rather than the protection of our children.**

Is the Ontario Medical Association not aware that the MMR vaccine (Urabe strain)

which Dr. Wakefield expressed concern about had been withdrawn from the Canadian market due to the significant number of injuries the vaccine caused? Is the Ontario Medical Association aware the UK government withdrew the license for this same MMR vaccine in 1992 following evidence of increased risk of convulsions and aseptic meningitis 15-35 days after vaccination?

<https://academic.oup.com/aje/article/165/6/704/63700/Risks-of-Convulsion-and-Aseptic-Meningitis>

The findings of Dr. Wakefield in the 1998 Lancet paper were never ‘debunked’ and no data was proven to be fraudulent in spite of numerous media reports. Dr. Wakefield’s finding of a relationship between bowel disease and regressive developmental disorders, including autism, has been replicated by dozens of laboratories around the world and this relationship is now accepted medical science.<sup>19</sup>

### **Appeal of Dr. John Walker-Smith**

The Ontario Medical Association and Ministry of Health appear to be unaware that Dr. Wakefield was not the senior clinical investigator of the 1998 case study. The senior clinical investigator was the world-renowned pediatric gastroenterologist, Dr. John Walker-Smith.

In 2012 Dr. Walker-Smith appealed the verdict of the General Medical Council to revoke his medical license and was fully exonerated by the British High Court. There are many references to this appeal. I have chosen the two below due to the details they included:

*“The GMC proceeding was a multi-year, multi-million dollar prosecution against Drs. Wakefield, Walker-Smith, and Murch. It related to a controversial 1998 study published in The Lancet suggesting a possible link between autism, the measles-mumps-rubella vaccine and bowel disease.*

*Based on the GMC prosecution, both Drs. Walker-Smith and Wakefield lost their licenses to practice and the Lancet article was officially retracted. The GMC alleged that the physician-authors had failed to obtain necessary ethical clearances and that they had subjected the twelve children in the study to unnecessary medical procedures.*

*Justice Mitting, reviewing Dr. Walker-Smith’s appeal in the High Court of Justice, Queen’s Bench Division, Administrative Court, found that the GMC’s conclusions were “**based on inadequate and superficial reasoning**” and that “**the finding of serious professional misconduct and the sanction of erasure are both quashed.**”*

*“All of the documented evidence and testimonies submitted to the General Medical Council, upon which GMC issued its guilty verdicts against Dr. Wakefield and his two*

*co-defendants in 2010, were subsequently forensically assessed by the UK High Court in March 2012, in the appeal of Professor John Walker-Smith, the senior clinician and senior author of the Lancet case series.*

*The High Court determined that the verdicts of professional misconduct and ethics violations were **unsupported by the evidence.*** <http://ahrp.org/laffaire-wakefield-shades-of-dreyfus-bmj-descent-into-tabloid-science/>

The second source above, *L'affaire Wakefield*, is a just released, in-depth report from the **Alliance for Human Research Protection (AHRP)**. As the author states in the Introduction to the AHRP report:

*"I have undertaken this review of the case against Dr. Andrew Wakefield because the issues involved are far more consequential than the vilification of one doctor. The issues, as I see them, involve (a) **collusion of public health officials to deceive the public** by concealing scientific evidence that confirms empirical evidence of **serious harm linked to vaccines** – in particular polyvalent vaccines; (b) the "willful blindness" by the medical community as it uncritically fell in line with a government dictated vaccination policy driven by corporate business interests.*

***Public health officials and the medical profession have abrogated their professional, public, and human responsibility, by failing to honestly examine the iatrogenic harm caused by expansive, indiscriminate, and increasingly aggressive vaccination policies.***

*On a human level, the documented evidence shows a callous disregard for the plight of thousands of children who suffer irreversible harm, as if they were unavoidable "collateral damage".*

The Wakefield, Walker-Smith, Murch litigation is especially disconcerting because of the collusion of public health officials to deceive the public. The Ontario Ministry of Health continues to deceive the public by making false and deceptive statements pertaining to the Wakefield matter in spite of a court decision that ruled the actions of the British Medical Council were unsupported by the evidence.

## **2. The Safety of Vaccine Ingredients**

You make the claim:

- *The minimal amounts of thimerosal (a mercury-based preservative), formaldehyde and aluminum contained in vaccines are necessary for their safety and effectiveness. These materials occur naturally in the environment, and the amounts contained in vaccines are much lower than your children are exposed to on a day-to-day basis.*
- *Many studies – conducted with millions of patients – have shown the safety of*



- vaccines.*
- *Millions of vaccines are given every day! This is the best evidence we have that vaccines are safe and effective.*

None of these statements are supported by the evidence.

### **The Facts –**

There are known risks to all drugs. To suggest that vaccines are safe and effective, without any qualifiers, is dishonest, deceptive and unscientific.

To state: *“millions of vaccines are given every day”* and *“This is the best evidence we have that vaccines are safe and effective”* is simply untrue. Giving vaccines daily is **not evidence of safety**. To indicate that the giving of millions of vaccines is evidence of safety shows either a profound ignorance of science or it is meant to be deceptive.

### **Injecting vs. Ingesting**

To make the claim that vaccine ingredients are found naturally in the environment and imply this means injecting these same ingredients into our children is safe demonstrates a profound lack of understanding of the difference between ingesting an ingredient and injecting the same ingredient.

The practice of *injecting* viruses and antigens into the human body is unnatural. The human body is not designed to encounter pathogens via intramuscular injection. Infectious diseases are contracted through swallowing (*ingestion*) or breathing (*inhalation*). When vaccine ingredients are injected directly into the body they bypass the natural portals of entry and the normal protective filters such as the lungs, digestive organs and skin.

This method of delivery permits the ingredients contained in vaccines, including mercury, aluminum, viruses, foreign DNA, and other toxic and harmful ingredients to enter the bloodstream, make their way into the brain, organs, bones and tissues, and cross the blood-brain barrier.

Researchers Tomljenovic and Shaw have discovered that injecting vaccines directly into the muscle is **much more likely to result in toxic outcomes** since only 0.25% of dietary aluminum is absorbed systemically, and even that is rapidly filtered out by the kidneys, whereas injected aluminum is **absorbed into the blood almost entirely**, and accumulates much more readily in the brain and various internal organs.<sup>15</sup>

*“Vaccination amounts to a conjuror’s trick, designed to accomplish by deception precisely what the whole immune mechanism has seemingly evolved to prevent –*

*granting bacteria, viruses, and foreign antigens free and immediate access to the major internal organs of the immune system with no reliable means of getting rid of them.” ~ Dr. Richard Moskowitz, MD*

## **Vaccines Contain Neurotoxins**

Vaccine manufacturers still use mercury (Thimerosal) in the production of some vaccines, and as a preservative in multi-dose vials of the influenza vaccine. Mercury is recognized as **the most toxic substance** on the planet that is not radioactive.

The acceptable limit of mercury in drinking water in Canada is 1 ppb (parts per billion). A liquid with 200 ppb is considered ‘toxic waste’. Several brands of the infant influenza vaccine have 25,000 ppb. Many of the regular influenza vaccines have 50,000 ppb of mercury.

It is scientific fact that human **brain neurons permanently disintegrate** in the presence of mercury. **There is no evidence injected mercury is safe in any amount.** <sup>1 2</sup>

A review by Catherine DeSoto, PhD of all the empirical research available on the mercury-autism link found that the body of research **actually favors** a link between mercury and autism by more than a 3-to-1 margin. Her findings are in stark contrast to the frequent reports that there is no scientific link. <sup>18</sup>

Aluminum is another neurotoxin commonly found in vaccines. The neurotoxicity of aluminum is well documented. Aluminum affects memory, cognition, psychomotor control and causes damage to the brain. Clinical evidence indicates aluminum is a primary etiological factor in Alzheimer’s disease. Aluminum also interferes with gene expression and depresses mitochondrial function. <sup>2 3</sup>

A recent study published in the **Journal of Trace Elements in Medicine and Biology** identified exceedingly high levels of aluminum in the brains sample of children diagnosed with autism.

<http://www.sciencedirect.com/science/article/pii/S0946672X17308763>

Today’s generation of children receive 5,000 mcg of aluminum from vaccines by the age of 18 months and up to an additional 5,250 mcg if all recommended boosters, HPV and meningitis vaccines are administered. The amount of aluminum exceeds the maximum amount permitted by the FDA.

## **Safety Has Never Been Affirmed in Clinical Studies**

Mercury and aluminum work synergistically such that their impact is substantially **more toxic** when given together. The safety of this synergistic effect has **not been determined**.

There is increasing awareness of the absence of clinical evidence of the long-term effects of aluminum and other toxins in vaccines. According to the **Journal of American Physicians and Surgeons** (Summer 2016) –

*“The safety of CDC’s childhood vaccination schedule **was never affirmed in clinical studies**. Health authorities have **no scientific data from synergistic toxicity studies** on all combinations of vaccines that infants are likely to receive.*

*National vaccination campaigns must be supported by scientific evidence. No child should be subjected to a health policy that is not based on sound scientific principles and, in fact, has been shown to be potentially dangerous.”*

### **Vaccines Contain Contaminants**

In 2016 physicist Antonietta Gatti and pharmacist Stefano Montanari examined 30 different vaccines. They found dangerous undisclosed contaminants **in every single sample** tested. Contaminants included: *organic debris, metals including lead, tungsten, gold, and chromium*. These contaminants have been linked to autoimmune disease and leukemia.

### **Vaccine Injury Compensation**

There is a substantial body of evidence that vaccines are not safe for some individuals. Is the Ontario Ministry of Health not aware of the US National Vaccine Injury Compensation Program that was created in response to the significant injuries caused by vaccines?

Since 1989 this program has awarded more than **3.8 billion dollars in compensation to victims of vaccine injury**, including permanent disability and death. This amount represents a fraction of the documented injuries caused by vaccines.

The Ontario Ministry of Health also seems unaware that a 2011 US Federal Court ruling deemed vaccines *“unavoidably unsafe”*. Vaccines can’t be both “safe” and “unavoidably unsafe”. Vaccines can’t be “safe” when vaccine injury compensation programs have been established to compensate those injured by vaccines.

In fact, **Canada is the only G7 Nation without a vaccine injury compensation program**. Canada is the outlier here by not providing compensation to victims of vaccine injury. Not having a vaccine injury compensation program does not mean there is no vaccine injury in Canada. **It is immoral to require vaccination for school, daycare, and employment and then fail to compensate those injured or killed by vaccination.**

The Ontario Ministry of Health seems unaware the vaccine industry has been forced to withdraw numerous vaccines because of the significant harm these vaccines caused. The list includes: the small pox, swine flu, whole cell DPT, MMR (Urabe strain), and oral polio vaccines, among others.

The major criticism of the vaccine program is its systemic failure to conduct long-term clinical trials that scientifically prove the safety of the current vaccine program. The safety of the current childhood vaccine schedule **has never been proven in large, long-term clinical trials**. Vaccines have not been tested for carcinogenicity, toxicity, genotoxicity, mutagenicity, or for long-term adverse reactions.

### **Safety Trials Do Not Use Placebos**

The gold standard of safety research compares a subject group with a control group. A true clinical trial utilizes a placebo – a substance that is known to be neutral or harmless. Most vaccine safety trials use other vaccinated populations or placebos containing aluminum as the control group. Neither of these are neutral placebos. In fact, **not a single one of the clinical trials for vaccines given to babies and toddlers had a control group receiving a neutral placebo**.

Vaccine safety trials that are conducted without a neutral placebo **cannot determine if a product is safe**.

Many pre-licensure trials do not include patient populations most at risk of serious adverse events.

This is not good science. This is not ethical science. This is not responsible science. In fact, this is not science.

### **Legal Notice to HHS**

Informed Consent Action Network (ICAN), supported by 55 organizations, recently served legal notice on the US Department of Health and Human Services (HHS) for failing to conduct vaccine safety studies.

<http://www.icandecide.com/white-papers/ICAN-HHS-Notice.pdf>

This lack of scientific evidence of vaccine safety suggests vaccination is ideology rather than evidence-based medicine. To make the unqualified claim that vaccines are “safe” is dishonest and deceptive.

### **3. Multiple injections are not proven to be safe.**

You state:

- *Vaccines make the immune system stronger.*
- *Babies do not experience more side effects when more than one vaccine is given at a time.*

These statements are not supported by the evidence.

### **The Facts –**

There is no evidence that vaccines “make the immune system stronger”. These are opinions expressed by the medical industry without the benefit of evidence. The evidence supports the concern that the increasing number of vaccines given to our children today actually undermines their immune system. Dr. Suzanne Humphries has written and spoken extensively of how inactivated vaccines suppress the immune system.<sup>23</sup>

### **Schedule Not Tested for Safety**

The current vaccine schedule has never been tested for safety in the real world way in which the schedule is implemented. **No independent trials confirm the safety of giving multiple vaccinations at once.**<sup>20</sup> Research shows **a dose-dependent association between the number of vaccines administered simultaneously and hospitalization or death.**<sup>21</sup>

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

### **Vaccination Increases Infant Death**

A study comparing the rate of vaccination with the rate of infant death in first world countries identified a relationship between the number of vaccines given in the first year of life and the rate of infant mortality. **The more vaccines given, the higher the rate of infant death.**

The United States, which vaccinates newborns and has the most aggressive vaccination schedule in the first year of life of any country, is 34<sup>th</sup> in infant mortality and has **the highest rate of newborn deaths** of *any* developed country in the world.<sup>45</sup>

Canadian studies have repeatedly shown a dose dependent relationship between the number of influenza vaccines received and susceptibility to a pandemic virus.<sup>24</sup>

A 2017 study revealed women who had received the H1N1 influenza shot and then received a normal influenza vaccine were 7X more likely to have a spontaneous abortion.<sup>25</sup>

## **'One-size-fits-all' Ignores Individual Variables**

The vaccine paradigm utilizes a *'one-size-fits-all'* approach. Vaccine dosage is not calibrated by age, weight, immune response, gender, genetics, medical or family history, or other variables used to discern safe levels of a medical intervention. In no other area of medicine are individual variables systematically ignored.

*This mandatory one-size-fits-all approach to vaccination is  
a de facto state-sanctioned selection of the genetically  
and biologically vulnerable for sacrifice.*

~ Barbara Loe Fisher

## **4. There is no evidence vaccine immunity is better than natural immunity.**

You make the claim:

- *Vaccines are the best way to protect children, and the diseases that we choose to vaccinate against are those where we know that the risk of disease for your child is greater than the risk of the vaccine.*
- *Measles, for example, continues to be one of the leading causes of death in children globally, even though a safe and cost-effective vaccine is available.*

These statements are not supported by the evidence.

### **The Facts –**

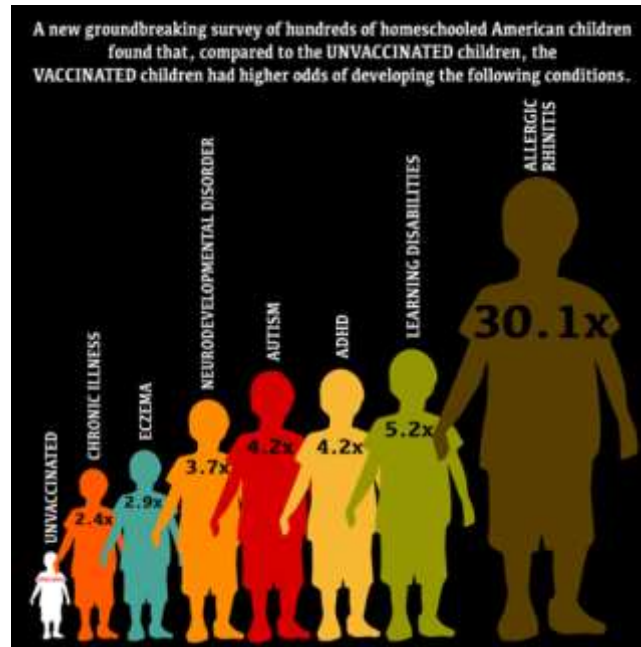
#### **No Evidence Vaccinated Individuals Are Healthier**

No long-term clinical evidence exists that show vaccinated children have better overall health than unvaccinated children.

The *Journal of Translational Science* recently 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>21</sup>

The results reveal that while vaccinated children were significantly *less likely* to have chicken pox or whooping cough, they were significantly *more likely* to have pneumonia, allergies, otitis media (ear infection), eczema, a learning disability, Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, neuro-developmental disorders, and chronic illness.

No significant differences or benefits were seen with hepatitis A or B, measles, mumps, meningitis (viral or bacterial), influenza, or rotavirus. <sup>21</sup>



### Vaccination Distorts Public Health Priorities

Vaccination shifts public health priorities from effective and natural interventions like clean water, closed sanitation, improved hygiene, reduced exposure to toxins, clean air, better housing, breastfeeding, good nutrition and quarantine. Quarantine was essential in reducing the small pox epidemic. These public health measures were responsible for the significant decrease in mortality and the increase in health in the last century, not vaccinations.

Public health agencies are ignoring these effective health measures and have mistakenly identified *increased vaccine uptake* as the desired outcome rather than *improved health*.

### Risk of Measles Is Dishonest

Measles is an example of the current hysteria and fear mongering promulgated by the medical industry and a captured media. The fact is measles is a benign illness in healthy and well-nourished children. There is insufficient evidence that mandatory measles vaccination results in a net public health benefit.<sup>16</sup> There is no evidence that the measles vaccine causes less death or permanent disability than measles.<sup>17</sup>

Citing mortality from measles in third world countries and implying this same risk exists with children living in Canada is dishonest. Virtually all of the deaths in developing countries attributed to measles are the result of extreme poverty, poor nutrition, and poor health conditions. To imply these deaths could have been prevented with the measles vaccine is dishonest. It is much more likely their deaths

could have been prevented with proper nutrition, clean water, and appropriate medical care.

In first-world countries an individual is significantly more likely to die from the measles vaccine than from contracting measles. During the ten-year period of 2004 – 2015 there were **zero deaths** attributed to measles in the United States. At the same time the measles vaccine has been linked to at least **108 deaths**.



A 2011 Ontario study that found 1 in 168 children who receive their 12 month & 18 months shots which included MMR ended up in ER and that an undisclosed number of vaccinated children died during the study period. <sup>22</sup>

### **The Vaccine Industry Distorts the Risk of Disease**

The vaccine industry greatly exaggerates the risk of contracting diseases targeted by vaccines. The true potential benefit of a vaccine ought to be assessed based on the number of people who developed a **serious complication** following infection rather than infection itself.

What is rarely discussed in vaccine promotion literature is the rate of serious complications, including death, in the pre-vaccine era. The rate of serious complications in the pre-vaccine era were as follows: <sup>6</sup>

**Measles** – In the years preceding the introduction of the measles vaccine in 1963 the death rate from measles was **1 in 500,000** people in the US population.

**Mumps** – Prior to the mumps vaccine in 1967, about **1 in 4 million** people in the US population died from mumps.

**Chicken pox** – In the population as a whole, **1 in 2.3 million** Americans died of complications from chicken pox every year prior to the introduction of the chicken pox vaccine.

**Rubella** – The fatality rate prior to the widespread use of the rubella vaccine in 1969 was **1 person in 9 million** in the US population. The rate of birth defects in pregnant women was about **1 in 20,000** births.



**Hib** – Before the Hib vaccine was introduced in 1985 about *1 in 2 million* people in the U.S. population died annually from meningitis. The risk of permanent harm from meningitis was about **1 in 600,000** in the US population.

**Rotavirus** – Prior to the vaccine being introduced in 2006 about **1 in 10 million** in the U.S. population died from rotavirus.

**Polio** – Before widespread use of the vaccine in 1955 the permanent paralysis rate or death from polio in the U.S. population was **1 in 100,000** people.

By contrast, the rate of serious illness in children today is: <sup>7</sup>

**Attention Deficit Hyperactivity Disorder** – 1 in 10 children

**Learning Disability** – 1 in 6 children

**Mental Illness** (anxiety disorder, bipolar disorder, severe mood dysregulation, schizophrenia) – 1 in 30 children

**Allergies** – increased 6X since 1980

**Anaphylactic Food Allergies** – doubled in the last decade

**Eczema** – 1 in 5 children

**Asthma** – 1 in 8 children

**Seizure Disorder** – 1 in 20 children

**Autism** – 1 in 45 children

Each of these illnesses is occurring at epidemic rates today.

There is no evidence to support the claim that a Canadian child is more at risk of being severely injured or dying from diseases targeted by vaccines than the risk of being severely injured or dying by a vaccine. There is evidence the legal immunity provided to vaccine manufacturers increases the risk of harm from vaccines. <sup>8</sup>

### **Vaccines Cause Systemic Inflammation**

The understanding of the effects of vaccination programs is changing in the face of the crisis in the health of the public, especially that of children.

A recent peer-reviewed publication, partially funded by the US National Institute of Health (NIH) and published on their website evinces this change. The study, [\*Noninvasive vaccination as a casus belli to redeem vaccine value in the face of anti-vaccine movements\*](#), speaks directly to the concern that **systemic inflammation** associated with the load of vaccinations in current programs may be leading to the increase in chronic diseases.

In the first section of this publication the author discusses the rise of chronic diseases in the population:

*“At this time, emerging evidence begins to reveal that vaccines' risks may not be so minuscule. Assertions of safety by vaccine makers are invariably based on incomprehensive trial designs with long-term effects under-targeted. Vaccines' chronic impacts on health over a lifetime have been **inadequately investigated and poorly understood.**”*

The author then continues with a discussion of adverse events following vaccinations:

*“For every vaccine that causes a tangible injury, there may be many more vaccines that cause either minor injuries or major injuries in a slow motion, as suggested by the Heinrich's law. Even one injury from vaccination is one too many. **It is thus counterfactual to assert that vaccination is universally safe with only minor risks.**”*

*Overall, the weight of evidence suggests that systemic inflammation and possibly other reactions induced by i.m. vaccination **may not be medically benign** with the possibility to pose **unwarranted health threats to vaccinees** who are otherwise healthy.”*

## **6. Vaccines can spread the disease.**

You make the claim:

- *The vaccine does not cause the disease.*
- *We are lucky to have a national vaccine strategy and such sound research and oversight to support the safety and effectiveness of vaccination programs.*

These claims are not supported by the evidence.

### **The Facts –**

#### **Vaccines Spread Disease**

Live-virus vaccines spread disease through viral shedding. Live-virus vaccines include: *measles, mumps, rubella, nasal flu, shingles, rotavirus, chicken pox, oral polio, and yellow fever.* <sup>9</sup>

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 upon the vaccine and the health of the individual.

This fact is evident given hospitals treating cancer patients and those with compromised immune systems do not permit visitation from individuals recently vaccinated with a live vaccine.

**Vaccinated individuals risk spreading disease *every time* they are re-vaccinated.**

Vaccinated individuals can also be infected with a disease and be infectious, yet remain asymptomatic thereby unknowingly spread disease.

Live attenuated viruses mutate over time creating new organisms that can cause new and unknown diseases.

### **Lack of Oversight**

Vaccine manufacturers are not required to demonstrate vaccines actually reduce the rate of disease contraction, contagion, complication or mortality. It is assumed that elevated antibody levels equate to immunity, despite the lack of supporting evidence.

**Vaccines are the only medication where evidence of efficacy and absence of harm are not required before approval.** This is clearly evident with the HPV vaccine. There is no clinical evidence the HPV vaccine has prevented even one individual from contracting cervical cancer.

Vaccine efficacy ought to be evaluated based on clinical evidence the vaccine actually *increases disease prevention and improves health*. This does not occur with the vaccine program.

## **7. Vaccines Increase the Risk to Infants.**

You make the Claim:

- *Vaccines help babies build their natural defense against diseases.*

The evidence does not support this claim.

### **The Facts -**

#### **Vaccination Increases the Risk to Infants**

Vaccination reduces the maternal antibody protection transferred from a mother to their newborn.<sup>10 11</sup> This trans-maternal protection usually persists for 12 - 15 months after the birth of the child. **Vaccinated mothers *do not offer the same protection to their infants***. The result is the infant of a vaccinated mother is more at risk of disease than the infant of a mother with naturally acquired immunity.

Disrupting the natural cycle of the 'mother-infant immunity transfer' is a dangerous and irreversible consequence of prolonged vaccination campaigns. The vaccine

paradox is that while vaccines may reduce the incidence of disease in childhood, they put the next generation of infants more at risk.

**Vaccines do not protect us for a lifetime.** They only postpone the susceptibility to the corresponding infection rather than extinguish the susceptibility completely. No one knows when the vaccine's purported protective effect expires.

The introduction of mass vaccinations has drastically changed the natural and safe pattern of disease experience. It has dismantled natural herd immunity enjoyed by previous generations. Infants were protected from diseases by maternal immunity. Adults were protected by their own permanent immunity, which nearly all of them had acquired in their childhood via the disease experience. Mild childhood diseases like measles, mumps and rubella, have now been pushed into infancy and adulthood where they have more serious consequences.

### **Vaccination Removes Evolutionary Step**

The maturation of the immune system is accomplished by learning how to mount an acute, vigorous response to an infection. **Vaccination removes a significant and important immune fortifying evolutionary step from a child's immune development.** The long-term effect of this is unknown.

Measles is known to have a protective effect against cancer, heart disease, malaria, allergic diseases, juvenile rheumatoid arthritis, Infantile Hodgkin's Disease, atopy and psoriasis. Developmental leaps have been observed in children following measles.<sup>12</sup>

Chicken pox exposure reduces the incidence of shingles in adults. Mumps helps prevent ovarian cancer.<sup>12</sup>

**The artificial suppression of disease may actually be detrimental to our overall health and well-being.**<sup>12</sup>

## **8. Informed Consent At Risk in Ontario**

### **Doctors Not Taught to Recognize Vaccine Injury**

**Doctors receive no formal training on how to recognize or treat vaccine injury.** Absent from current medical school curriculum is complete and up-to-date information about vaccine ingredients, diagnosis and treatment of vaccine injury, adverse events reporting, and individual genetic susceptibilities to vaccine injury.

The harm this causes is significant. A doctor's failure to recognize and report vaccine injury puts other children at risk for the same fate.

Their failure to acknowledge vaccine injury also discourages the development of safer vaccines or alternative methods of immune support and disease prevention.

The reporting of vaccine injury is essentially voluntary as there are no consequences for failing to report vaccine injury. A Harvard Medical School study found that less than 1% of vaccine adverse reactions are reported.<sup>13</sup>

A doctor's inability to recognize vaccine injury prevents families from getting the help they need.

A doctor's inability to acknowledge vaccine injury undermines informed consent. Informed consent is only as informed as your doctor is informed.

### **Lack of Post Marketing Monitoring**

Post-marketing monitoring of vaccine products is virtually non-existent. Vaccine producers do not know the long-term impact of the current vaccine schedule on our neurological and immune systems.<sup>14</sup> This is because **vaccine producers are not required to conduct long-term safety studies**. Most safety studies last a few weeks. Some are as brief as a few days.

A full summary of the nature of controls used in safety testing, and the length of monitoring of adverse reactions following vaccination can be found at **Vaccines – A Reappraisal** by Dr. Richard Moskowitz, pp 34 – 37.

### **Vaccine Adverse Event Reporting is Voluntary.**

Under reporting is common given medical professionals receive no formal training on how to recognize adverse events. The result is actual adverse event numbers is unknown. Public information related to vaccine safety is inadequate in helping parents make informed vaccine decisions.

**Vaccine producers are not required to conduct *vaccinated vs. unvaccinated* studies to prove vaccines are safe and effective.** Vaccine producers are able to market their products *with less safety testing* and oversight than is required with any other pharmaceutical drug.

There is substantial evidence **the CDC has repeatedly committed scientific fraud** in their vaccine safety studies. This is particularly true with studies examining the role of vaccines in the autism epidemic.

Without proper studies, the whole premise of vaccination safety, effectiveness and necessity is *speculation* rather than evidence based.

### **Push for Mandatory Vaccination**

The matter of vaccine safety is especially critical given the **Pediatric Association of Ontario** has indicated that one of its goals for 2017/18 is to deprive parents of the right to make an informed choice with regard to vaccination.

<http://pedsontario.com/Projects/Top-Five-Priorities>

**To mandate a medical product that has a paucity of evidence to prove safety and effectiveness is immoral and clearly not in the best interests of Ontarians.**

Mandatory vaccine policy is a clear and direct violation of the **Nuremberg Code** as well as the **Universal Declaration on Bioethics and Human Rights**; Article 6 – Consent:

*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.***

*Informed consent involves the basic human right to consent or refuse a medical treatment or procedure, including vaccination.*

*The consent must be voluntary.*

*If a patient, or parent of a patient, is coerced or threatened in any way into consenting for vaccination (including statutory or government mandated exclusion from school), then the “consent” obtained is actually coerced consent, not informed consent.*

~ Physicians for Informed Consent

The Ontario Ministry of Health, the Ontario Medical Association and the Pediatric Alliance of Ontario is either woefully ignorant of the current status of vaccine safety and effectiveness research, or are being intentionally dishonest and deceptive with Ontario citizens. In neither case are Ontario citizens being well served.

Ontario citizens deserve better.

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