004 10:03

(The second meeting of the Standing Committee on Law Amendments was held in the Legislative Council Chamber on Tuesday, August 27, 2019, at 10:03 a.m.

Members of the committee are:

Hon. Mrs. Anderson-Mason, chairperson, Mr. Northrup, Hon. Mr. Stewart, Mr. Fitch, Mr. K. Chiasson, Mr. D. Landry, Mrs. F. Landry, Mr. McKee, Ms. Mitton, Mr. DeSaulniers.

Substitutions: Ms. Rogers for Mr. D. Landry, Mr. Savoie for Hon. Mr. Stewart.)

Madam Chairperson: I would like to call this meeting to order.

Welcome, everyone, to the public hearings on Bill 39, *An Act Respecting Proof of Immunization.* We have three full days of hearings scheduled, with today, of course, being the first day. Interpretation services are available, and the devices are located at the back of the room for anyone who requires them.

I will now ask the Minister of Education and Early Childhood Development to identify himself for the record, introduce his staff, and begin his presentation.

005 10:05

Department of Education and Early Childhood Development

Hon. Mr. Cardy: Thank you, Madam Chairperson, for the opportunity to be here today. I am very happy to speak before this committee. My name is Dominic Cardy, and I am Minister of Education and Early Childhood Development. I am joined by Gérald Richard.

Je suis accompagné de Gérald Richard, le sous-ministre de mon ministère pour le secteur francophone.

John McLaughlin is the deputy minister of the Anglophone sector of Education. I am also joined by additional support staff from both the political and administrative sides of the department. They are arranged behind me in the gallery.

I appreciate the chance to be here, and also to have the extended period of time to discuss the origins of this bill and some of the details around it. This is my first opportunity to participate in this process. If there are questions that people have as we go along, perhaps I will try to cover the items I want to discuss in sections. If there are things on which people would like to jump in and ask questions, feel free, with the chair's indulgence. Is that acceptable? Okay.

The first thing I need to say in this type of discussion is that I am not a scientist. I am sitting here as a politician. But as a politician, I submit to scientific points of view because they, in the end,

are a large part of what has built the society in which we currently live, and of which we enjoy the benefits.

This bill is not about vaccines. It is not about the safety of vaccines. It is about whether we should introduce a mandatory regime for schoolchildren in New Brunswick in order for them to access the public school system. We would require proof of immunization before we would allow them to do so, except—and this is very important, in order to counter some of the misinformation that is being spread—except, and because of, those who are immunocompromised and those who would have difficulty attending school if there are others there who are not vaccinated.

There are some kids who cannot be vaccinated, for health reasons. If you have cancer, for example, many forms of cancer treatment will wipe out the presence of vaccines in your system, and you will require later vaccination that cannot be undertaken while you are undergoing treatment for cancer or for some other diseases.

There are some others who are immunosuppressed. They have conditions, either genetic or acquired, that make it impossible for them to be safely vaccinated. They are a tiny percentage of the population, but one of the things that we value in our society is the protection of minorities. This is an example of how that comes into play.

We are not here to tell kids who cannot be vaccinated, or their parents, that they have to be vaccinated, if they have a valid medical reason not to. The only function of this bill is to remove the nonmedical exemption for vaccinations in our public school system.

This is not removing the freedom of parents to choose whether or not they want to vaccinate their children. Access to public infrastructure is not the sum total of life. As I think we have debated in the Legislature, it sometimes seems like in New Brunswick, we think the public sector is all there is. But there is a vast sphere—private life, home life, community life—which is far beyond the scope of our ability to influence, and we should not try to.

And there are options for parents who believe fundamentally—and we will come back to those fundamental beliefs in much greater detail—that vaccines are dangerous or wrong. Regardless of how ill-founded, unsupported, and dangerous those views might be, those parents still have a choice. We have a range of schools in the province that will accommodate parents who believe that misinformation.

We are not here to have a scientific debate. I am not a scientist. I do not believe anyone else around the table here is a scientist. We have a couple of lawyers, which is helpful. I stand corrected; the member for Riverview has a biology degree, so he is closer than I am to being a scientist.

This is a question of what is an appropriate step for the government of this province to take in protecting the citizens of this province. That is the discussion we are having.

That being said, let's get into it. We talk about making decisions based on evidence. The evidence when it comes to the efficacy of vaccines is clear, contrary to the views of those who stand in opposition to vaccines. They will point out that sometimes vaccines fail, that sometimes there are adverse reactions, and they will use this as evidence that the entire vaccine regime should be questioned or dismissed. That is ridiculous. Nothing in the world is completely safe—nothing. We see ads on television all the time for cars that advertise themselves as safest in class. No one expects his or her car to never be in an accident.

006 10:10

What we can say without hesitation, without qualification, and now with a vast multicentury world of evidence to support it, is that getting vaccinated is safer than not getting vaccinated. This has become, in recent decades, such a point of seemingly common sense, to steal a line from one of the parties in the Legislature, that everyone just accepted it, and there was absolutely no debate for a period of time in broad public circles after the Second World War around the safety and efficacy of vaccines.

Many of the people I have spoken to in New Brunswick over the course of this summer as we prepared for these hearings have said to me that they are absolutely shocked that vaccines were not mandatory. It would never have crossed their minds not to get vaccinated and not to have their children vaccinated and so on, and that is why we see levels of support for vaccinations in New Brunswick being about 90% and support for the mandatory vaccination of all school children at approximately 80%. There are very few issues. I think that the honourable members and anyone listening would agree that there are very few issues on which you will find 80% consensus these days in a time of division in politics. That is where we are with this particular file.

Why are we talking about this? We are talking about this because the government introduced a bill earlier this year, which happened to more or less coincide with an outbreak of measles and then pertussis in our school system. The genesis of this bill came before that, and it came from a long-standing interest that I have had in the influence of small organized groups on disrupting political structures. I would count the anti-vaccination movement, which we will get into, as part of that problem.

This does not in any way diminish the experience that some parents have had where they have been led to believe by some of the people who will be sitting in this chair in the days to come that the terrible things that have happened to their children have been caused by vaccines. Tragedies always seek out answers, and my concern with the movement that has pushed to have the hearings that we are here today to go through is that those groups intentionally and willfully, for reasons that are beyond my understanding, attempt to influence, mislead, and deceive the public and, in particular, parents who have experienced tragedy or difficulties with the health of their kids to make it, in some way, be connected to our vaccination movement.

This is not supported in facts. If you believe in evidence-based decision-making, you have to look at the evidence, and the evidence is incontrovertible. You are going to have people come up

before you over the next few days. Most of them will be without medical training. This is the same position I am in, but a couple of them, with medical backgrounds, have been censored or removed from their positions by their professional associations, specifically and only because of their misrepresentation of the facts around the safety and efficacy of the vaccine regime. This is also not an opinion. Anyone who wants to see the letters can ask those individuals when they appear before this committee, and they will be obliged to provide them.

In one case, someone was stricken off as a chiropractor, and another case is someone who has now been twice suspended by a professional association. There are no two sides around the safety of vaccines. There are two sides around the discussion on the mandate for vaccines. Again, we start off with over 80% of New Brunswickers being in support of the position taken by government with this bill.

The anti-vaccination movement has a long, strange history, which is perhaps the politest way to describe it. With the indulgence of the chair, we will also get a brief summary of that movement because I think that it is worth having on the record as we get into what I think will be three long and hopefully interesting days of discussion. Vaccines have been around since the 1700s, and there have been people who have raised concerns about them from that point. Some were valid. Some were entirely invalid. The first anti-vaccination movement began in the UK in the 1790s, and it was against the smallpox vaccine. At that point, smallpox, which is important to remember—it is a disease now eradicated, thanks to vaccines—killed over 400 000 Europeans per year in a time when the population was much, much smaller than it is now.

Those opposing the vaccine claimed that the vaccine was developed to infect a patient with cowpox in order to build immunities to smallpox and that this was against the “natural order”. One anti-vaccination doctor, Mr. Benjamin Moseley, wrote in 1806 that “British women might wander in the fields to receive the embraces of the bull” because they believed that their brains would be distorted by the vaccines.

007 10:15

This sounds bizarre, but it is no more bizarre than the people who have written me in the past few months telling me that when you see the contrails coming out behind an airplane flying overhead, those contrails are actually chemical agents being released by the government in coordination with members around this table to release poisons into the air that will interact with the vaccines that have been put into our bodies to develop cancer and kill us. There is a substantial body of people who believe this.

Other early anti-vaxxers argue that vaccines perverted God’s will. The 1853 *Vaccination Act* in the U.K. made smallpox vaccinations mandatory for all children under the age of 3. The tradition of mandatory vaccines has a long history. At that point, of course—and it is totally fine in a democracy as well—anti-vaccination leagues formed. The efforts to improve public health, which produced obvious benefits such as, very quickly, not having 400 000 Europeans dying of an easily preventable disease every year—those arguments continued in the same direction that

we hear today. Arguments were around personal freedom, around legal autonomy of the individual, the same discussions that we are going to have over the next three days.

The movement, when it spread to North America in the 1870s, was strong enough that it actually impacted public policy in some states and provinces. In 1903, in Minnesota, legislators bowed to anti-vaccination pressure and passed a law banning compulsory vaccination for schoolchildren, and that measure was directly blamed for a smallpox epidemic in 1924 that saw 28 000 people infected. Conspiracy theories about the vaccine industry and medical establishment came out at the same time. An early 20th century anti-vaxxer crusader, a woman named Lora Little, claimed her son had died not of diphtheria as the medical records showed but of the smallpox vaccine. She started an anti-vaccination newsletter, claimed the American medical establishment was a tool of the U.S. government, the same arguments that the members around this table have received from anti-vaccination activists, vanishingly few of them from New Brunswick, I would note, over the course of the last few months.

Anti-vaccination sentiment died down radically in the years after World War II, partly because the benefits of science and development were so incredibly visible in the world that we are now having the incredible pleasure of living within, a world where we have medicines that are easily available that prolong our lives, where we have social structures that allow us to work together and have disagreements peacefully and in contexts like this, rather than on the streets with rocks and bullets. The modern world brought with it vaccines, and those vaccines have saved, literally, hundreds of millions of lives and are widely described by public health officials as being the single-greatest invention in the history of the human race if your goal is to expand and extend the life expectancy, and a healthy life expectancy, of human beings, certainly a sentiment I would share.

But you still have these odd little movements that would pop up. In the seventies, the diphtheria, tetanus, and pertussis vaccine, DTP, was blamed for neurological conditions by various folks in the U.K., again, even though, as we are going to be talking about with some of the more modern controversies, there was no scientific evidence to support this. In time, the scaremongering diminished but not before there were several outbreaks after DTP adherence fell to 81% in 1974 and to 31% in 1980. That resulted in major pertussis whooping cough outbreaks in 1977 to 1979 and 1981 to 1983, that killed children. That is what singles out the anti-vaccination conspiracy, more than many of the others that you might see floating across your Facebook page.

If somebody believes that the government is, for whatever reason, spraying chemicals on us from airplanes, although that is an odd perspective and certainly not without any scientific evidence . . . By the way, if anyone wants to disprove that one, just ask your phones "flights overhead", and it will tell you whatever airplanes are overhead, where they are going, and what airline operates them, which seems to be missed by the folks espousing that conspiracy. At least, there is little public harm. It might make you a bit weird at cocktail parties, but you are not damaging the world.

Anti-vaccination activists are threatening the health and safety not only of their own children, which, as I am going to come to, is, I believe, unfortunately, their right . . . And it is not the place

of the state to interfere in the direct relationship between parents and their children. They are threatening those around them. They are not just threatening in a way that is intangible that can be based on discussions around morals or values or any of the things that, fortunately, because of our incredibly safe and prosperous society, the areas that we often end up having political disagreements over. The anti-vaccination movement threatens kids, and it threatens their lives.

008 10:20

The reason this bill has come before the Legislature is the tendency in our society to share this dangerous and entirely unsupported point of view, which has now been shared widely enough with people in the position of legislators and decision makers around the world that it presents a real risk to our children and to their health and safety.

With the anti-vaccination movement, again, having waned somewhat in the years after the Second World War, with a couple of exceptions that I have just mentioned, we have seen a resurgence in the last couple of years. We have seen that resurgence for a couple of different reasons. A couple of them are very specific and can be defined very clearly. One of them is broader, and I will come to that in the third point. Regarding the two that are clearly defined, there are a couple of billionaires and well-off people who have spent a lot of time and money spreading the anti-vaccination message. They have billions of dollars, and they have put millions of dollars into this.

They have sponsored discredited doctors. To use one example that people are often aware of, the link between measles and the MMR (measles, mumps, and rubella) vaccine and autism has often been heard. That was spread by a British doctor who is now no longer a doctor because he was stripped of his credentials. It was spread intentionally, even after the science was in to show that he had not only misrepresented the facts but had actually committed fraud. This was the reason he had his license removed. This was the former Dr. Wakefield from the U.K. Unfortunately, several of the presenters who will be appearing here today have positively cited him as an inspiration and as a guide in their work. This is what we are dealing with.

These well-off people have taken these activists, these cranks, these disqualified former medical professionals who have already been disgraced and expelled from their associations, and have pushed them off all around the world to spread their misinformation as far and as wide as possible.

As I said earlier, you cannot blame parents facing a tragedy or crisis in their family if people they respect suddenly start saying: Have you considered that maybe it was because of a vaccine? They go online and open up a study, and the study looks kind of legit. It is written in the same format in which you might expect a scientific paper to be written.

Then, you start to follow the thread, and you realize that in many cases, the person who is writing the paper is not actually an expert in the field. Someone who is an engineer is writing about immunology. A specialist in internal medicine is writing about vaccinology. Those people are as unqualified to comment on the science of vaccines as anyone in this room. That is no

insult to us. We need to start recognizing the importance of expertise and the value of it. I think that, as legislators, that is one of our responsibilities in a time of increased uncertainty and questioning of basic facts, for a variety of reasons which we will discuss. It is even more of a reason that we have a responsibility to stand up and defend the facts, the truth, and an evidence-based, science-based system from attacks from all corners. Those attacks are here in this room.

We have the billionaires pushing the liars. I do not know why they do this. People have asked me to ascribe a motive to this, or a reason these people would spend their time and money on this particular pursuit. I can only hope that they are doing it for misguided reasons and that they genuinely believe there are vast government conspiracies.

Nearly all of us around this table have had a chance to be in or close to government, and I think we know that if there is one group that is particularly ill-suited to organizing an enormous conspiracy and concealing it from the public, it is government, right? It is pretty hard for anything to stay concealed for very long at any level of government. I have had the good fortune, through my work internationally, to work with a number of national governments from different countries, at different levels. I do not think any of them were capable of organizing the vast conspiracies that are often described in relation to this subject.

Many people who have been copying MLAs in e-mails over the spring and summer have said that we are all getting paid by big pharma, right? We are all getting big cheques, and we are all getting those big cheques because there is collusion between the pharmaceutical companies and the government. Somehow, we sit in what is presumably no longer a smoke-filled room—although perhaps they believe that the science around tobacco is wrong as well, who knows? We sit in some room somewhere and come up with devious ways to make people's lives as miserable as possible.

Despite long-standing study and an interest in the field of conspiracy theories and why people believe things that are not true, one thing which I have not come across, and which I am interested in, is the number of e-mails that say: Let's see you get vaccinated. I imagine some of the members here have gotten those e-mails as well. Why on earth would . . . Given that I am out here every single day talking about how important vaccinations are and that I sign off just about every e-mail I send saying "vaccinate your kids", why on earth would anyone question why I would get vaccinated or why my family would get vaccinated?

009 10:25

It turns out that, at the core of the belief of the anti-vaxxers is that, of course, we would not get vaccinated because we know. We are all on the inside of this. We know that there is this vast hidden conspiracy of people who have been elected, and we know that vaccines are so dangerous that we would never dream of inflicting them on our family or certainly not on ourselves. That is what we our facing—a level of surrealism in terms of the way some of these people are dealing with public policy issues.

So, we have got the billionaires pushing the liars to frighten parents to influence policy. They are ecstatic. They are absolutely ecstatic that they have this opportunity in the next three days to present, in front of an elected body, misinformation that a tiny, tiny fraction of the population believes is even worth considering.

I would ask this of the members of this committee: Would we have public hearings around the existence of gravity, the roundness of the earth, whether airplanes can fly, whether there were landings on the moon, and a long list of other conspiracies that tend to fall into the same pot as the anti-vaccination conspiracy? Those would not be worthy of discussion.

I am going to argue that we should discuss this one because clearly it is important and it actually illustrates why Bill 39 needs to pass. It is clear that there is an organization present behind the groups that are speaking against the vaccine regime. We have seen it. We have received the e-mails, and they are here and are going to be presenting.

I am happy that they are here, not because I believe that there are two sides to the debate, because there are not, and not because the science is not settled, because it is. If anyone questions the safety and efficacy of vaccines, do not come talking to me about the completed science around climate change. The number of scientists who believe in the efficacy of vaccines outnumbers those who believe in the reality of human-caused climate change, which is something I firmly believe in. That is to say that we are dealing here with a minute number of people on the far, far fringe. In many cases, they have fallen off that fringe and have been kicked out by their professional associations, as I have mentioned a couple of times already.

So, we have those folks, and they spread that message. Why is that message being heard more now than it was before? A couple of times when I was first interviewed on this, I realized that I was going beyond where most people had already read on the subject because, again, it is something that I have followed for a number of years. There are organized groups as well that have intentionally pushed anti-vaccine messages as part of a political effort to create destabilization in Western democracies.

This is not an opinion. This is not a conspiracy. This is the considered verdict of our intelligence agencies, of the intelligence agencies of the United States, and of most of our major allies. In the run-up to the 2016 United States presidential election, the only thing that was comparable to the pro-Trump tweets being pushed by a number of Russian troll farms were anti-vaccination tweets, Facebook messages, and other communications.

So, pushing this agenda has been seen as a useful means for those who clearly do not have the best interests of Western democracies at heart to try to create instability and dissension. Yes, you have to give them credit. Good on you, Putin. We are sitting here having a discussion that really is at the same level as asking: Is the earth round? In part, that is because messages have been disseminated through social media that, again, have no basis in fact and no basis in science or evidence. In this case, they are spread by a foreign government that had a foreign policy interest.

This is something that has had a disproportionate effect in English-speaking countries because of the targeting in the United States in the lead-up to the 2016 campaign, but English is our language. It has tended to have disproportionate impacts in Canada, Australia, New Zealand, and the United Kingdom.

The debate and the battle around this go much deeper. One of the questions that I often hear around the discussion of Bill 39 is this. Well, okay, I have already cited the stats that we have enormous support for the vaccine system in the province, but people feel uncomfortable about mandating something and about pushing and taking away rights. I do not, for a second, argue that this is a restriction of rights. I would argue that it is a reasonable one, balanced by the protection of the rights of others, as I have already mentioned, such as those who are immunocompromised and have other diseases that, for medical reasons, stop them from being vaccinated.

010 10:30

But what we are talking about here is an ideology, really, more than a point of view. It is certainly not a scientific perspective. There is no science behind the claims that these groups make, or the science that they will present to you is distorted and made up, and I strongly encourage you not to go down that rabbit hole, remembering that the people who are going to speak long words to you with many, many syllables in them, talking about this and that area of vaccine science, are not vaccinologists or immunologists and have no professional qualifications to speak on the subject. They are advocates. The difference between them and me is that I was elected by some people and they are appointed and directed by groups that most of them will not disclose.

I would encourage you to read a *New York Times* article that I believe will circulate that goes into some of the funding behind the anti-vaccination movement and the toxic relationship between it and other fringe and mainly right-wing but some extreme left-wing groups.

When we talk about how we push back against this misinformation and the fact that it has been, in some cases, spread by foreign governments, what do we do about it? It is difficult, because we are now facing a world of social media where bad ideas that used to be filtered out by natural processes of human social interaction now have the ability to spread around the world in half an hour. It used to be that if I had an odd thought and I spread it to my friends John and Gérald and they thought that my thought was stupid, it would probably die there, because I would be embarrassed. They would laugh at me, and I would stop talking about it.

Now, you have the ability to go online and say whatever odd thing that you might want and, fairly quickly, develop an international constituency of people around your opinion. In some cases, this has been one of the most remarkably democratic revolutions that the world has ever seen, because it has allowed people who have points of view that had actively been suppressed to join together and fight to protect their rights. That is great, but equally, we have seen the dark side of the Internet and the spread of misinformation. We have seen more and more stories coming out, which we hear a day or so later, even if they are reported in the so-called

mainstream media, being disqualified or discredited because it turns out that information was falsified. This is something that now happens every day.

Into this sort of fertile field, the anti-vaccination movement has found an incredible growing medium and a perspective that a few years ago, was seen as very, very, very fringe, supported by a handful of newsletters, online newsletters, and word of mouth in small groups in big cities, where you would have enough people to create a critical mass to organize. You are now seeing people across the world being brought into this movement with massive amounts of information being created—I use that word advisedly—and shared. That information, then, takes on a life of its own, and it gets spread and spread and spread. Each time a new story comes out, it gets added to.

We have had examples of supposedly scientific papers which have been complete frauds. No one even knows where they come from, but they are complete fabrications. We had examples of papers that were written by people who were not scientists who cite other people who were not scientists. Now, there is a self-referencing parallel universe of antiacademic academia where people write documents that are supposed to advance their positions. They do it because . . . I have talked to a couple of the people who participate in this sort of world. They do it because they say: I know my position is right, and I need to have the evidence to back it up. That is the most dangerous position in a democracy that anyone can take. They take onto themselves the mandate to be able to create a truth, because they have already decided what the truth is and because they are good people and have the best of intentions, therefore, this is somehow something that should be forgiven or is justified in the pursuit of their political ends. Clearly, it is not and should not be.

This misinformation is spreading wildly. I use one of small example. I took my aging cats to the vet for a checkup last week. My vet talked to me about it. He said: I cannot believe it. I cannot believe that we are having this conversation in 2019, but we need to. We need to have it. I get people coming into my clinic all the time who claim that their dogs have autism that was given to them by vaccines. He said: At first, I thought it was an anomaly. I could not believe that anyone could believe this.

He said he talked to his colleagues who said: We all get the same thing. He said: Lord, if you tell them they are not, then you start getting the crazy. Then you start getting the e-mails, the papers, and everything else.

They say: How much are they paying you, doctor, for whatever position that you took in defense of the reality of the safety and efficacy of the vaccine regime?

011 10:35

This is a real problem. And the response to this problem around the world has varied. I am going to start off with saying that a lot of people say: Okay, you are going to impose a small restriction on rights here while protecting the rights of others. I think that is a fair characterization of this bill. Why not education? Why do we not try talking to people first? That is a totally fair question.

My answer to that is that it is because it does not work. The evidence for that is scientific and easily available. I am very happy to provide any member with papers and so on that would back up that particular statement.

People who tend toward belief in anti-vaccination movements tend to be highly educated rather than ill-educated. They often have access to a wide variety of contradictory sources of information. They have access to the incredible world of data that comes through our phones and computers. The more you try to talk to them about the subject once their minds are made up, the more they become convinced that they are correct. This is a problem that is a broader problem for humans in general. If we hold a deep-seated perspective, and even more so if it is not based on clearly demonstrable science or evidence, we have a very strong tendency to defend it to the hilt.

I know that we have all been in the Legislature, and I think we can all say that we have all perhaps been guilty of that from time to time. Again, that is just part of being human, but in this particular case, it can have very negative consequences.

You could, for example, go to Ontario and look at the model that, I believe, the previous government—the Wynne government—introduced. Do not quote me on who it was that started it. The government started an education program that could be compared to the one that . . . I realize in saying this that it sort of makes it appear that I went through it when I was an early driver. I got my driver's license in Washington, DC, and quickly got two speeding tickets. I got a letter—or I think it was a call, actually—from the DMV saying: Come down to this government office building on some afternoon, and you are going to spend three hours being told that you are a bad driver and being shown horrible videos of car crashes and things like that. Those programs are not particularly effective either, and they have largely stopped.

In the case of Ontario, it decided to try something similar for vaccines. Not one child has been vaccinated as a result of those programs. Kids were encouraged to get vaccinated in school. If they would not, before the nonmedical exemption was authorized by the system, they would have to go to one of these little courses. Those courses failed completely. Other states, other provinces, and other countries have gone through similar experiences.

Education on this subject has not been shown to be effective—full stop. What has been shown to be effective is the mandate. One of the more interesting recent examples is Italy, where there was a long-standing education campaign, in the same way that . . .

I want to give credit to the public health officers here and across Canada. That is a normal part of their work. They go out and talk about the fact that yes, vaccines are safe, yes, should get your kids vaccinated and here is why. They help to do it and they help to make sure that the vaccines are available. That is all part of their day-to-day job.

When it comes to actually looking at the way to increase the vaccination rates, the Italians saw that they were experiencing a rise in the anti-vaccination movement, similar to the one that we are seeing here today. They were seeing that confidence in the vaccine system was shifting and

sliding. They were seeing that there were increasing concerns around the same items that I listed, including large corporate conspiracies and government conspiracies—the usual things that we see infecting our Facebook feeds all the time. They saw that this was spreading and that vaccination rates dropped.

The government there decided to take action. It made vaccines mandatory. Surprise, surprise—vaccination rates went way up. Interestingly, one of the reasons that they went way up was not just because they were mandatory, it was because people perceived that because the government had placed emphasis on this through legislation, therefore, it was something the government took seriously and people really should do it because it was safe.

The comparison I saw made in a number of articles was around road safety rules. People did not take wearing motor bike helmets seriously for safety reasons until they were mandated. Seat belts—the same. Drunk driving laws—the same. There comes a point at which education switches to legislation in areas where public health is impacted, and this is clearly, more than any of those other things that I listed, one of those cases.

Another thing you are going to hear over the next few days is this. How many people have died from measles in the last few years? The answer, I believe, is that in North America, the last death in the United States was in 2017. The numbers are vanishingly small. You know why they are small. It is because everyone is vaccinated—nearly everyone.

012 10:40

One of the reasons we are seeing an increase in measles outbreaks now is that the vaccine rates are dropping. Once they drop behind the very high threshold level, because vaccines do not work for everyone, or because sometimes there are errors in the production of the vaccine . . . That is something that you will also hear as though it is part of a vast plot but is, again, just normal because we are humans and humans make mistakes. The safety of the regime is not the issue here. The failure rate is not the issue. It is making sure that we hold onto this regime because, if we do not, we are not facing a handful of deaths, we are facing hundreds of thousands if this regime collapses.

Make no mistake, as well. The groups who are going to speak against this bill are not here to talk specifically about Bill 39. This disgraced doctor coming in from California is not here because he cares about New Brunswick or our kids. He is part of a global campaign to try and end the vaccine regime because whether or not he believes it or not, and I will leave you to decide that when you talk to him, he believes that this is dangerous. He believes that all the vaccines should be stopped. He believes that they are poison, and this is the sort of thing that these guys say, repeatedly—that it is poison and it is a holocaust. Those are the words repeatedly used, an effort by companies, again, to destroy the human race.

I cannot account for the reasons that these people came to these conclusions, but I can say that they are saying these things. I can say that people are listening to them. I can say, with confidence, that it is endangering our children and the basis of our society as a rules-based,

evidence-based, science-based civilization that has led to the most incredible advances that we have ever seen that allow us to sit in places like this. When I hear people say, well, do you know anyone who died of measles? No, and do you know why? Because I am lucky enough to be Canadian, born in 1970, when nearly everyone accepted the science and when nearly everyone had their kids vaccinated. That is why we live to an age that was inconceivable even in the years after the Second World War. The reality of the efficacy of vaccines is there. The science is there. The evidence of the success of mandates to ensure that children are vaccinated is there.

Briefly, on the legalities, I have heard people say that this is unconstitutional. Rubbish. We do not know whether it is constitutional or not. There has never been a court reference describing this particular case. One of the points of our legal system, something that our friends in Quebec have certainly taken advantage of over the years either in the threat or use of a notwithstanding clause and asking for Supreme Court references, is that we can ask the court to say whether this is constitutional or not. If it says that it is not, then fine. If it turns out that people have the right to send children to school with fatal diseases and infect others, that is a decision that our legal system could make, hopefully reflecting the values of our society. I would expect that they would not.

Our constitutional case histories are filled with examples of reasonable restrictions on the individual rights of people and parents, for the common good. I think that, each of you, if you take two seconds to think about it, could think of something that is not allowed and why it is not allowed, you would say: Of course, that is entirely reasonable. We mandate that children be properly fed and nourished. We mandate that children be properly clothed in the winter. We do not allow people to believe in . . . We do not have any anticlothing activists who believe that you should send kids out not wearing proper clothing in Canadian winters. This is simply a more deferred version of that somewhat ridiculous example. Getting some of the diseases that we have discussed today, or some of the diseases that we currently vaccinate our kids against, could kill you faster than being outside in February in Fredericton.

So, we have a legal issue that is not resolved, and anyone who tells you that it is is doing a serious disservice to the legal profession. It is something that we could consider and look at. That is the reason why we have reference cases in courts. There is nothing wrong with that. It does not mean that it will be won. It does not mean that it will be lost. In this case, given that these cases are clearly going to continue and that groups such as the ones for which people will be speaking here are well resourced, they are going to continue to fight this fight until there is a resolution. Let’s get it done, and let’s get it done here in New Brunswick. Let’s find out whether we are going to be the first place to stand up for our children’s safety, stand up for genuine evidence-based, science-based decision making and politics, or is our court system going to decide otherwise? Again, in that case, it is an independent group and that is entirely its right to do so, but let’s not shy away from difficult decisions.

That gets me to the next point that I would like to try to address here. One of the things that has most concerned me around this discussion is the people who come to me quietly, saying that it is not that they have any issue with the bill. That is not surprising. Again, we are looking at four out

of five people who actively support the message and the intent of this legislation. But they are afraid of the anti-vaxxers.

013 10:45

I get that, to an extent. I tend to forget that I had a life where I worked on democracy promotion, often in difficult environments. People were pointing guns at me for things that I said, so I tend to perhaps take people saying weird things on the Internet a little bit more lightly than the average person. But I can understand when my colleagues get e-mails that say things like: You are participating in a Holocaust. You are going to go to hell. You are corrupt. You are a fraud. You are a thief. We are going to come after you in the next election.

These letters are coming, and they are similar because they are organized and are coming from organized groups. We have already talked about that. I can understand why people would feel pressure.

At the same time, we, as legislators, have to say, at some point: We are willing to stand up for what we know is right, regardless of the cost to us in terms of being threatened or harassed by people. That is sort of the point of our job. We are privileged to live in a country and a province and a time when those sorts of threats are unusual and rare. When they come in a barrage like this, I can understand why people would feel concerned about them.

I hear people say to me that I am not a scientist, so who am I to judge? We are the judges because we were elected by the people of this province to make decisions. The whole central point of democracy is that, in the end, informed elected officials . . . I say “informed”, not “expert”. We are put here to weigh evidence, to balance facts. And when it comes to this issue, there are not two sides. There is not a second side when it comes to the safety and efficacy of the vaccine system. And when it comes to remedies to make sure that that system is preserved in the face of what is clearly an organized, well-funded effort to undermine it, it is clear that the education model has not worked and does not work. It is clear that the mandate model has offered success. It is clear that these are legally untested waters, and it is clear that we have a path through those waters, regardless of what court we arrive at on the other side.

With all of that, I will be very happy to take questions from any members of the committee. I hope I have given reasonable overview of the history of the anti-vaccination movement and what I believe our role as legislators is in making sure that we protect against this. Again, this is not a discussion around vaccines or the safety of vaccines. It is a discussion around what we are going to do to make sure that our vaccine rates stay high in the face of an international movement that is determined to lower them—an international movement that is having success in lowering them.

I am also happy to take questions which . . . Again, it is not part of this bill, but I can understand how there would be an interest in the origins of this bill, and also in how it ties into the failure of our school system, over the last number of years, to live up to our requirement under the law to keep proper track of who is getting vaccinated.

Here is a brief reiteration of where we are in New Brunswick to finish my presentation. Under the law, children entering the school system are mandated to provide proof of vaccination. This information stopped being collected in an organized fashion a long time ago, and I think it was probably for the same reasons I mentioned as I was going through the history of the anti-vaccination movement. Many of those mandatory vaccination rules fell by the wayside, not because they were not being enforced, but because they did not need to be when everyone was getting vaccinated. There was a feeling that everyone was getting vaccinated and this was just another bureaucratic headache that the system had to endure.

Before the measles outbreak began in Saint John, or the pertussis outbreak in Fredericton, I had already begun the process of working on this bill and had already discussed with my deputy minister how to make sure that we actually lived up to the requirements under the *Education Act*, and also how we could further strengthen it. The fact that we had had, within the space of a couple of months, two outbreaks of vaccine-preventable diseases certainly helped to make the point, but that was not the genesis or origin of this particular piece of legislation, or of the other changes that are being introduced inside the school system.

014 10:50

This is something that I am sure the Chief Medical Officer of Health will refer to, and her team deserves full credit for it. I will talk about it only briefly. The province is also in the process of rolling out an electronic vaccine record system, which everyone will be able to access and see. Rather than carrying around the little green slips of paper when you travel and keeping track of when you had booster shots, all that information will be kept electronically, which should make life vastly easier for everyone. That system is to be rolled out in September of next year, and this bill will be starting in September 2021.

The reason for the delay there is also because of one thing we experienced during the discussions around this bill happening at the same time as the measles and pertussis outbreaks. Suddenly, there was an enormous spike in people wanting to get vaccinated. Thousands and thousands of people realized that they had not been vaccinated, and just because of the discussion, they went out and got vaccinated, which is great. It shows us again how these discussions can often have positive consequences, which is all to the good. At the same time, that pressure from the increasing number of people wanting to get vaccinated caused in itself pressures in our public health system, which we want to make absolutely sure does not happen again, making sure that we have as long a lead time as possible.

If the bill is passed this fall, then people will have two years to make sure that they are properly up to date before the law kicks in. That was the intention with the long lead time going into this. This is not, again, some attempt by an enormous big brother to subvert democracy and undermine rights. It is a rational, restrained, and restricted minimal effort to make sure that our children are protected by the best evidence of the scientific community that has, again, given most of us the opportunity to still be alive at the ages we are, regardless of how young we, sitting around this table, are.

I thank the committee for its indulgence today. I think I have about an hour or so to take questions, and I am looking forward to doing so. Thank you very much.

Mr. McKee: Thank you, Madam Chair, and Mr. Cardy for your comments today. I would also like to thank everybody else here today for joining us today and this week for these hearings. We feel that it is important that we hear from all sides, whether it is erroneous or not. As Mr. Cardy would say: There is only one side. We feel that it is important that we give the opportunity, at least, to everyone, the experts and concerned citizens, to make their point as we sit here today and this week to examine all the evidence and information put forward before we make a decision.

In my opinion, I feel that immunization has shown great benefits over the years and that we need to do a better job of making sure that more children get vaccinated. We have the policy proposal put forward here by the Education Minister, and the three days that we have set aside this week will give us the opportunity to examine that and examine the best way forward to achieve that goal. We must not forget . . . I do not know whether we have heard enough yet about the legal ramifications that will go into this decision. With that being said, Mr. Cardy, to go back to the bill itself, can you explain the policy a little, how it is proposed, the amendments to the *Education Act* and the *Public Health Act* that are being touched, and maybe the implementation schedule.

Hon. Mr. Cardy: I believe that I just covered the implementation schedule. Was that sufficient for that?

Mr. McKee: Did you cover the implementation by 2021?

Hon. Mr. Cardy: In detail, I literally just did that.

Mr. McKee: It should be in place by then. What do you have in mind in terms of the procedures of the records and all that? How are they going to be obtained?

Hon. Mr. Cardy: I just said all that, but I am happy to say it again, if you like. The bill would kick in in September 2021. The reason for the long lag time is to make sure that public health professionals, who are responsible for providing vaccines, are not overwhelmed, as they were this spring, when you had both the discussion around this bill plus two outbreaks for vaccinable diseases in the province, measles in the Saint John area and pertussis in the Fredericton area. We would not see the public health nurses being swamped, which they were this spring. You had people working shift after shift after shift, and there was a real issue with burnout. We want to make sure that there is a long lead time so that people are aware that the bill is coming, so that there can be education around the fact that the bill is coming, and so that there is no reason that folks would not have due notice to be able to get their kids vaccinated. That is the reason for the long lead time.

015 10:55

In the year prior to the bill for mandatory vaccines in schools coming into effect, you would also have the electronic vaccine record system kicking in. That will make it easier for everyone to know what they have or do not have in terms of boosters and so on. Again, that will hopefully be something that a lot of adults will take advantage of as well. The idea there is that, a year from now, that will kick in. And the reason it will kick in then is a matter of resources and taking the time to make sure it is properly developed. Then, there is a further year to make sure that that system, in turn, has been properly used so that people have every single opportunity to get their kids vaccinated.

One of the issues that came up over the course of this year was that it became clear that the school system had not been collecting the information it was legally mandated to collect around vaccination records. We have no idea who those people are. The assumption—which I think is correct—is that the vast majority were not vaccinated because they had forgotten or were not aware that they were supposed to. It was something that had been so much part of the background of our cultural life that there was an assumption, I think, by people in authority and structures of authority, that this was just something that would happen. It turned out that that was not the case.

There were lots of people who wanted to get vaccinated, and they quickly went out and got their shots. We would expect that if we continue to have this conversation, there are going to be some people like that. It will become less and less as the conversation goes on, because if you want to get your vaccine, you are probably going to be pretty well aware that it is important, and you will go and do it. If you are not, you are not, for the reasons I was discussing earlier in terms of the failure of education efforts to really shift the needle on vaccination rates.

But at least now, with the data we will have, and especially with the electronic system, we will have a clear idea, a year in advance, of who is not getting vaccinated because of medical reasons, or who is not getting vaccinated for nonmedical reasons. Hopefully, we will have a very high percentage of people who are vaccinated, because, again, based on all the evidence we are seeing, the support from the public is massive on this. We can expect that the uptake on the vaccine side will be significant and positive.

That could lead to the question: Why do we need to have a law like this? One of the reasons is that we have seen other jurisdictions. We do not have the data to be able to answer that question, but we do not have any reason to believe that New Brunswick would be exclusive. Based on what we have seen this summer, we can certainly tell that we are in the crosshairs of some of these groups and people. This is clearly a growing problem. In places where they have tracked this through public institutions or through polling firms, there are increases in anti-vaccination tendencies and beliefs; they have shown a steady uptick over the last number of years. That is the reason it was important to do this.

Going back to the first part of your question, around the law, the law tends to be as straightforward as possible. It is essentially to remove . . . Right now, if you want to, you can

write on a piece of paper "I do not want my children to be vaccinated" and send it in to the school, and that will comply with the legal requirements that we currently have laid out. The goal is to remove that provision. That is it. It is very simple, very straightforward, with minimal impact. Again, certainly, the belief of the folks I have talked to is that this is a reasonable restriction on rights. In the process of my consulting on this law, I have talked to three former Attorneys General, a couple of . . .

Madam Chairperson: Mr. Cardy, I would just caution you in that regard.

Hon. Mr. Cardy: Pardon?

Madam Chairperson: I would just caution you in that regard.

Hon. Mr. Cardy: Okay. Other legal experts . . .

Madam Chairperson: Mr. Cardy, I would again caution you in that regard. You are quite aware that you are restricted from taking legal advice from the Office of the Attorney General, and it is not appropriate for you to weigh in and provide information on other legal counsel with whom you have consulted.

Hon. Mr. Cardy: I am answering a question, which I believe I also have a responsibility to do. I hope that answers your question.

Mr. McKee: Essentially, the bill is removing the nonmedical exemptions, and there are a number of provisions and sections that are touched upon throughout the *Education Act* and the *Public Health Act.* There are nonmedical exemptions, and those are all being removed.

Hon. Mr. Cardy: That is correct. There will be no change to the regime. The method of updating the vaccine regime will be left in the hands of health professionals, as it should be. I have had that question from a number of people as well. They have been asking: Will you be adding this, that, or the other thing? The intention is not to add to or change the current system beyond that single change defined in the Act to remove the nonmedical exemption.

Mr. McKee: You mentioned in your statement today that you are not sure of the constitutionality of the proposal.

Hon. Mr. Cardy: No one is, no.

Mr. McKee: You are sure of the constitutional requirement of the province, in the *Education Act*, to provide a free education system to residents of this province.

Hon. Mr. Cardy: Yes.

Mr. McKee: There are a number of sections in the *Education Act.* Section 8 states that you "shall provide free school privileges under this Act". Section 12 talks about specialized learning plans, and section 13 deals with the role of parents. Paragraph 13(1)(c) states that parents should cause the child to addend school. Section 15 talks about compulsory attendance. Section 16 talks about an exemption. If a parent wants to homeschool the child or go through another avenue, the parent needs to request and obtain an exemption from the minister. Finally, in section 19, if parents or children are not following through on their educational obligations, it is referred to Social Development.

How do you reconcile all of that with excluding people from attending school if they do not meet the requirements of the proposed bill?

Hon. Mr. Cardy: Thank you for the question. It is very straightforward. We will do it the same way . . . We have lots of policies, formal and informal, to do just that. Anyone around the table who has kids or knows anyone who has kids knows about the increasing list of things that kids are not allowed to bring to school, and they will be sent home if they bring them—peanut butter, shellfish in some schools, different perfumes, deodorants, or other allergy-causing substances. We have a long list of substances—things that are far less dangerous than measles and fatal diseases—that kids are not allowed to bring to school, and they will be sent home if they bring them.

Mr. McKee: Have you received comments from your department on which legal issues would be flagged?

Hon. Mr. Cardy: Yes.

Mr. McKee: What were those legal issues that the department brought up? I am asking the departmental staff in the Education Department if they raised anything with you on the central legal issues.

Hon. Mr. Cardy: Am I free to answer that question?

Madam Chairperson: I think the question that is being asked is in relation to the advice that was provided to you.

Mr. McKee: That is not advice from the Attorney General's Office or any legal advice, but advice from your department. What has been discussed in terms of legal issues?

Hon. Mr. Cardy: Certainly, I remember having discussions with other offices within government on that. Within the department, we certainly had discussions on it. Obviously, we called on legal advice from other sources, but the discussions related to the questions that you just raised. Those were among the most fundamental. What is a reasonable restriction on rights?

The other discussions have been around the Constitution and the charter, because that tends to be something that is raised by many of the people who have written or e-mailed with objections to Bill 39. That is the other main focus: What are the charter implications? Then, we looked at some of the details in terms of the impact on specific regulations and aspects of the *Education Act.*

Mr. McKee: You would have discussed the right to free public education?

Hon. Mr. Cardy: Absolutely. It is fundamental.

Mr. McKee: And the right to choose or consent to medical procedures? Are those things that would have been discussed?

Hon. Mr. Cardy: Absolutely.

Mr. McKee: Those issues have been flagged by the department. What would the requirement be for a parent who does not want to have his or her child vaccinated? That child would be excluded from the education system. What would that parent have to do to ensure that the child receives a proper education?

Hon. Mr. Cardy: It is the same as it is now. There is a provision for medical exemptions; that exists and is preserved in this bill. The medical exemption would allow you to get an exemption from any recognized medical professional who is qualified to comment on the medical issues that are under discussion.

Certainly, some of the most heartbreaking conversations I have had have been with family members, or in some cases directly with the patients—kids who have childhood cancer and have had their immune systems wiped out. They would be able to get a letter from their family doctor, an oncologist, or another appropriate medical professional making it clear that the child is not eligible to be vaccinated, for entirely good reasons. It is precisely to protect those kids that we want to make sure this law is passed.

017 11:05

We often get the argument from the anti-vaxxer side: Do what you want with your kids, but do not involve mine. We live in a society, and society can be defined in a very concrete, scientific way in this case. If you do not have approximately 95% of your population immunized against a disease, that disease can start to spread again, because vaccines are not 100% effective. No one who is promoting or supporting them says they are. Because they have a failure rate, you have to make sure that you keep your vaccination rates very, very high. If you have a vaccine failure rate of, let's say, around 3%, which tends to be average—some of the vaccines are a bit higher, and some are a bit lower—you are already getting perilously close to 95% right off the bat. You cannot afford to have more than 2% of people you do not know are vaccinated without risking herd immunity.

Those are the sort of the discussions we had. We have to think about the rights of those sick kids to make sure they are protected. It is not just a question of getting your kids vaccinated. It is the kid next to you and the kid next to you because the vaccines are not always effective.

Mr. McKee: I guess my question was more toward this: If parents do not receive the medical exemption and they are refused entry into the school system, how do they go about ensuring that their child gets a proper education?

Hon. Mr. Cardy: They do it the same way as other people who refuse to put their children in the public school system, for a range of reasons, from religious objections and others. They are entirely free. New Brunswick has one of the simplest systems in the world for enrolling your children in private school outside the public school system. You can either home school or send your kids to private school. There is a range of affordable options for parents as well in that regard. There is a school in a neighbourhood in Fredericton that has tuition rates, I believe, that are less than $400 per term. I would be happy to find the exact number for you. That would be the choice.

Mr. McKee: For home schooling, what are the requirements for the parent? They have to provide . . .

Hon. Mr. Cardy: They have to provide a letter to the department that shows how they are intending to meet the educational needs of the children. If I am missing anything here, I ask my deputies to hop in. That is basically it. They have to show that they have a plan, and that plan can be either a private school or home schooling. After that, the province is essentially out of that child's education.

This is something on which we will not get into detail today, but when looking at education reforms, I think it is something that we should probably look at: Why does New Brunswick sell our education curriculum overseas and allow other countries to provide New Brunswick diplomas but does not provide New Brunswick diplomas to people who may complete those same requirements through private schools or home schooling in New Brunswick? But that is a separate conversation.

Mr. McKee: Does the department provide a curriculum or manual that they follow? Do they need qualifications to teach their children?

Hon. Mr. Cardy: No. Being a parent is considered as having the qualifications to know what is best for your children, which is one of the very concrete reasons why this bill does not extend to parents and their kids. It extends to the public school system alone. Our society, as a collective, has control over those structures but not over the relationship between a parent and child, where the standards for intervening in those rights is much, much higher. I would not feel comfortable supporting legislation like that.

Mr. McKee: I touched a little on legal issues. I touched a little on educational issues. Are there any other issues beyond those that would have been flagged by the department?

Hon. Mr. Cardy: No. I think that the only other ones that we discussed were, again, based on the concerns we heard raised around what happens with a charter challenge and things like that. What is the possibility of it? One of the concerns, similar to this hearing, is this: Are we just giving more voice to people who would otherwise be marginalized, and can we just hope that this will go away? Certainly, the conclusion, based on the international body of evidence around that in comparable jurisdictions is absolutely not. This is not going to go away. It gets worse, and the more that authority figures and government structures are silent on the subject, the more it emboldens those spreading the misinformation that we have been discussing this morning.

Mr. McKee: Is it your intention to ask the courts to rule and provide an opinion on this issue?

Hon. Mr. Cardy: At this point, we are getting the bill passed, and at that point, we will decide on how we want to move ahead. In that case, my goal is to get this bill passed so that we can protect New Brunswick's children as quickly as possible. After that, I would be very surprised if some of the groups that are as well funded as I indicated did not try to launch some sort of challenge, so I would guess they would save the province in legal fees and do that job on their own.

Mr. McKee: You spoke a little about Ontario and Italy. Have you done a jurisdictional scan beyond those jurisdictions with respect to immunization?

Hon. Mr. Cardy: Yes. I can give you . . . I am happy to as well. We have lots and lots of background details. If anyone is interested in them, we can happily provide bundles of information. There are other states in the U.S. that have recently introduced mandatory vaccine laws, such as California, and the state of Maine, just a few months ago, introduced one of its own. It has become an increasingly common government response to deal with the threat to public health posed by the anti-vaccination movement. Similar discussions are taking place in other corners of the world as well.

Mr. McKee: Is there anywhere else in Canada that has mandatory vaccination?

018 11:10

Hon. Mr. Cardy: No. We would be the first. In my discussions with colleagues at the Canadian Council of Ministers of Education, held recently in Victoria, there was certainly a lot of interest to see how things go here. B.C. has introduced a vaccine information system similar to the one we are going to have, so they are quite interested in seeing how the process plays out. I would guess that we are the first, but I would be willing to bet a good dinner that we will not be the last.

Mr. McKee: In terms of parents seeking medical exemptions on behalf of their children, have there been discussions, in your department or with the Department of Health, of what would be required in order to obtain those exemptions?

Hon. Mr. Cardy: Those protocols are already in place, and we have not proposed any changes to them.

Mr. McKee: What are the grounds which are in place now, and which will continue, for them to obtain medical exemptions?

Hon. Mr. Cardy: If you have a medical reason that would impact the safety of your child, that is why the child should not be vaccinated.

Madam Chairperson: Mr. McKee, we will try to equally distribute the time for questions, so you have five minutes remaining.

Mr. McKee: Thank you, Madam Chair.

Hon. Mr. Cardy: I would also add that the person who could give you the most detail on that would be the Chief Medical Officer of Health, who is involved in the day-to-day discussions around that. Again, on the Education Department side, we do not propose to tighten, loosen, or otherwise change the provisions at this point. I understand they are reasonably liberal as well.

Mr. McKee: It will continue to be administered the same way it is now.

Hon. Mr. Cardy: Correct.

Mr. McKee: Physicians, I guess, are free to provide those exemptions as they see fit.

Hon. Mr. Cardy: Correct.

Mr. McKee: We have not had any situation here in New Brunswick where physicians have been suspended and the like, as we have seen with some of the folks who will be presenting here?

Hon. Mr. Cardy: Not that I am aware of, no.

Mr. McKee: The policy that is being proposed will be for all children currently in the system. There will not be any grandfathering clauses or anything like that. In time, the system will be required to provide up-to-date proof through records.

Hon. Mr. Cardy: Correct.

Mr. McKee: Do you foresee . . . I guess that is why you put it for 2021. That should be enough time for parents, or for the electronic records to be set up to track down all those records. I know that, personally, I have had to get immunizations for travel abroad, and it can be quite tricky to track down all the different sources and all that.

Hon. Mr. Cardy: I do not know how many times I have lost my papers.

Mr. McKee: Is this something that is going to be done by the Department of Health—updating the e-records?

Hon. Mr. Cardy: Yes.

Mr. McKee: Is that department going to be the one tracking all the information?

Hon. Mr. Cardy: Yes. It would be information that we are able to access through Education, but it would be managed through other offices.

Mr. McKee: There is no onus on New Brunswick citizens to assist in updating the e-records? It will all be done by the department?

Hon. Mr. Cardy: That is a broader question in terms of citizens. I have just been focusing on the students enrolled in the system.

Mr. McKee: Those are all my questions, Madam Chairperson. Thank you.

Madam Chairperson: Thank you.

Hon. Mr. Cardy: Thank you.

Mr. Northrup: Madam Chairperson, it is an honour and a privilege to be here today. I want to thank the minister and staff for being here, and I also want to thank everybody else for being here too. I have been here for 13 years, and I do not think I have seen such broad views on this. I would like to think that we are all here as a committee and as open-minded citizens. I am here not only as an MLA but as a parent too. I will let the other people speak for themselves, but it is more as a parent than as an MLA that I am here today.

I have more of a statement and a question at the end here, minister, so bear with me. I tend to be long-winded at times and short-winded at other times.

019 11:15

I think this is a very important subject that we all want to keep an open mind about, and I think we have to see both sides of the story as to what is going on. I take a lot of pride in seeing both sides of the story, because sometimes there is a truth, sometimes it is not the truth, and sometimes there is the in-between. But I think, in this situation, we, as a committee, have to get the facts and make an educated assessment on this by the time we have seen everybody go through here on Tuesday, Wednesday, and Thursday. It is something that . . As I said, it is more as a parent than as an MLA here today that I believed in the vaccine. I believed in the professionals who gave my wife and me advice as to what your parents should get.

I am kind of from the old school where you go to your doctor. Doctors are the professionals. I am not, and I will be the first one to admit that I am not a professional. That is why I go to

professionals. If my car breaks down, I go to a mechanic. For certain drugs, you go and get a prescription for it and you trust the experts who are in their fields, have gone to school, are educated, and have their PhDs and all that stuff. I did not get a PhD in anything, especially not a PhD in being an MLA.

Minister and staff, I am wondering with the other nine provinces and the three territories . . . How much information did you gather from those nine other provinces and the three territories? What situation or other provinces . . . You can give a couple of examples if your want on where they are sitting with this issue?

Hon. Mr. Cardy: Thank you very much, member, for the statement and for the question. The situation in Canada is that . . . Can you pull up the actual numbers to make sure I do not get anything wrong on this?

British Columbia is introducing a record system, so basically going to the same system as the one we are now going to build upon, making sure that we have got some proof of immunization provided before going to school. That is moving from a situation where it did not have any involvement in the regime. In Manitoba, they also have a similar system, I believe, and I will wait until . . . I will make sure that I have the exact details to answer your question very precisely.

In Ontario, as I mentioned in my presentation, they looked at introducing a mandatory system and then shied away from it, in part, because of pressure from the anti-vaccination community. They went for this education model. The education model has resulted, again, in not a single child being vaccinated. Based on the discussions in education circles in Ontario, it actually hardened the feelings of the folks who initially were what they call "vaccine hesitant". It actually hardened their position because if you are already questioning whether or not your government is trying to impose something on you, having that same government say: You, come here and sit in this room for three hours while we tell you that you are making a mistake . . . This is not likely to have very positive effects. It is far beyond not positive. It has failed completely. I had an interesting conversation with the Education Minister in Ontario on that subject.

We have Ontario's *Immunization of School Pupils Act* requiring that children and adolescents attending primary and secondary school be properly immunized against designated diseases. Again, this is essentially the same system we had. They also have the statement of medical exemption form signed by a physician or by a nurse practitioner. The statement of conscience or religious belief provision is still there, but again, that is why you are supposed to then go and get this vaccine education certificate, which has not worked at all.

In Manitoba, immunizations are voluntary. In March 2018, Manitoba school boards overwhelmingly voted against lobbying the provincial government to make vaccines mandatory. The motion had been put forward by the Brandon School Division. Having had discussions with some folks in Manitoba, they cited the same reason for having pulled back on this, the overwhelming fearmongering threats from certain people in the anti-vaccination community that influenced a number of people.

In Nova Scotia, a proof of immunization is not mandatory. In British Columbia, I just described the Act. That is a very recent update, I believe. Just last week, Minister Fleming—not our Minister Flemming . . . It was British Columbia's Minister Rob Fleming who announced out there . . . In Quebec, it is not mandatory. Starting on January 1st, 2019, Quebec has a vaccination registry, which will be recorded in similar ways to the one we are introducing here in New Brunswick. That is it for the Canadian provinces where we were able to get accurate information that we felt confident including in the jurisdictional review.

020 11:20

I can tell you that in a couple of other countries . . . One of the most interesting ones is Australia, where no nonmedical exemptions are allowed. It has a policy called No Jab, No Pay. Essentially, any payments that come from the government are cut off if you do not have your children vaccinated. That is a country that is probably closest to us in terms of values and legal systems and so on. In 2018, the policy cut child benefit payments by AUD$28 every two weeks for each child that did not meet immunization requirements. Obviously, I think that would go far too far, but that is an example of the other extreme in terms of mandating vaccinations.

I already discussed Italy and Maine. With respect to the May 2018 legislation to prohibit citizens from opting out of immunizations for philosophical reasons, that law will also take place, coincidentally, in September 2021. California took broadly similar steps, which I would be happy to read in detail if anyone is interested. France also. There are several countries. I could go through the alphabet if people are interested. That gives you a broad idea. It ranges from no requirement through to pretty draconian restrictions enforcing vaccinations.

Mr. Northrup: Would you say that there is no other province or territory that has gone this far? Would that be a true statement?

Hon. Mr. Cardy: Correct. In my discussions with the other Ministers of Education in Victoria in late July, I raised this issue because I was interested in getting perspectives from colleagues. There was a lot of interest in seeing what happens here because they are experiencing the same problems of rising anti-vaccination movements. I was interested that those concerns crossed party lines as well, New Democrats—I think that there was only one Liberal left—and Tories in other provinces. There was broad concern and interest in the example that we are setting and certainly a belief that something needs to be done, and there was quite considerable support.

Mr. Northrup: Was a compensation package ever entertained if something happened financially? Was that ever entertained by you and your department, or has that ever been done before in other provinces?

Hon. Mr. Cardy: It has. One of the things that makes Canada odd . . . This is above my pay grade to get into the conversation because it is not my department. There are compensation funds for vaccine-related injuries that are in place in a number of jurisdictions, including ones that do not have mandatory vaccination. It is not tied to this bill at all.

Quebec, for example, has one in place. It has a no-fault system, and there have been 51 claims against that. It figures that rather than going through the legal process, it would have a no-fault system. It has been accessed only 51 times. That certainly sounds as though there could be a significant exposure there over the medium term if people started to abuse that, but that certainly seems like something that should probably be discussed at a national level because in most cases, those sorts of funds are administered nationally because it is essentially an insurance system.

Mr. Northrup: Was that ever discussed with your colleague in Ontario, as far as a compensation package goes? You mentioned Quebec. The neighbouring province to Quebec, obviously, is Ontario, and I am wondering whether that was ever discussed amongst your colleagues as far as the compensation package goes.

Hon. Mr. Cardy: We did discuss it, but there was nothing discussed that I can recall in terms of . . . Again, it would be the sort of thing that would be remitted to the Department of Health or the Department of Finance in any given province, so it would sort of be outside the scope of this bill. It would not be something that I could put forward as legislation because it is not . . . Minister Steeves would get mad at me.

Mr. Northrup: Thank you, Madam Chair. That is all I have for now.

Ms. Mitton: Thank you, Madam Chair, and thank you Minister Cardy and your staff for being here today. I think that one of the first things you said, which I agree with, is that this bill is not necessarily about whether or not immunizations are effective. This is not about a verdict on immunizations. This is about the bill and the policy. My questions are really about whether this is the best public health policy to achieve our goals around immunizations. My first question is around where this is coming from and why you, as Minister of Education, are leading this and why this is not coming from Public Health and the Department of Health.

021 11:25

Hon. Mr. Cardy: Thank you. It is something that I mentioned in my statement. I have followed the evolution and growth of the anti-vaccination movement for a long period of time. I have read considerable amounts on it. It is something that is an interest of mine because my professional background is in working with political structures and organizations, and these groups fall under that broad category. Their rise to prominence in recent years and their increased influence is something that is having a big impact on politics around the world, especially in the States and in a couple of European countries. So it was something that was already on my radar.

When I found out that the department I was heading was not following the existing requirements around making sure that we have information on vaccines, that was something that led me to pursue this legislation. Having done extensive research on the mechanisms that can be used to try to encourage the maintenance of a vaccine regime to the point where it is effective in maintaining herd immunity, I have not come across any paper that has convinced me that any mechanism other than mandatory vaccination would be appropriate or useful.

Generally, I come at policy issues from a reasonably libertarian perspective, although not in economic terms. People should be more or less free to do what they want, especially with their bodies, but there is clearly a public health concern in this case that can only be addressed through collective action. This is one of the rare circumstances where I think an erosion of individual rights for some people . . . Again, it is important that we talk about this. Often, when people are left behind, I am assuming that they are too busy and are going through enough hell in their lives and do not have time to get involved in these discussions.

We are talking about protecting the rights of others. This is not a question of an arbitrary removal of rights, which I think would be unconscionable. It is a question of balancing rights. What we are looking at here is protecting the rights of vulnerable kids, a vulnerable part of the population. That was my motivation in bringing this forward.

Why me versus other folks? It is in the *Education Act.* It is part of the responsibility of the Department of Education. The school vaccine system is separate from the broader vaccination system in some elements. That is why I am restricting this very carefully to only the elements covered under my department. Anything else would be inappropriate, just as it would be to comment on Mr. Northrup's comments around a vaccine injury fund, for example.

Ms. Mitton: Okay. Thank you, Mr. Cardy.

I would like to ask some specific questions. I am not sure if you have numbers available, but I am wondering if the records have been updated enough that you would be able to share how many medical exemptions exist in the system. It might be appropriate to break it down within the Anglophone and Francophone systems, and maybe you could indicate whether it varies by age and by school.

I guess I will let you know that my next question will be around nonmedical exemptions, so it might make sense to talk about those.

Hon. Mr. Cardy: We reviewed 97 822 records, and there were 18 055 incomplete records. The exemptions are not separated into medical and nonmedical; they are just exemptions. One of the problems is that they are not parsed out. We had 1 618, or 1.6% of the total. It is important to note that that excludes Anglophone North because that district did not provide the data in time.

Ms. Mitton: Okay, so we actually do not know how many nonmedical exemptions exist or have been requested.

Hon. Mr. Cardy: Correct.

Ms. Mitton: It is possible that we do not know what impact the bill will have, then, if we are not sure of the numbers.

Hon. Mr. Cardy: That is correct. When I was asking for information initially, it was to find out what the current situation looked like. Again, remember, given the 3% failure rate for vaccines, in order to drop us below the herd immunity level, we need to get to 2% or the system starts to fall apart. We are at 1.6%, and some of those we have to accept as being medically valid. That is exactly why we have this legislation in the first place. Let's say that the 1.6% are entirely proper medical exemptions. We are 0.4% away from the system going down. We cannot afford to have nonmedical exemptions, which is why this bill was introduced in the first place.

Ms. Mitton: Thank you for the answers. On the other end of this, do we know what the immunization rates look like and how they are being tracked? I do not know if you can elaborate any more than you already have on that.

Hon. Mr. Cardy: If you are asking about outside the school population, it would be better to ask Dr. Russell.

Ms. Mitton: I guess I mean within the school population. It would just be the flip side of . . .

Hon. Mr. Cardy: Let's see. Just give me one second. I will see if I can get that.

022 11:30

Ms. Mitton: Okay, sure.

Hon. Mr. Cardy: But that would basically be it for those ones. I cannot give you that number exactly because we did not have that data. Again, we reviewed 97 822 records. The number of complete records, which means that they either had proof of vaccination or an exemption form, either medical or nonmedical, was 81.5%, or 79 767. The number of incomplete records . . . Again, it would not be reasonable to assume that those were people who either got exemptions or did not. We just do not know who would like to or who does not want to. That number is 18 055, or 18.4%. Again, as for the number of exemptions, we are still trying to parse that out, but, for those 18 055, we had to go through those one by one, with Public Health, to figure what status they are at.

Ms. Mitton: Okay, thank you.

Hon. Mr. Cardy: That, again . . . This is important to note. This is about the existing law that was not being followed, not the new bill that we are talking about here.

Ms. Mitton: Thank you. Every two years, the Public Health Agency of Canada and Statistics Canada produce a report of the national immunization coverage strategy, the childhood one. This is from 2013, so I guess that it could be different from now, but, according to that, it found that 92% of New Brunswick children aged 7 were up to date with their MMR vaccine. It was lower for children who were 17 years of age. I guess that it feels a bit like we are missing information while this policy is being developed in terms of how we do not really know what the vaccination rate is, I guess, for students.

Hon. Mr. Cardy: Again, I would agree if we were dealing with larger variances in the numbers here, but we need to be at 95% and we have to assume that we are, at best, at 97% with 100% vaccination. We have to assume that there is a reasonable number of people who are going to take advantage of medical exemptions. We have a 2% margin to play with here. We have seen in multiple other jurisdictions . . . Regardless of what the data turns up in New Brunswick as we go through all those cases, no matter what, around the world every public health system and education system is facing the same challenge. They are going to be within that 2%. You are always playing within a very small margin. You have 2% to work with. Otherwise, the system starts to fall apart.

Ms. Mitton: I hear you.

Hon. Mr. Cardy: The medical exemptions are going to be a part of that. If we say that, for every single person that asks for an exemption in New Brunswick, it is medial, we are 0.4% away from the system going down. That is, again, the reason why I would argue that a bill like this is so critical. We are seeing, around the world, declines in vaccine rates because we have the misinformation that I have discussed at length here today, which we did not have previously.

Ms. Mitton: Thank you. One thing that struck me earlier this year was when Dr. Theresa Tam, the Chief Public Health Officer for Canada, came out and publicly discussed her concerns about this type of policy, that it may not be effective, and it may not address some of the underlying root causes of people not getting vaccinated. Within that, it could be that people forgot, that something else came up, or that there is a bit of complacency. These are not so much anti-vaccination sentiments but more vaccine hesitancy.

It has also been suggested by a doctor, Dr. Wilson, who has done a lot of research and is a medical professor, that . . . I guess that I have questions about this. Have all the other less restrictive policies been implemented before going to this mandatory vaccination? Have all these other things been considered? I think that there are a lot of concerns coming up about alienating certain people, especially those falling into this vaccine hesitancy category. I do not know whether we want to create that category. I would like to ask about that and what consideration has been given? Who has been consulted on that? Could you speak to the many things that I just addressed?

Hon. Mr. Cardy: If I miss any of them, I ask that you just point them out again because I have a poor memory.

Ms. Mitton: Sure, thank you.

023 11:35

Hon. Mr. Cardy: With respect to your point around Dr. Tam's comments, we saw that here this spring. The second we started to discuss vaccines, I believe that over 20 000 people got vaccinated. That may not be the exact number. A very large number of people went out and said:

Ah, good grief, I forgot. I did not get my booster. To Mr. McKee's point, you forget until you travel, and then you realize that you need to get a booster, so you go and get it done.

Part of that complacency has seeped into our society because we do not see these diseases any more, and that is because the vaccine system is so astonishingly successful at wiping them out. So, we can forget. Enough of us have remembered at different points that it has sort of generally held together.

The thing that has changed in the last few years is the rise of the anti-vaccination movement that has bumped up the number of people resisting this regime. That is why we are seeing . . . Just this weekend, there were reports of another major outbreak developing in the United States. We are going to face more of these outbreaks as time goes on, which makes sense because more people are refusing to get vaccinated.

In terms of the other points that Dr. Tam raised around the link to mandatory vaccines, I find some of her comments to be obviously true, as the ones I just mentioned. Yes, there are lots of people who do not get vaccinated because they forget or whatever else. There, I think we need to do a better job of just enforcing the existing rules. That is part of why that is what we are doing in Education with the current declaration system. We are making sure that people are vaccinated when they come in or that they provide the exemptions as currently legally allowed.

There is the idea that the people who are not getting vaccinated intentionally are not doing so because they do not know about vaccines or because they are poorly educated, which tends to be pretty common in the public health literature in Canada. It was actually a subject itself for some discussion. It is just not correct. The people who tend to fall prey to the anti-vaccination conspiracies tend to be of above-average education with above-average income. So, it is not a question that they are not aware; it is a question that they are willfully rejecting the science and the facts around the security of the vaccine regime. It is not a question of their not knowing; it is a question of their actively not wanting to participate in it.

It might well be a vanishingly small number but, as I just pointed out, we know that we have 1.6% of the population who have provided exemptions right now, in addition to the 18 000 or so cases that we have not analyzed yet, and we have 2% to play with. That gets into your . . . I think I covered most of the things from your first batch of questions.

The second one was around what options we looked at. The other options in between . . . The general approach on any sort of public or government efforts to try to influence public behaviour is usually that you start off with an education process. That clearly has been in place for a long time. I think it clearly dropped off somewhat out of complacency because just as most of the public thought that vaccines were not something you would ever bother arguing with, you would just get vaccinated, I think that people in politics and in public health felt the same way. We have not seen the aggressive efforts to try to maintain the vaccine regime that you see in countries where they are newly introducing it. That is partly because also in those countries you see the immediate benefits because suddenly your kids stop dying, your neighbours kids stop dying, and your siblings start living beyond 35 years old.

In terms of trying to encourage vaccine education, there are obvious benefits of being in a place where you are starting off from a low bar. When you start off from a high bar where the benefits are so obvious and have been around for so long, it can actually be harder to encourage people to get vaccinated because they do not see measles around them from day to day.

The number of e-mails I have had from people saying that measles is spread by people from "dirty countries with their dirty practices" is, sadly, considerable. The number of people who suggested that measles had been brought back to North America by people from the Middle East, for example, where they do not wash their hands—to quote one e-mail—is considerable. There is a lot of misinformation out there. It is not just the fact that that is not true, but those countries, in general, in the Middle East actually have astonishingly high vaccine levels. There is also the way in which diseases are transmitted, but that is another conversation.

So, the next step up from education is a more targeted intervention to a specific people, and that is exactly what they have done in Ontario, and it has failed completely. I know that, in government, we often specialize in not doing things particularly well, but it is pretty hard to find a program where you find a 100% failure rate. There was not one person who got vaccinated as a result.

I think that speaks to the unique nature of modern conspiracy theories. They are inoculated against facts and are themselves a form of virus that is very, very highly immune to most forms of persuasion and information. The more you go and present to someone who genuinely believes that there is a big pharma, big government conspiracy, and the more you present them with pharmaceutical, medical, and government-backed public health information, the more they are convinced that you are part of the plot and should be ignored. The more evidence you put on the table, the more you are disqualified in their eyes, so you can never win those arguments. If you put five reports on the table, they will come back and say: Well, what about this? Where is the sixth one?

024 11:40

It just goes on and on and on, and of course, in most cases, you have nonscientists arguing with other nonscientists. It just becomes this sort of sterile, awful battle that marks most conversations on Facebook.

The next step up from that would be targeted sanctions against individuals for not participating in a program like that or something similar. But in general, those are seen, because they are more individually punitive, as being more negative than a broader, universal, mandatory system. That is the reason why we settled on the mandatory model. It is because it is the one, as well, that is seeing very positive results in places like Italy, comparable developed democratic jurisdictions with broadly similar social structures to ours.

Ms. Mitton: Thank you for your answer. Madam Chair, maybe I can check how much time I have left.

Madam Chairperson: I think it would be fair to allow you another question, given the length of time it took for the minister to answer that last one.

Ms. Mitton: Okay. Thank you. I have a quick question, Madam Chair. I am just curious. Are the written submissions part of the public record? No? Thank you.

Minister Cardy, there is a report from the C.D. Howe Institute that looks at the best way to increase immunization rates. One of the things that it emphasized was similar to what Dr. Tam was saying around vaccine hesitancy and trying not to mandate vaccines that could alienate and further entrench positions. Some of the recommendations were to use nurse-led vaccination programs, emphasize reminders and record-keeping, use school and day care entry as an opportunity to assess and promote coverage. There is an example in the U.K. that was launched in 2013 where they did a nationwide catch-up campaign. They did not take the route of mandating, but they followed some different public health methods to identify at-risk populations and have comprehensive reporting procedures and different things like this. They met their coverage targets halfway through their campaign.

To reemphasize the last point, have all other restrictive measures been fully implemented before jumping to this type of legislation?

Hon. Mr. Cardy: I will start at the end of the last point you made around the U.K. After 2013, they managed to meet the targets. Anti-vaccination groups began to really rise up. It was around the 2016 U.S. election that you saw a real explosion in their presence and influence, especially in the English-speaking world. Boris Johnson, the brand-new British Prime Minister—and I am kind of horrified at agreeing with him on anything, but anyway—came out last week and publicly said that the system has failed and that we are going to have to look at some other system. He was just talking about more education at this point. That proves the point.

The education system . . . All the other things you said around vaccine hesitancy and making sure that people are aware—we are doing all that. I mean, that is the point in the education system, at least, and, more broadly, in Public Health in New Brunswick. We have great Public Health nurses who are out there and able to provide people with vaccines and so on. We are doing the education. We are making sure that on the school side, the records are properly up-to-date and in place. We are doing all that stuff to make sure that there is no reason that people would not be vaccinated except that they cannot or will not. If they cannot because their kids are compromised or whatever else, we have to make sure that those rights are absolutely protected, because that is the whole purpose for having this legislation. If they will not, it is pretty clear that more discussion does not work. The Ontario example, I think, is the clearest in that particular world.

Education with folks who genuinely believe that this is part of an enormous plot will not succeed. That is the evidence, so far, in other jurisdictions that have tried this. We looked at all available options again. My tendencies are libertarian. I do not look . . . I do not want to restrict people's right unless I believe it is absolutely necessary for public health reasons. I cannot think

of many other reasons under which I would suggest that. In terms of free speech and other things, I am very fundamentalist in terms of allowing what I would propose to allow in society. It is a last resort, but again, when we are playing with a margin that is as tiny as the one we are talking about . . . If this was going to have no impact and, again, it was only going to hurt the kids of the parents who made this poor choice for their kids, I do not think it would be the role of the government to intervene there. But that is not the case.

025 11:45

Ms. Mitton: Thank you, Minister Cardy. Thank you, Madam Chair.

Mr. DeSaulniers: Thank you, Madam Chair. Mr. Minister, I want to thank you for your appearance, and I want to thank your staff. I also want to acknowledge the people from the public who are here. Thank you for coming and for being interested.

You mentioned something earlier that piqued my interest. You said that you were not necessarily following the laws that are in place now. Can you elaborate on that a little bit?

Hon. Mr. Cardy: When I came into the Department of Education, it became clear in the first couple of months that the requirements that we are operating under to make sure that we have clear records of children's vaccination records when they entered the school system were not being followed and had not been followed for a considerable period of time. So, that was an aspect that was legally required, but the department had not been upholding its legal obligations.

Mr. DeSaulniers: What actions have been taken, or what directives have you given to address that situation?

Hon. Mr. Cardy: There was an immediate order to the districts that are responsible for collecting information to go out and collect it and provide it back as quickly as possible. That was done, and it has been completed.

Mr. DeSaulniers: I think it is important that we have an accurate representation of the facts with respect to who has been exempt and who has not been, who has been vaccinated, and all this and that. I might want to say . . . This is no reflection of how my opinion will end on this. All my children are vaccinated. As I said, it does not reflect what my opinion will be at the end of the day. What would happen to a family that decided no, we are not going to vaccinate our child, after this law is implemented and enacted and all that with the Lieutenant-Governor, and after going through all the whole process? If parents decide that they were not going to vaccinate their kid, therefore the child would not go to school. At that point, would that parent be in violation of the law?

Hon. Mr. Cardy: No. Well, if you are going to have your child outside of the public school system, the current requirement is to have a simple letter that requests that your child be exempted, which would be part of that process. If you are saying that you are not going to comply with the law that allows your kids access to school . . . So, for example, if you insisted

that your child had, for whatever reason, a religious right to bring peanut butter to school in violation of the policies that are in place to stop that from happening, no, you cannot come to school with that. Then, you would have to come up with other arrangements to deal with the legal requirement, as Mr. McKee listed earlier, that we are supposed to have compulsory schooling in New Brunswick. The fact that we have lots of kids who do not go to school is another problem for another day as well. But that is the legal requirement, so there would just be a process with those parents to make sure that they moved from one step to another.

Mr. DeSaulniers: My point, to be more clear, is this. If parents refused to vaccinate their child and they refused to get an exemption or talk to you about it in any way, shape, or form, they would automatically be in violation of the law. Am I right?

Hon. Mr. Cardy: That would be correct, with my reading of the law, yes.

Mr. DeSaulniers: What would happen in the event that there is a groundswell of parents who refuse to vaccinate their kids and now they find themselves outside the public system? Do you have any contingency plans to help those people? What options would they have? We could get there.

Hon. Mr. Cardy: So far, to reassure you on the first count, as a lot of other people have talked around, the evidence is pretty clear that it is a small number of people who have these concerns. Again, you are not going to find too many areas of public policy where over 80% of the people are on the same page. Eighty percent of the people support mandatory vaccinations, and the percentage of parents is even higher.

Hopefully, there is no reason to believe that that is what we would experience, but to your point that we should always plan for the worst, that is one of the reasons that, with the changes to the *Education Act* that will be proposed in the coming months, one of the things that I want to do is to make sure that we actually have a clear link between private schools and home schools in the province and the public education system. We are in sort of an odd position right now where you can have the situation that I have been in personally. I have been signing contracts for the government to sell our curriculum in other places—to private schools outside of Canada. The students can get a degree, a New Brunswick diploma, and we do not allow that for private schools inside New Brunswick or for anyone who is following the home school protocol.

Yes, you have to make sure that your degree means something. With home schooling, that can be very hard to enforce. That is one side. But certainly, with some of the private schools in the province that wanted to move in that direction, it would seem odd that we do not offer that same opportunity that we offer to schools outside of our borders. My plan there would be to make sure that we are working as part of broader education reforms to have clearer links between any educational operation in the province and the public school system.

Mr. DeSaulniers: What would happen in the event that the vaccination records of a child were lost? Would the parents be put in a position where they would have to revaccinate their child? Would that not be dangerous to its health?

Hon. Mr. Cardy: In many cases, I speak from depressing experience on this because I keep on losing my vaccination records. My life used to involve traveling to places that required vaccination for just about every disease that exists. For most vaccines, you can just get them again and there are no health consequences, regardless whether you are young or old. For ones where there are, I think that would be seen on a case-by-case basis to be reasonable, and also it is something that should be a problem of the past with the electronic medical vaccination record system that the province is introducing. It would be in place around this time next year. Once that is in place, it should really reduce a lot of the problems that you are identifying, that Ms. Mitton has identified, and that a couple of the other folks asking questions did as well, because the problems around people losing their vaccine records, forgetting to get booster shots especially when there are multiple boosters that people are supposed to get at odd intervals, are that lots of people forget that stuff. Then the biggest problem that we would have is if the whole system got wiped out by some problem, in which case, we have much bigger fish to fry.

Mr. DeSaulniers: Okay. Have you put any thought into instigating or commencing a public awareness and education program to help parents make better choices? Is that something that can be done?

Hon. Mr. Cardy: Yes. That is absolutely something that I had discussions with Dr. Russell, the Chief Medical Officer of Health of New Brunswick around doing that. They have ongoing programs. They have programs that reach out to kids when they are first born. They have programs that are supposed to be available to parents when their kids first enter the school system. There is already a lot of information like that out there. But I do not see any reason why we should not ramp it up, especially because we saw over 20 000 people getting vaccinated this year because of the controversy around this bill and around the measles and pertussis outbreaks that we saw in the province. Clearly the more we talk about it, the more we deal with the folks whom Ms. Mitton was identifying, the people who are vaccine-hesitant or just forgot or whatever else. That is a good way to make sure we bump up the vaccines on one side. But, again, that still takes us very close to losing herd immunity. That is the point of this bill. It is to make sure that we take as much slack out of the vaccine system as possible to make sure it continues to work and keeps our kids alive.

Mr. DeSaulniers: Thank you. I would suggest, due to the interest in the debate and the controversies surrounding this bill, that you should ramp it up in that area. There should be more awareness and more education put out there because the public needs to be informed and . . .

Hon. Mr. Cardy: If I can just interrupt, not necessarily . . . It links back to your previous point. With the immunization electronic records system, there is definitely a plan there to publicize that

rolling out. There would be a good opportunity to have a good news story there around the new system that will make life easier for everyone not just for the kids in the province.

Mr. DeSaulniers: Thank you. I am going to move off into another little area. We all know that this bill is not going to drop an iron curtain somewhere between children, I mean, the ones who are in public schools and the ones in private schools. There are always going to be interactions. It begs the question: How do we protect everybody from everybody else? You know, are bus drivers going to be affected by this? Can they lose their employment? Custodians, teachers, anybody that is involved in the system. It can happen. It could be a major effect: People losing their work. People would have to give up their jobs to homeschool. There are a lot of social implications to this bill.

Hon. Mr. Cardy: Absolutely.

Mr. DeSaulniers: We are to be very careful how we progress. I guess that is it, Madam Chair. Thank you very much.

Hon. Mr. Cardy: Responding to that last point, that is something that we take very seriously. It has to be remembered that we are talking about this in the context of diseases that killed, before we introduced these vaccines, hundreds and thousands of people every year. That is the context. I take very seriously that issue that you are raising about jobs and so on, but the context here is around public health and around something that could have devastating consequences on our society.

The reason for why it is limited to students at this point is that I am the Education Minister and that is my limit. Once this bill is, hopefully, passed into law, my hope is to talk with the teachers' unions and others who are in the school system.

027 11:55

To your point, we cannot police absolutely everyone everywhere, and that has never been the mandate of democratic countries, even in times of serious outbreaks. It is only when things get very, very dire that you see governments restricting where people can go and that sort of thing. However, with restricting access to public spaces, we spend a good chunk of each year with hospitals being off limits to people who have any respiratory issues because of flu viruses being passed around. It is the same level of protection to a vulnerable population, especially because many of the diseases that we vaccinate against might cause some problems in adults, some health effects, some pretty serious ones and sometimes death, but, in many young people, they can be fatal.

Mr. DeSaulniers: Madam Chairperson, if I may, I would like to do one little follow-up. I really did not get an answer. Could people end up losing their jobs if they are not vaccinated if they are working in the system? Like in . . .

Hon. Mr. Cardy: Not with this bill.

Mr. DeSaulniers: I could give you another example. At Fredericton High School, you have school board people working there, district people. Could people literally lose their jobs as a result of the enactment of this legislation?

Hon. Mr. Cardy: No, because this bill is specifically restricted to students, which I . . .

Mr. DeSaulniers: Only to students.

Hon. Mr. Cardy: Correct, which I would argue reduces its efficacy, but, at the same time, is still within the scope of the department to be able to act on. This bill is specifically about students and students alone.

Mr. DeSaulniers: Okay, thank you. Madam Chairperson.

Madam Chairperson: We have a few extra minutes.

Ms. Rogers: Thank you. I also would like to thank everyone for being here. In a democratic situation, we need to hear from everybody, so I appreciate that we have these three days set aside. With regard to the bill, I just have one question with regard to clarification. I know that it mentions the *Public Health Act* in the bill itself, section 42.1(1), which is about what is required to be met to be called proof of immunization. I am not sure how many immunizations are specified there, but, before a child starts school at, say, age five, what would the intent of this bill be, as you understand it today? What would the intent be? Would it be that there was some immunization or that there was full immunization? For example, what if a child was only immunized at three years old. Would that child be allowed to go into public school?

Hon. Mr. Cardy: The requirement is that, which is why it is very specifically only on the non-medical exemptions . . . For the medical exemptions, medical exemptions are providing proof of vaccination under the current system. First, that system will change next year when we go to the electronic system. That will be one of the bigger changes in the way that we run the vaccine system. However, the intent is that you are vaccinated as mandated by the system currently. You are supposed to be fully vaccinated.

In some cases, you continue to have boosters and so on as you go along, which are provided after school entry. That is part of where the current system fell down. It was because there was no tracking of that information because that was not actually provided for in the law. You ended up with a lot of people who came into the system with partial immunization against some diseases because that was legally required, which gets back to why the law can be a power tool. Because the law, then, did not do any follow-ups in Grades 3, 5, or anywhere else, you ended up with folks only having one of their booster shots and still, basically, being exposed to the disease and, in some cases, making it pretty easy to come down with it. Unless you are fully vaccinated, you can still get measles or some of the other bugs that we vaccinate against.

Ms. Rogers: Thank you, but I am thinking about the parent whose child, for whatever reason, which may have been complacency or it may have been that they lived elsewhere, had not been immunized until, say, a year before they started school. However, they were intending to commence at that time. I am just wondering whether that family could be discriminated against on public school?

Hon. Mr. Cardy: Again, I caution against the use of the word "discrimination" because we are talking about protecting vulnerable kids who are immunocompromised and are sick. That is really important because that is one of the things that we fall into, right, with this idea that there are two equal sides here. This is not about discrimination. It is about protecting vulnerable, sick children.

I will defer to my deputies if I get anything wrong with this, but my understanding, having talked to a couple of people in districts and parents that went through this, it is no, as long as you are moving ahead with the program. You also get kids who will come in . . . We had a whole bunch of kids who came in from Syria a couple of years ago. Most of them already had their vaccines because Syria is a country that has taken the vaccine regime seriously, as most places do. The intent is to make sure that we are getting everyone as safe as possible. That is the goal. It is not to try to hurt anyone or discriminate against anyone. The goal is to use all legal means to find nonpunitive measures to encourage that kids are protected and the kids around them are protected.

028 12:00

Ms. Rogers: Okay. I had a couple of other questions, but they were answered. I will pass it on to, I think, my colleague.

Madam Chairperson: We would have time for one more question.

Mr. C. Chiasson: In your opening statement—your lengthy opening statement, I might add—one of the first things you said is that nothing is completely safe. I do agree with you that vaccines, by and large, have been effective in controlling the spread of some of these very contagious diseases. As you said, nothing is completely safe. Throughout Canada, there is no other province that has a mandatory vaccination regime. Therefore, there is no reason for a vaccine compensation program that would be Canada-wide and funded by the federal government. I believe that the program in Quebec was brought on by the fact that there was a person who was damaged by a vaccine. It went to the superior court, and the superior court decided that although there was no fault, this person was owed some type of compensation. That is what brought on the birth of its compensation program.

In the United States, all 50 states require some sort of mandatory vaccination regime, although 47 do allow for exemptions for religious and philosophical reasons.

I guess my question is this. Their vaccination program has paid out, in a 10-year period, close to $1.7 billion in compensation to people. So, yes, there is nothing that is completely safe. My

question is this. If we are the only province in Canada making it mandatory, then do we not assume responsibility for any damage caused by what we are deeming to be mandatory? Should we not, in conjunction, bring in a mandatory compensation program?

Hon. Mr. Cardy: Thanks for the question. First, it is important to say that the vaccine funds are often independent of whether the regime is mandatory or not, for some of the reasons you specified. Quebec and other countries have done the same thing. Canada is anomalous in not having that system. Not having a separate fund does not mean we do not end up by doing that. I think that anyone around the table who has participated in government decisions has seen that there have been payouts to people who have been hurt by our medical system, for a variety of reasons. Often, those have been considerable.

In the case of Quebec and the States, you talked quite accurately about the huge payouts. The Americans have a very different legal and tort system that often awards enormous payouts for a wide variety of things. That would not be comparable or expected in Canada. The experience of Quebec is more likely to be what we would face, although it has a vastly larger population. Again, it has had 51 claims, even on a no-fault system. The impact would not likely be large.

I would have to take off my hat as minister and just say that, as a New Brunswick citizen, I think that sounds like a reasonable idea, given that it mitigates risk and protects people from things that can happen.

It is outside my remit as Education Minister to talk about things that involve funds. Again, those are things that Minister Steeves would be more equipped to deal with than I would. If that is something that you are ever interested in proposing, I would be happy to talk to you about it because it is a common practice to minimize risk and increase protection for something that is already an incredible asset to our public health system. If it reduces fears or concerns, then, all to the better.

Madam Chairperson: Thank you very much. I believe that it is time for us to break for lunch. First, though, I want to thank the minister and his staff for his passionate presentation. I am sure that it has been very useful to all members of the committee. I want to thank the audience as well. We will reconvene at 1 p.m.

(The committee recessed at 12:04 p.m.

The committee resumed at 1:09 p.m.)

029-034 13:09

New Brunswick Medical Society

Madam Chairperson: I would like to call this afternoon's proceedings to order and welcome the New Brunswick Medical Society, as represented by the president, Dr. Serge Melanson. I would ask him to introduce himself and his staff.

Dr. Melanson: Thank you, Madam Chairperson, and thanks to all of you for inviting us here today to provide some information and to answer some questions that you might have with respect to immunizations here in the province.

035 13:10

As was mentioned, my name is Dr. Serge Melanson. I am a practicing ER physician and have been in the Moncton area for the past 16 years. Although I do not have a background in immunology or public health, I do have a wealth of experience with regard to health care, and I think I can speak on behalf of many physicians in the province on this topic.

To my left, we have Nora Lacey, who is Chief of Physician and Patient Engagement for the New Brunswick Medical Society. To my right, we have Anthony Knight, the CEO of the organization. We are all here to speak about this important topic.

If you will indulge us, we have prepared a few slides for you. We will spend about 5 or 10 minutes going through that, and the remainder of the time, of course, will be dedicated to any questions you might have.

Physicians and other health experts in the province have great confidence in the public health goals set by our Public Health Department, specifically with regard to vaccination programs. When I think of the historical strides that health care has made, not only in this province but in this country, very few have come to the same degree of positive impact that vaccinations have had in the history of medicine.

Despite that, we appreciate that there is still some degree of vaccine hesitancy, and we need to basically address that issue if we are expected to increase our rates of vaccination, which, in this province, are good. But there is room for improvement, and we will speak to that a little bit during our presentation.

I think that when it comes to engaging the populace—our patients, our citizens—it is important to have dialogue with them, to understand what barriers they are coming up against when it comes to vaccination, and to help address any information or any questions they may have on the importance of a strong vaccination program.

This is a colorful and fun slide provided by Health Canada. Basically, it is meant to illustrate the magnitude of the importance that vaccinations have had for Canada. To your left, in blue, you will see the average incidence of these particular diseases per year prior to the regular institution of vaccination. As you can see, there are things like pertussis, measles, mumps, rubella, diphtheria, and polio. To the right, the yellow represents the average number of cases we would see per year once we had established regular vaccinations in this country. As you can see, the decreases, in percentages, are quite substantial. Although this slide is very simple and colorful and playful, it speaks volumes on the importance of vaccinations in our country.

When we think about vaccinations, in this province and elsewhere, we need to consider access to the records, which, I know, plays a major part in our ability to understand what the true vaccination rates of people are. We understand that people can receive vaccinations in many different places—from a family doctor, from a nurse practitioner, from a pharmacy, from the Public Health Department—yet we still do not have a single record that actually monitors all of that. Thankfully, the Department of Health, and Public Health in particular, have changed to an integrated, computerized system that will bring all that information together. The plan is that that will be in some form of functional state within the next year or so, and I think that that is very encouraging. I think that that will provide a lot of valuable information, not only to you but also to citizens in general and to the public health system.

In the end, who will ultimately be responsible for holding those records, and how will that information be shared with the health practitioners, the patients themselves, the families, the school boards, etc.? I think these are all very important questions, and I am sure that Dr. Jennifer Russell, the Chief Medical Officer of Health, will be able to elaborate when she is in front of you.

I think as well that when we talk about instituting mandatory vaccines, particularly with regard to eliminating the personal or philosophical exemptions to this, we need to take into consideration some of the impacts that this could have.

For example, how will we be dealing with families that come from away, perhaps from another jurisdiction or perhaps from another country? How will we get them up to speed on their immunization records, all the while not penalizing them in terms of entry into the school system for their children? How quickly can we expect these groups to be updated on their immunizations, but with leeway being provided so that they do not suffer any negative consequences from an incomplete immunization status? How will we do it? How will we get people through the system so that they can actually become fully vaccinated and fully immunized so that they can protect themselves and others and can enter the school system? These are all very important considerations.

036 13:15

The ethical considerations . . . Again, I do not have any formal background in ethics per se, but I think it is safe to declare that there are a considerable number of ethical considerations when removing the nonmedical exemption. It really boils down to the question of personal autonomy versus protecting the public safety in respect to herd immunity, which is a concept that I am sure you are familiar with. It is simply meaning that if you actually have a higher percentage of your population that is successfully immunized, you actually stand a better chance of not having such a negative impact when the disease makes its way to a community.

I think the framework that we need to remember when balancing these ethical considerations is that we need to review and evaluate the current vaccination mandates in the relevant jurisdictions and regions. Leading up to this presentation today, I have been going through some of the immunization reports dating back over the last 10 years. Although there are no major swings

within different regions or zones of the province, there are some variations, depending on the groups that you are looking at. Again, hopefully, the integrated technology component that is going to be brought to Public Health will help us understand that better and address some of the barriers that some of those areas or zones are actually having.

We need also to increase the use noncompulsory vaccination strategies. We need to better understand what it is that is holding people up in respect to getting vaccinated. Is it questions around the science? Is it the practicality of being vaccinated? What barriers are in place that are preventing certain families, certain groups, or certain populations of accessing this important health service?

Again, we need to address questions that patients have. As a practicing ER physician, I work in an environment where patients come to me with questions on a daily basis. As far as I am concerned, there is no such thing as an unwarranted or misinformed question. But it offers me an opportunity as a practitioner to share what medical science has to offer them on whatever questions that they have. I would like to think that patients come away from the experience better informed. We need to do the same thing and continue to do so when it comes to vaccines and immunizations.

I think we also need to educate our populace, not only when we are in the midst of serious outbreaks in our province, around the importance of herd immunity and the fact that we have a responsibility, as citizens, to protect one another, whether that is in our schools, workplaces, or communities at large.

This is just a very brief jurisdictional scan. To be in full transparency, I do not think I could speak with any great depth on any one of these, but it does speak to the fact that this is a common topic that many other jurisdictions not only in our country but also across North America and the world are wrestling with. The World Health Organization has repeatedly stated that vaccine hesitancy stands to be one of the biggest challenges to health that it views, because, as much as we are blessed here in this country with not having regular and significant outbreaks—although there are some that do occur in various jurisdictions—other parts of the world have these diseases as an endemic problem. So it sees this through a more global lens.

That being said, Ontario, as the minister alluded to earlier today, has come in with an amendment to its legislation just recently where if you object from a personal or philosophical basis, you need to go through certain steps in order to justify that you have actually been educated and properly understand what the science is telling people. That still gives them an out, however. In the United States, they have taken different measures in different states.

Perhaps the closest one that we are looking at in terms of comparisons to New Brunswick might be California, where a number of years ago, it opted to exclude the philosophical and personal reasons for opting out of immunizations. It is interesting to see what the results of that were. Again, I am not an expert in this jurisdiction but just in my own review of the topic. Prior to the institution of this amendment of its law, California had about a 95% vaccination rate for school entry, so very, very good. It managed with the amendment of this bill, to increase that by about

2%, which turned out to be about the same percentage of people who had been reluctant to be immunized for personal reasons. That gap that they closed did turn out to be about 2%, which is what I understand to be roughly what the percentage of population here in the province who object openly to vaccination.

When we consider the amendments to this law, I think it is important to put that into context in terms of what could be potentially gained by such an amendment. New York also has gone through some recent changes to its laws and Europe as well. Some of these jurisdictions have been quite forceful or innovative—perhaps that might be another word—with some of the ways that they are trying to induce compliance. Italy instituted financial penalties for not doing so. Again, this just describes the gamut of some of the issues that are in play.

037 13:20

In the end, some of the things that are important to understand and consider, however, we believe, are the potential downsides to instituting any kind of amendment to the law, or, in other words, removing people's ability to opt out for personal or philosophical reasons. Although Ontario has reported sporadically, we have not come across any information that we have access to that would really tell us what the consequences were. Were students being expelled from school, for example, or not permitted to go to public school? Was that actually translating into real action?

At the end of the day, outside of keeping our populations healthy and safe . . . When an individual family is impacted with an illness, whether it be measles, pertussis, or what have you, the impact is not only felt with that one patient or one child who is sick, but the family is also impacted by that. That child is clearly not going to school during the time that they are sick, so there is some absenteeism from school. The parents and family or caregivers sometimes have to make arrangements and they are pulled out of work.

At the end of the day, if the policy or the amendment that the law is trying to achieve actually produces the same result by keeping people out of school and having parents not be able to go to work because of that, it becomes a bit of a zero-sum game. Not to suggest that the amendment is not justified, these are just things to keep in mind and consider. If we do, in fact, go down this road, it would be important to monitor what the actual impacts to our citizens actually are.

Finally, some of our basic recommendations to this group that is considering these amendments would be to ensure that adequate resources are available for Public Health and to support physicians' offices to enable proper distribution of vaccines. Again, keeping in mind that vaccines the distribution of these come from different sites, it is important to support Public Health in this endeavour. Another recommendation is to ensure that adequate resources are available within the public school system to ensure that there are educators and administrators to manage and support students and parents entering the school system. As a health care provider, I am armed with information and tools that I can provide to my patients. To some degree, we need to turn some of this information, if not most of it, over to the school boards so that they can

actually transmit some of this vital information. They are, certainly, front-facing on this issue when it comes to school-entry vaccinations.

We recommend reinforcing existing efforts to increase rates of vaccination through the various points of access. That gets back to not only education but also engaging with folks to have them really truly understand what is leading to their hesitancy in vaccinating and providing appropriate resources to complete the immunization record database program to enable more accurate and up-to-date information. Again, this speaks to, I think, the benefits of what this information technology piece will bring when it is online next year.

Finally, we recommend the launch of a province-wide education awareness campaign pertaining to the benefits and safety associated with vaccines. Again, this is reemphasizing the point that, not only is it important that we have this in the public sphere in the midst of a serious outbreak, but also, really, we should be gearing people up prior to certain influenza seasons and whatnot. I think that we do a pretty good job of that, but I think that we could stand to do some more on that as well.

Those are the points that we wanted to share with you. Again, these are some very high-level thoughts on that. For the remainder of the time, Madam Chairperson, I would be happy to help answer any questions that come up.

Madam Chairperson: Thank you very much.

M^me^ F. Landry : Merci beaucoup pour votre exposé. J'ai quelques questions, en français principalement. J'aimerais connaître le rôle de la Société médicale du Nouveau-Brunswick dans le système de vaccination et, précisément, l'avis que vous donnez aux parents en ce qui concerne la vaccination de leur enfant.

D^r^ Melanson : Parfait. Merci pour la question. Notre organisation n'a aucun rôle officiel en ce qui a trait à l'administration des médicaments, autre que celui de nos membres, les médecins, qui participent à cette activité. À cet égard, certainement, si jamais il y a un problème d'accès aux vaccins, comme nous l'avons vu récemment, en raison de la difficulté à reconstituer les stocks, les médecins vont souvent se tourner vers notre organisation pour que nous puissions communiquer avec le ministère de la Santé ou avec Santé publique pour savoir exactement comment ces vaccins peuvent être partagés.

En ce qui concerne le volet éducation, il est certain qu'il y a beaucoup de partenariat entre notre organisation et Santé publique, notamment sur le logiciel qui va être lancé l'année prochaine. Nous avons beaucoup appuyé ce projet, car nous en voyons vraiment les bénéfices. Quand il y a la possibilité d'un partenariat avec Santé publique, nous y participons.

Aussi, en ce qui concerne des sujets d'ordre médical, que ce soit celui-ci ou plusieurs autres, lorsque cela devient une question d'intérêt public, notre organisation se sent la responsabilité, jusqu'à un certain point, de se prononcer, comme nous l'avons vu lors de l'épidémie de rougeole qui s'est produite récemment. Nous étions présents dans la sphère publique pour expliquer et

faire comprendre aux gens que la vaccination est de loin la meilleure mesure de prévention de ces maladies, que c'est très efficace et que c'est très sécuritaire de prendre ce traitement.

Alors, nous sommes là pour appuyer les gens dans leur rôle principal, mais nous sommes aussi là pour interagir avec nos membres qui se posent des questions à propos de certains sujets.

038 13:25

M^me^ F. Landry : Merci, D^r^ Melanson. Je pense également que la vaccination a des bénéfices et j'ai lu quelque part que la vaccination est victime de son propre succès ; c'est-à-dire que les gens en parlent moins. Comme vous l'avez mentionné, il faudrait peut-être de l'éducation additionnelle ou une meilleure divulgation des bénéfices de la vaccination.

Savez-vous si la province du Nouveau-Brunswick finance des campagnes de sensibilisation par rapport à la vaccination? Savez-vous si ces campagnes sont efficaces et si elles donnent des résultats?

D^r^. Melanson : C'est une très bonne question. Je ne peux pas entrer dans les détails. Ce serait peut-être une très bonne question pour D^re^ Jennifer Russell, mais je dois vous avouer que nous avons directement participé, avec D^re^ Russell et le groupe de santé publique, cette année et au cours des années antécédentes, à des campagnes d'éducation de la population. Alors, oui, cela se fait. Pour ce qui est des résultats exacts, à savoir si cela a permis d'augmenter les taux de vaccination, c'est une bonne question. Je vous suggère de la poser à D^re^ Russell ; elle a peut-être des données pour vous.

M^me^ F. Landry : Parfait. En deuxième lieu, je dois dire que des gens qui viendront témoigner doutent de la sécurité des vaccins. Tous les vaccins sont-ils aussi importants les uns que les autres? Pensez-vous que la question de la sécurité des vaccins devrait être connue? Devrait-il y avoir plus de recherche par rapport aux effets secondaires non désirés des vaccins?

D^r^. Melanson : C'est une très bonne question ; merci de l'avoir posée.

Au-delà de la question de la sécurité des vaccins, je pense que c'est important de mentionner que, même durant les quelques décennies qui se sont écoulées depuis que je pratique la médecine, l'environnement dans lequel nous discutons avec nos patients et nous échangeons avec les groupes ainsi que la confiance absolue dans la médecine occidentale ont certainement changé. La norme quant aux informations à transmettre à nos patients et à nos collectivités est beaucoup plus élevée qu'auparavant. Également, je pense que, avec des exemples que nous pouvons citer depuis quelques décennies, il y a peut-être de bonnes raisons pour lesquelles nos patients et nos collectivités remettent en question l'importance de certaines choses en médecine, en excluant les vaccins.

Cela étant dit, pour ce qui est des vaccins, vous nous avez demandé s'il y en a un qui est plus important que les autres. Nous pouvons dire que les recherches qui ont été faites sur ces vaccins sont très complètes.

Je peux vous donner un exemple. Lorsqu'un nouveau médicament ou un nouveau traitement est prêt à faire son entrée sur le marché public, il y a beaucoup d'étapes à suivre en ce qui a trait à la recherche et à la puissance de celle-ci. Par exemple, nous pouvons dire qu'un nouveau médicament pour l'hypertension débutera bientôt. Si nous regardons les recherches de façon approfondie, très souvent, nous allons voir que ce médicament a été étudié avec plusieurs dizaines de milliers de patients partout dans le monde pour essayer de déterminer si un effet positif ou négatif peut être lié au médicament en tant que tel.

Je pense que nous pouvons dire avec confiance que les recherches sont abondantes en ce qui a trait aux vaccins. Elles démontrent de façon répétée que ce sont des traitements très sécuritaires et que les risques sont très minimes. Je ne peux pas vous donner un chiffre exact, mais je pourrais peut-être partager un peu mon expérience avec vous.

Lorsque nous parlons d'effets secondaires ou d'effets inattendus d'un traitement quelconque, en ce qui concerne les vaccins, nous voyons cela très rarement. En tant qu'urgentologue, je voyais un patient ou une patiente entrer avec une réaction ou un effet secondaire lié à un médicament, que ce soit un antibiotique ou autres, une fois par semaine en moyenne. En ce qui trait aux réactions néfastes à un vaccin, il y a les cas mineurs. Il peut y avoir un peu de douleur à une épaule ou un peu de rougeur. Je voyais peut-être cela quelques fois par année. Pour ce qui est des réactions sérieuses, où il y a des menaces importantes à la santé du patient, après 16 ans de médecine, je n'en ai vu aucun. Et mes collègues n'en ont pas partagé avec moi non plus.

Alors, pour moi, la science derrière ces traitements est assez robuste. Je pense que ces traitements partagent tous une place très importante dans la stratégie visant à garder nos populations en sécurité. Et je ne pense pas que nous avons besoin de nous poser beaucoup de questions sur la puissance des faits scientifiques quant à ces traitements. Je pense que c'est assez clair.

M^{me} F. Landry : Je vous remercie infiniment, vous et vos employés, d'être ici aujourd'hui. Madame la présidente, c'est tout en ce qui me concerne.

039 13:30

Madam Chairperson: I would also like to remind all parties here that we do have translation services available at the back. The devices are at the back of the room. I would also remind everyone that there is not to be any photography during the proceedings.

(Interjection.)

Madam Chairperson: That is why the devices are available. It will actually help you to be able to hear, so I would encourage everyone: If you want to hear, please make use of the devices at the back of the room.

M. Savoie : Merci, Madame la présidente. Bienvenue, et merci pour votre présence ici aujourd'hui. Merci également à votre équipe.

I have a very quick question. Part of the argument we have been hearing is that this is an infringement on rights and so on and so forth. You mentioned your jurisdictional scan and the fact that Ontario has a mandatory immunization policy. Do you know whether it has been challenged in any higher court? Did your scan give you any kind of context as well? Can you comment on that?

Dr. Melanson: I am afraid I cannot really comment much on that. I do not think I have much to offer on that.

Mr. Savoie: So, ultimately, the parents must go through an education session for the latter. Again, I am hoping to dive a little deeper into your comments. Were you able to find out anything more about how that process works? I think that a lot of what you are suggesting here makes a lot of sense, and it leads into the policy and regulation side of things, which, if this bill were to pass, we would have to do anyway. Just in terms of enlightening the members, can you provide any context around that as well?

Dr. Melanson: Sure. I can provide a bit more. Essentially, as I understand it, once people have declared themselves as being in opposition to receiving vaccine, the process is such that they have to go in and there is actually a formal educational session. I am not sure how long it lasts. I am presuming it is with a health care professional—someone who can actually answer some of the questions that folks may have. At the end of that educational exercise or seminar, people are still offered the opportunity to opt out if they so choose, or they can, at that point, agree to be vaccinated.

Your interest in other jurisdictions, I think, is quite relevant. Perhaps I can raise another point on another jurisdictional remark I noticed; again, this is dating back to the California experience. They took on a very similar amendment where they essentially abolished the right to personal or philosophical exemptions. This really only left them with medical exemptions as a way for people not to be vaccinated. We know, from our own stats and from other jurisdictions, that that number is extremely low. Typically, well below 1% of people will actually have a bona fide medical exemption.

What they noticed in California was that the percentage of medical exemptions increased after the personal exemptions were removed. It increased almost threefold but still managed to be under that 1%. Their observation was that, the way the legislation was drafted, public health staff did not have any oversight over the decision that the health care provider was providing with regard to a medical exemption. In other words, they had no say in evaluating whether the exemption was bona fide or not. It was up to the practitioner to simply justify his or her point of view, and that was accepted. I bring this up as food for thought because I was going through some of these outcomes—which, I guess, is what you are looking into in terms of what the actual translation was once the law was amended. I thought that that was a kind of fascinating, perhaps unintended, consequence of the experience.

From the Ontario experience, it would seem that they attempted to really focus on educating folks who were hesitant to get the vaccine. Unfortunately, I do not have any data or statistics on how successful that was.

Mr. Savoie: That is a great answer. Thank you. I understand, of course, that California is in a completely different country, but again, to give a little context, can you provide any comment on potential similarities between what is done in California and what is being attempted here in New Brunswick?

Dr. Melanson: Again, based on the data I had available to me from the immunization report, it would seem that if you look at the averages in certain subgroups, the percentage of people who abstain from vaccinations clearly for personal or philosophical reasons is pretty consistent with that average of 2%. That seems to be something where, if you go and look into other jurisdictions and bring all of those regions together and get an average, it tends to be around 2%. The medical exemptions tend to be well below 1%. That seems to be pretty consistent, so I think that is a fascinating statistic that we seem to share with other jurisdictions across the board.

040 13:35

Mr. Savoie: Okay. On your list of recommendations, Point 4 is to "provide appropriate resources to complete the Immunization Record Database program". Again, we are making some assumptions here. If this were to move forward and become part of New Brunswick law, the implementation date would be around 2021. How far along is the immunization record database program, as far as you are aware of? Would it be ready in time to implement this law, if, indeed, it did pass?

Dr. Melanson: Yes, that is a great question. The information that has been given to me was through Dr. Jennifer Russell, and it has been really broad strokes. These are the dates, roughly, on which they are trying to achieve the start-up of the program, formally. I honestly cannot give you an update more specifically than that in terms of where exactly they are on their timetables.

I cannot overstate how important this program could be to New Brunswick. Again, when you look at, short of what the minister was able to provide this morning through his deeper dive into the data . . . When you look at the immunization records, depending on the subset you are looking at, you see that school-aged entry children in 2017-18, I think, had about an immunization record of 74% who were up to date. That does not mean that 24% of people were not vaccinated. It means that we just do not know whether they were partially or fully or whether they just lost their records when they moved to New Brunswick or moved down the road, whereas this actual program could stand to eliminate that and really clarify for us how many folks are truly not vaccinated. Then we can actually target the populations, the areas, and find out what is so particular about this region or the next region in terms of why folks are not getting vaccinated and what we can do to engage those folks to figure out what we can do to help them.

Mr. Savoie: Right. Another interesting point is that we are talking about the education system and access to the education system. I guess I am not a pediatrician. I do not know how pediatricians work, but I can tell you that when my children were starting to go through the school system, we were made to understand that—do you know what?—your kids have to be vaccinated beforehand. This is a curiosity, a question. Would it be normal practice for a New Brunswick pediatrician, physician, to say: Okay, I have this little child who is now my patient, and there is a schedule for these things? Do physicians in New Brunswick routinely have conversations with parents about vaccination schedules, and do they follow them? That is just another course of a way to try to see how we are doing in achieving these outcomes.

Dr. Melanson: The answer is yes, although I did not specifically mention that pediatricians are involved with the vaccinations of their patients, of course, and making sure that they are staying on schedule, for some of those most challenging patients. These are children, sometimes, with very complex diseases and then sometimes, depending on how their illnesses will progress, perhaps the vaccination schedule needs to be modified to reflect that. Yes, pediatricians are very much part of the discussion.

I can tell you that I work with pediatricians on a regular basis, and I have never come across one who has not fully endorsed the vaccination their patients. Pediatricians make up the panacea of other health care professionals, such as nurses, nurse practitioners, family practitioners, and others who actually regularly explain to patients the importance of vaccinations, go through the schedule with them, and make sure that they are actually up to speed. It is the cornerstone of primary care, essentially.

Mr. Savoie: Thank you very much. I do not want to take too much time. I know that it is very limited. I will pass it to another member. Thank you, Madam Chair.

Ms. Mitton: Thank you, Madam Chair. Thank you for being here this afternoon. I have a few quick questions. First, I would like to say that what you were just saying was very interesting about making sure we have the proper data and we know how many people have been vaccinated and how many have exemptions and then doing some targeting through public health. I think that is very interesting.

I was wondering this. Related to that, do you have any concerns about alienating certain populations or potentially further marginalizing them by mandating vaccinations and having them sort of them leave the public school system and kind of the public health care system in some ways versus another approach? Can you speak a bit to that? My big question is this: Is this the best public health policy?

041 13:40

Dr. Melanson: Thank you for the question. I guess I can probably say a few things. It gets back to the ethics of personal autonomy versus public health. As a nonethicist, I would say that is a tough one to wrestle. I think that there might be a risk of entrenching certain positions more than they already are. I think part of the dialogue going forward needs to be upfront about that and

needs to be prepared to engage with folks who do not see eye to eye with whatever amendments are made to this law. Again, getting back to what is expected to be gained by this as well, I think referencing the 2% is really important. I may not have the data as well understood as the minister did when he was talking this morning, but at the end of the day, an amendment to remove personal and philosophical exemptions, at best, may get you to a 2% increase. That is assuming that the rest of this 24% in this one subgroup I referenced earlier could be potentially encouraged to become vaccinated if they are given the proper information that the barriers are removed.

I suppose it is important for this committee to consider what outcome it is intending to get out of it and what is the best intended outcome. At the end of the day, I think whatever amendments are brought to the law, whether this committee, the government as a whole, or the public health system as a whole, need to be accountable to the outcomes that will ensue because of it. I think that it is important to engage with folks before an event like this, but it is almost doubly important to engage with folks after to see, in fact, what were the unintended consequences that no one saw coming. Did we see schooling being negatively impacted by a lot of kids and a lot of families because of this? I think those are things that need to be counterbalanced for me when we consider these things.

Ms. Mitton: Thank you. I have one more quick question. Looking at some of the recommendations that you offered in terms of resources for Public Health and support for physician offices, I am wondering whether you can speak to whether you feel there are adequate resources currently in terms of public health and working with doctors. Also, what would be needed for an effective policy and implementation? Thank you.

Dr. Melanson: Yes, that is a very fascinating question again. Probably, the first . . . Obviously, Dr. Jennifer Russell could probably speak to that in more detail, but maybe on a few levels, from a practicing perspective, as a practicing neurophysician, I have a tremendous amount of respect and appreciate the hard work that the department of Public Health does in updating me, as a clinician, on what is going on in my community. As you know, we recently had a legionella outbreak in the Moncton area. As a practicing ER doctor, I encountered some of those patients. I do not think I would have been so attuned to considering that diagnosis, which we do not come across very often, unless I was made aware by Public Health that this was out there. I was told: Here are the things to look for, and here are these risk factors that people are coming in with. From a clinical perspective, on the frontlines, I think Public Health provides an outstanding service and it very much pushes a lot of its information out electronically, which makes things a lot more seamless.

Again, getting back to the information technology integration record, it is key, and I think that it is the sign that government and the Department of Health are heading in the right direction. We need to bring these technologies to the forefront so that we can actually execute decisions in real time, based on really valuable data.

In terms of what additional things could be done, again, we just had a pretty good litmus test with our measles outbreak as of late. As an observer of that having unfolded, I think Public Health did a very good job at trying to get as much information out to not only to the Saint John

area but also to the province as a whole, to the practitioners, to those who actually had the capabilities of administering booster vaccine clinics and these types of things. I think that was done very well.

In the end, I think we just need to refocus our efforts on making sure that Public Health is well supported, not only during crisis periods. You know, crisis periods are when it is the most strapped for resources and its staff are the most run off their feet, but when we are in a bit of a loll and things seem to be pretty decent, that may be the time to double down on education and run vaccinations and such things.

Ms. Mitton: Great. Thank you for your time.

Madam Chairperson: Thank you.

Mr. DeSaulniers: Mr. Knight, thank you for being here, and your colleagues as well. Can a person who has been vaccinated carry diseases to others who have not been vaccinated?

Dr. Melanson: If you are asking whether a vaccine is 100% effective, the answer is no. You can in fact be vaccinated and contract the disease which you were vaccinated against. Yes, you can transmit it from one person to the next. Yes.

Mr. DeSaulniers: Then a custodian, a bus driver, or anybody could carry a disease to the school if they are not covered by this law, right?

Dr. Melanson: That is correct. That is correct.

Mr. DeSaulniers: If you have your child in that school and the vaccine did not really take hold, there could be diseases because of that, right?

Dr. Melanson: That is correct. You are right. I mean these microorganisms do not respect how old you are or where you happen to be. If you were a bus driver and you gave a high five to a child walking to the bus whose nose was running, you would likely now be contaminated with whatever bug the child had.

042 13:45

Mr. DeSaulniers: I know that all too well about the age. I had the flu vaccine last fall, and I had the worst cold I have ever had in my life afterwards, so I know all about it. Anyway, I will move on.

Regarding the number of vaccines that are mandated now, do you have a number for how many there are?

Dr. Melanson: If you go to Service New Brunswick, under Public Health, they have the schedule laid out there, basically from birth to the age of 14 or 15. That is the last one.

Mr. DeSaulniers: Do you have the total number?

Dr. Melanson: The total number? We can probably find the number for you pretty quickly.

Mr. DeSaulniers: I would appreciate that. The reason I ask the question is that once this becomes law—if it becomes law—there is a "thin edge of the wedge" argument. You have X number of vaccines that are now mandated. Ten years down the road, if this bill is carried, and if you add things into it—if more vaccines are added, and this and that—my understanding is that there is no public recourse. There is no way for the public to have input beyond this. Is that true?

Dr. Melanson: I am not sure I quite understand the question. Could you be a bit more succinct?

Mr. DeSaulniers: We have a mandate now, with mandatory vaccines. Am I right? Once this bill is enacted—if it is enacted—that could be expanded upon without any public recourse or further debate, right?

Dr. Melanson: When you say "expanded", do you mean the legislation removing the exemption being expanded, or expansion in terms of putting in additional vaccines?

Mr. DeSaulniers: I mean putting in additional vaccines.

Dr. Melanson: I understand. Okay. That is a good point. Keep in mind that anytime you are going to bring any kind of medical treatment to market and expose patients or the population to it, whether it be vaccinations or . . . Again, referencing blood pressure medication is a great example. There are a number of standards that need to be met. You can expect that if Health Canada approves another vaccine to provide to the populace, it will be based on sound science. We will be looking at studies where thousands of patients have been tested or exposed to it, and the outcome is that the vaccine is not only effective but safe.

Your point is well taken. You are right. Basically, our immunization schedule has evolved, based not only on what the medical science is telling us but on what the needs of the population are in terms of which disease entities are out there. I, myself, do not have any reservations about introducing vaccines in the future if they meet the same standards, and there is no reason to think that they would not.

Mr. DeSaulniers: It is hard to disagree with what you have just said, but in the future, if there is a vaccine that is mandated, and if there is a public outcry against it and you still implement it, that could be the case, given the way the legislation is written. Am I wrong?

Dr. Melanson: I think that in the end, again, you might want to save that question for Dr. Russell in terms of the exact process that is utilized to add additional vaccines. We just went through this not long ago with HPV, which, relatively speaking, was probably one of the most recent additions to our schedule. By the way, as I understand it, 11 is the total number of vaccines in the schedule.

There is likely a national process for how these vaccines are approved by Health Canada and dispersed, and then for how they are added to whatever provincial schedule you happen to have. Perhaps you could question Dr. Russell on exactly what process the Department of Health has here as to how it would actually add vaccines, and whether public consultations are part of the process when you integrate a new component into the schedule. To be fair, I do not know that process specifically enough to know whether public engagement, on whatever level, is included or excluded.

Mr. DeSaulniers: Thank you.

Regarding the measles outbreak in Saint John—and I understand it is under control—have there been any detrimental or lasting injuries or side effects as a result of that? Were you able to deal with it effectively?

Dr. Melanson: That is a very good question. I think it is important to keep in context just what these diseases do to people and to communities. I cannot speak to you about those 12 cases. In fact, I have not encountered any of them myself, and, for privacy reasons, we cannot start explaining who had consequences and who did not.

043 13:50

From the historical record, to begin with, for many of these diseases, the knowledge is based on a time before vaccination was readily available. If you look at that colorful slide I showed you earlier, we had thousands of patients throughout the country being affected.

What we know, for the most part . . . Take measles, for example. It is a great example. It is a microorganism that, when you are sick with it, can cause a pretty miserable experience. You are out for a week, maybe two. As with most of these microorganisms, a small but important percentage of patients—I cannot give you the exact number—will develop complications from that illness. The majority will get through it fine, just as the majority will get through chicken pox fine, or the majority will get through influenza fine. But there are certain patients who, perhaps by virtue of their age—young infants, for example—are particularly susceptible to having bad outcomes with these diseases. Frail, elderly patients or immunocompromised patients may have a higher percentage of real complications. We are talking about pneumonia, hospitalization, meningitis, or death. These things do happen.

From a population standpoint, it is important that we are not talking about Ebola. We are not talking about a microorganism that has a very high mortality rate. But that does not discount the importance of the impact that it can have on one’s health. I will go back to my initial comment from earlier, about the impact that it has on a family. If we are talking about a child with measles who is out of school for two weeks, that is two weeks when a family has to reconfigure itself and figure out what it is going to do. If you are a parent, for example, caring for a child with measles, you, in essence, have put yourself into a sort of containment as well. Getting back to your point about the bus driver, you are likely at high risk of contracting it yourself and transmitting it to the

next person. I think we need to keep in mind that although the mortality rate—the number of people that an illness like this can actually kill or seriously harm—is proportionally small, the impact on society as a whole is quite significant.

Madam Chairperson: We are running a bit behind.

Mr. DeSaulniers: I just have one more question.

Madam Chairperson: Just keep in mind our time.

Mr. DeSaulniers: I take it from your answer that there are no life-threatening or lifelong implications from the outbreak in Saint John. I know you cannot speak about specific cases.

Dr. Melanson: I cannot even answer in general terms, because I have no functional knowledge of the outcomes for those patients.

Mr. DeSaulniers: To follow up, I have one more question. In your opinion, are today's medical doctors in our health care system better able to deal with an individual who has one of these diseases, aside from the herd mentality? If we look at it case by case, are we better at dealing with these things now than we were 50 years ago?

Dr. Melanson: Absolutely. In terms of the medical tools that we have available, the technologies, and the advances in health care . . . Perhaps the biggest handicap, to be fair, is our inability, as practitioners, to recognize when these diseases first descend on a community. Simply put, as a practicing ER physician, I have never once, in 16 years of practice, seen a case of measles. If it were not for Public Health advising me that measles is in our province, I might not consider that that next two-year-old with a fever might have measles.

In terms of how we have evolved, with the technology, there is no doubt that we have evolved to a point where we can manage people more effectively, treat them better, and actually improve their health. The one thing where we are handicapped—and it is in a large part due to the vaccinations that have dramatically reduced the prevalence of these diseases—is that we do not see them as often as we otherwise would. We are constantly on the lookout for these diseases, and we rely very heavily on Public Health to notify us when they come to our communities.

Mr. DeSaulniers: Thank you.

Madam Chairperson: I have one final question for you. Looking back to your slide that says Vaccines Work—the colorful, fun one—I cannot help but notice that whooping cough showed a decrease of 87%. That is in stark contrast to the other examples you have provided, which show 99% to 100% effectiveness. Can you explain why whooping cough is still at 13%?

Dr. Melanson: That is an interesting observation. I cannot give you the immunological reasons, so I cannot tell you, from an immune system standpoint, why one microorganism might be more resistant or prevalent, or might spread more than the next, although measles is a pretty contagious disease.

I think it is interesting to observe that when you look at this list, in most developed countries with advanced economies and really sound health care systems, measles will tend to be the microorganism that seems to be more prevalent. In other words, when you look at the U.K., the United States, and other places in Europe, measles outbreaks are occurring more frequently compared to, say, polio, which may still be around in certain underdeveloped countries which may not have such a robust public health system.

I cannot speak to why vaccines have seemingly not had much of an impact. I think the fact is that it is still relatively prevalent on a global scale, and we have people traveling from one part of the planet to another pretty quickly these days. That really increases the transmissibility of this disease, perhaps more than for the others. Maybe that is a partial answer to your question.

Madam Chairperson: I am not sure if you are able to answer this question or not, but if this bill had been in place, would it have prevented the outbreak that we experienced this spring in the province?

Dr. Melanson: That is a good question. When you consider that perhaps 2% more of the population might have been vaccinated . . . Again, notwithstanding our lack of knowledge of the data, without those other folks, it is hard to say whether it would have had a significant impact or not. The answer might be no. It might be that we still would have had a dozen cases, or maybe we would have had 11 cases. It is hard to judge the impact of the vaccination program based on so few cases coming out. What you would really want to do is to look at a pathogen like this in a community that is not very well vaccinated, and then compare that community to one that has been well vaccinated and see which one fares better.

Madam Chairperson: But we do not actually have that data.

Dr. Melanson: Correct.

Madam Chairperson: Thank you.

I want to thank you very much. We are really out of time, and I do want to keep moving things along. I want to thank you very much for your presentation and for taking the time to be here today. It is incredibly important to all of us on the committee and, I believe, to the people who have attended as well. Thank you.

I would like to welcome our next presenter. Please state your name for the record before you begin, and commence when you are ready.

Dr. Bob Sears

Dr. Sears: My name is Dr. Bob Sears. Thank you, members of the committee and Madam Chairperson. I am a licensed pediatrician. I grew up, actually, in Toronto, where my dad was a pediatrician at the Hospital for Sick Children. I was trained at Georgetown University School of Medicine to be a doctor, and I did my pediatric training at Children's Hospital Los Angeles. I give vaccines in my office every day, so I am very well qualified to speak on this topic and in opposition to Bill 39.

Exercising governmental police powers by requiring vaccines for all schoolchildren is problematic for three reasons. First, it is unnecessary. There is no health emergency, despite what people would have you believe. Second, it will not work because most vaccines do not prevent the spread of a disease, and most diseases are not even spreading in schools anyway. Third, the vaccine schedule which this bill requires you to enforce has not been proven safe. We are talking about the full vaccine schedule.

Given what you have heard from the supporters of this bill, you probably think I am crazy, but I will show you CDC and FDA data that will prove that I am correct. I am very honoured that you will allow me to speak.

First, this law is unnecessary because there is no significant increase in diseases, in this province or in Canada as a whole. There is no health emergency. Let's start with the measles epidemic that you have heard so much about. This year, there are 89 cases in Canada so far, including 12 cases in New Brunswick. Back in 2011, there were 750 cases of measles in Canada. In 2014, there were 440 cases. In the last few years, there have been fewer than 50 cases each year, so there is no increase in measles.

045 14:00

You also hear a lot about meningitis or meningococcal disease. A decade ago, there were about 200 cases each year in Canada. Now, there are about 100 cases each year. There is no increase, and the majority of cases are in adults. There has not been a case of wild polio in North America in over 35 years. We have also eradicated diphtheria and rubella, and mumps is very uncommon. There is no increase in these diseases.

Let's get back to measles because that is one of the biggest things we talk about. Contrary to what you have been told, measles was never actually fully eliminated from Canada, even though it is labeled as an eliminated disease. In 1998, when it was declared eliminated, there were 17 cases. Since then, there has never been a zero year for measles. To claim measles was completely eliminated and is now back is misinformation. We define an "eliminated disease" as one that no longer persists continuously in a community. It is a disease that comes and goes in small outbreaks. Measles is actually still considered eliminated by that definition. But it was never gone, and it is not coming back.

Furthermore, measles is not a deadly disease for 99.99% of people who catch it. It is not a deadly epidemic that demands the extreme use of police powers. In truth, measles has an extremely low fatality rate, about 1 in 10 000 cases in a modern country. I have the printout from the Centers for Disease Control to give you that demonstrates this low risk. Even a large outbreak is unlikely to cause any real harm, but you have heard that measles has a very high fatality rate, 1 in 500 or 1 in 1 000 cases, you may have heard. That is a fatality rate only among people who are sick enough to seek medical care or go to the hospital. Most people do not seek medical care because most cases are manageable at home. In fact, when everyone used to catch measles, over 90% of people did not even see a doctor for it.

The former Chief Medical Officer from Ontario, Dr. Richard Schabas, and Neil Rau, an infectious disease specialist, actually talked about measles in their October 2018 *Globe and Mail* article, entitled "Stop the hysteria over measles outbreaks". They said: "The borderline hysteria, fuelled by the media and by public health, that greets a few cases is unwarranted."

I would like to pause for a moment and address what I think many of you might be thinking right now. The reason we rarely see measles is because of the vaccine. I am actually not arguing against that because I agree with you in part. It is a common strategy used by those who propose vaccine mandates to label anyone who argues against mandates as being anti-vaccine, and we heard a lot of that this morning, with all due respect to the Education Minister. This way, you will not listen to what we have to say, but we are really antimandate, not anti-vaccine. I am not arguing against the vaccine at all. Instead, I am showing you why we, as a people, do not need to make vaccines mandatory for school attendance. That is all. Choosing to vaccinate is a completely separate issue that belongs in a doctor's office. It is a decision between a doctor and a patient.

This bill, instead, is about whether or not the New Brunswick government should employ police powers and make vaccines mandatory for school attendance. For you to make this decision, it is important for you to understand why measles is continuing to circulate in Canada and the United States in small outbreaks. The number one reason is that our adult population is no longer immune to the disease. All adults used to be immune for life after catching the disease naturally as children. That gave our entire nation of adults effective natural herd immunity. However, this last generation of adults who were naturally immune is passing on, and today's younger and middle-aged adults have no measles immunity because we skipped the disease and our vaccines have worn off.

I have studies here that will show how outbreaks occur in older teens and adults who have been vaccinated. Almost every outbreak of measles is started by an adult, and many cases occur in adults. In the Disneyland outbreak in California, where I practised in 2015, not one single case of measles was transmitted in any schools. Our California outbreak this year is mostly in adults, and again, it is not passing in schools. We see a similar trend in Canada. There are 70% of cases that are in older children and adults. Even in the largest Canadian outbreak in 2011 in Quebec, half of the cases were in people 15 years and older. Some of these were vaccinated, and the vaccines had worn off or did not work.

This is why mandating vaccines for school attendance will not stop these small outbreaks of measles. Even if every school child has the vaccine, there are simply too many adults in school, as some of you have stated, as well as in every city who can catch and spread measles. We will continue to have these outbreaks. Kicking the few kids who are not vaccinated out of school will not change this.

I want to discuss a second disease that those who are pushing for mandates nationwide are declaring a state health emergency—whooping cough, otherwise known as pertussis. I agree that whooping cough is a national problem. It can be very serious for newborn babies. We tragically have between one and four fatalities from whooping cough in Canada every year. We have more whooping cough now than we had before, but this particular disease and vaccine proves my second point. Mandatory vaccination laws will not work.

There is a common belief that vaccines magically do two things: they prevent you from feeling sick from a disease and they prevent the spread to others. Now, most vaccines help with the first part of that. You feel less sick, and that is what we mean by a vaccine being effective. However, most vaccines do not keep you from catching the germs and spreading the germs to others. I am not talking just because the vaccine does not work. I am saying that some vaccines are not even designed to work that way at all.

Vaccinated people benefit individually but most injected vaccines only give us immunity in our bloodstream. The infectious germs will still enter our GI or respiratory tracks, replicate, and then be passed on to others. A vaccinated person will still develop symptoms and be contagious, in many cases. This is true of the flu vaccine, the meningitis vaccine, the diphtheria vaccine, the tetanus vaccine, our whooping cough vaccine, and even our current polio vaccine. Therefore, such vaccines offer no public health benefit in mandating those ones in schools. It will not change anything.

What is scientifically irrefutable is that the whooping cough vaccine does not reduce whooping cough cases for the reasons that I just talked about. The FDA did a study in 2013, which I will give you, that clearly demonstrates that the vaccine only makes you feel less sick. You still catch the germs, stay contagious, and pass the infection on to others just as easily as those who are not vaccinated. If you are not vaccinated and catch the disease, you generally will only catch it once. If you are vaccinated and catch the disease, you can keep catching it later on and keep spreading it around. I quote from the study: The observation that the vaccine fails to prevent colonization or transmission is a plausible explanation for the resurgence of pertussis. This is from our own FDA. The CDC agrees and says: Unvaccinated kids are not the driving force behind these large pertussis outbreaks.

Study after study, which I will give you, make it very clear that the current pertussis vaccine is insufficient to prevent outbreaks and they wear off too soon. Even when it is effective, it only makes you cough less. It does not make you not contagious. In California, when we had a large outbreak, 90% of the kids who caught pertussis were vaccinated. I will give you a study about a

school in Los Angeles. Last year, 70 vaccinated kids caught whooping cough and the 18 unvaccinated kids at the school did not catch whooping cough, which is very ironic.

How are you doing here in your province? You had 12 people catch whooping cough earlier this year. Some of those cases were in vaccinated people. There is a new study from the grandfather of pediatric infectious disease medicine in America, Dr. Cherry out of UCLA, the most well respected infectious disease pediatric specialist. He published a study earlier this year, which I will give you, that shows that numerous studies have shown deficiencies of the pertussis vaccine and that he agreed. He found something called linked epitope suppression. It is very complicated. I will try to really simplify it. The study said that it really means that all children who are given the DTaP vaccine will be more susceptible to pertussis throughout their lifetimes and there is no way to decrease this lifetime susceptibility if you are given that vaccine.

This bill would require you to mandate a medical treatment that might even make the spread of whooping cough worse. Again, I will give you the studies. The fact is that there is no public health benefit from this vaccine and several others. The disease will spread through a fully vaccinated school. When it spreads through schools, it is not deadly to children. It is very serious for newborn babies, but this bill will not prevent the occasional spread to newborn babies. Therefore, you could talk all day about our problems with whooping cough and how important the vaccine is for people to consider, but that will not change the fact that vaccination status will not decrease disease outbreaks for whooping cough and some other diseases.

047 14:10

A law which makes this vaccine mandatory for school . . . I am going to skip that.

With all due respect, ladies and gentlemen of this committee, if you do not question the authors of this bill about this fact and demand a satisfactory answer as to why they are mandating vaccines like this, then you are not doing your job, again, with all due respect. A law that mandates unvaccinated children must stay home and labels children whose parents embrace a natural approach to their medical care as unclean, unsafe, and unsuited to be allowed in public school is a most restrictive and inappropriate use of police powers. We in the United States have tragically done that before to some groups of our people for unfair and unjust reasons, as other nations have done in the past and some still do today. We wrongly forced some people into separate but equal schools so long ago. This bill will not even provide separate but equal public schools and provides no public school. Discrimination is wrong every time.

An essential requirement for any law that infringes directly on the rights of a portion of your citizens is that the status quo is not working. What is currently in place is not working. If on the other hand, the status quo is working and there is no danger, then it is your duty not to overstep your bounds and enact extreme measures upon those who have elected you. The status quo of voluntary immunization and proper quarantine measures has helped keep measles and all other diseases under control in your province. There is no emergency. It is not enough to simply think that vaccines are good so we can mandate them. There needs to be a reason.

This brings me to my third point as to why many citizens are asking you not to support this bill. Besides the fact that mandating the vaccine schedule is unnecessary and will not reduce many diseases, the fact that the schedule that you propose to mandate has not been proven to be safe and will harm some children should matter greatly to you, and I know it does. Before you accuse me of saying that vaccines are unsafe, let me clarify, please. I did not say that vaccines are unsafe. I said that the current schedule of vaccines has not been proven to be safe.

The Institute of Medicine is one of the most authoritative bodies of researchers. It looked at all available data six years ago to try to prove that vaccines are safe and that the schedule is safe. It concluded that the schedule has not been proven to be safe. I quote:

studies designed to examine the long-term effects of the cumulative number of vaccines . . . have not been conducted

.....

existing research has not been designed to test the entire immunization schedule.

The committee has found a paucity of information that addresses the risks of adverse events with the complete recommended immunization schedule. But you hear it all the time: Vaccines are safe and effective. But what does that mean? It means that individually and in some combinations, they have passed the FDA safety approval process. Like all medical products, vaccines undergo this kind of safety testing. The Institute of Medicine supports this. It is not saying that individually, vaccines are dangerous. It is just saying that they have not studied the short-term or long-term risks of the complete schedule. Those who support mandates can say all day long that vaccines are safe, but there is not a single scientist in the world who can show you that the complete schedule of vaccines is safe.

As elected officials, you have the opportunity to send a clear message to your citizens and medical policy makers that you hold yourselves to the highest standards of scientific integrity. And a complex medical intervention that involves injecting every child with the 30 doses that are mandated now, you asked, and have the additional 30 more doses that are currently optional but could be mandated later cannot, by reasonable ethical, moral, or medical standards be mandated or coerced as a condition for school entry without safety testing.

It is for these reasons that so many oppose this unnecessary bill.

I am going to close by addressing what the Minister of Education—and again, I have great respect for him—said: We need to stay within the 95% vaccination coverage. Otherwise, the system starts to fall apart. This statistic of 95% comes from a 1983 study called *Measles and rubella in the United States.* I will give you that study. The 95% statistic from the study applies only to measles. It does not apply to all the other things that we vaccinate against, only measles. Yet, you hear the 95% used for the entire schedule, for every disease. There is no research that supports that whatsoever. The study only looked at measles for 95%.

Number two, the study was a mathematical simulation published by a professor of mathematics. It was not an actual medical study using real people or using huge populations of people. We would assume that if they are going to claim we need 95%, they have proven that, say, 94% does not work, 92% does not work, but 96% does in a live population of people. There is no such research that I can find, except this for one 36-year-old mathematical simulation. And I would ask you to ask the Chief Medical Officer of Health whether she has such research to show you.

Thank you, members of the committee. I welcome your questions. I have given you copies of every study I have talked about. I have highlighted the main parts. I have given you my curriculum vitae and a summary of my testimony points. I greatly appreciate your giving me this opportunity. Thank you so much.

(Applause.)

Madam Chairperson: I will ask that we refrain from applause for all future presentations. That will only cut into the time that is allowed for presenters. I will also remind everyone that the presentations should be broken down into 30-minute segments. I acknowledge that the last presenter did go over. I accept responsibility for that. We will try to keep up with our schedule, because there are certainly expectations and these guidelines were designed by the committee as a whole.

That being said, I believe we have about 12 minutes left for questions. We will try to keep them divided equally between all parties represented here today, and so I ask my colleague to go ahead.

M. K. Chiasson : Merci beaucoup, Madame la présidente. Je vais poser mes questions en français.

(Exclamation.)

M. K. Chiasson : Non, vous pouvez mettre votre appareil. Ici, au Nouveau-Brunswick, nous sommes la seule province au Canada qui reconnaît officiellement les deux langues, soit le français et l'anglais.

Madam Chairperson: We call this technical difficulties, so we will give you some grace here.

M. K. Chiasson : Est-ce que cela fonctionne bien?

(Exclamation.)

M. K. Chiasson : D'accord. Tout d'abord, j'aimerais vous souhaiter la bienvenue à l'Assemblée législative. J'ai l'impression que vous êtes venus de loin pour être ici avec nous cet après-midi.

J'ai seulement quelques questions, parce que je veux donner la chance à tous les membres du comité de pouvoir en poser eux aussi.

Je suis un peu confus, parce que vous dites que, dans votre pratique, vous donniez des vaccins. Toutefois, vous êtes contre le projet de loi 39. Pouvez-vous expliquer cela plus en détail? La question que je veux poser est la suivante : Êtes-vous contre les vaccins ou bien êtes-vous seulement contre le projet de loi 39 qui a été déposé ici?

Dr. Sears: I am not against the vaccines, and I do give them in my office every day. I am only against mandatory vaccines or coerced vaccines.

M. K. Chiasson : D'accord, merci. Le présentateur qui est passé avant vous a mentionné que, en Californie, les vaccins sont maintenant obligatoires. J'ai lu quelque part que la commission médicale de la Californie vous a mis en probation. Pouvez-vous nous expliquer pourquoi vous avez été mis en probation?

Dr. Sears: Yes, thank you for asking. I was put on probation by the Medical Board of California for writing a letter to a judge in a custody dispute. A baby had a very severe neurological reaction to vaccines, and the parents stopped the vaccinating. Then, three years later, they were divorced. The father wanted to ask a judge to force the resumption of vaccines. I saw the child for the first time at that point. He was 3 years old, and I judged that his reaction was so severe that the mom was correct in not wanting to continue vaccines. I wrote an opinion letter to the judge saying I agreed with the mom that this child should not continue vaccines because of his earlier reaction. The judge upheld my decision. The judge found me correct.

049 14:20

The Medical Board of California did not like my decision, because it judged that you should only opt out of vaccines if, number one, you went into a coma and suffered severe, permanent brain damage, or, number two, you went into immediate anaphylactic shock and almost died and your life had to be saved. That is what the Medical Board of California judges to be a valid reason. I disagree as a physician. I think that anyone who has a severe reaction should have a right to opt out of that vaccine. They put me on probation for that.

M. K. Chiasson : Y avait-il une possibilité de faire appel par rapport à cette punition imposée par la commission médicale de la Californie?

Dr. Sears: Yes, there is an appeal. Actually, we never went to trial. They never actually found fault. They offered me a settlement of probation instead of taking me to trial. I accepted the settlement of probation because even if they went to trial and won, the Medical Board could still put me on probation. That is how our California system works. So I accepted their offer without ever going to trial, and with no admission of fault.

M. K. Chiasson : Prévoyez-vous retourner à votre pratique une fois que la probation sera terminée?

Dr. Sears: During my probation, I am continuing to practice full-time as I always have. My practice is monitored by a doctor who looks at some of my medical records to make sure I am following the standards.

M. K. Chiasson : Le fait que vous ayez été mis en probation a-t-il changé votre opinion sur la vaccination?

Dr. Sears: No, it does not change my opinion.

M. K. Chiasson : Dans votre présentation, vous avez mentionné qu'une des raisons pour lesquelles vous êtes contre le projet de loi 39, c'est parce que vous considérez qu'il n'y a pas d'urgence médicale présentement. Donc, selon vous, il n'y a aucune nécessité pour ce qui est de la vaccination. Évidemment, je ne suis pas un homme de science. Pourtant, la vaccination a permis d'éradiquer des maladies. Il me semble que, selon mon point de vue, c'est plus un moyen de prévention pour empêcher ces maladies de revenir. Devrions-nous voir la vaccination comme un moyen de prévention ou bien devrions-nous attendre qu'il y ait un problème pour réagir ensuite, selon vous?

Dr. Sears: I did not say that vaccines were unnecessary. I said that a mandatory law was unnecessary, just to clarify.

M. K. Chiasson : Oui, je comprends.

Dr. Sears: You are right; vaccines do help to prevent the spread of some diseases, and some diseases might increase if too many people stop vaccinating. But we are so much better at medicine, public health, sanitation, and nutrition now that we handle diseases way better now than we did 100 years ago. Even the chief medical officer of one of the other provinces said that this measles hysteria is unwarranted, and even that we would probably have to go about 100 years before we saw anyone die of wild measles in Canada, given the current conditions. We are just better at medicine and health now. That is why I do not think we will have a significant problem with diseases.

Madam Chairperson: For the sake of time management, we are going to allow the other parties to ask some questions. If there is time remaining, we will return.

Dr. Sears: Perfect.

Madam Chairperson: Thank you.

D^{r} Sears : Merci.

Mr. Savoie: Mr. Sears, you currently reside in California. You are an American citizen.

Dr. Sears: Correct.

Mr. Savoie: How did you know to come here today? Who invited you?

Dr. Sears: One of the residents here invited me by e-mail.

Mr. Savoie: A resident of New Brunswick?

Dr. Sears: I believe she lives in New Brunswick. She is a Canadian.

Mr. Savoie: And who paid for you to get here?

Dr. Sears: I am not being paid to be here at all. Vaccine Choice Canada offered to pay for my plane ticket, and I am losing three days of work time to be here. That is several thousand dollars of income that I am happily sacrificing because this is a very important issue for you to look at.

Mr. Savoie: I am an elected official of the province of New Brunswick. I do not go to the Republic of California to speak to its state legislature on issues that matter to the American people. I would posit that if I were to go to an American state legislature and give an opinion on how to run the state, I would be shown to the border pretty quickly.

050 14:25

For you to come and talk about a police state, which is an American term; to talk about the FDA, which is your Food and Drug Administration, and not Canada's, which is Health Canada . . . I find that offensive.

There is a question. My question is this: You said you are not anti-vax but against the police state. Why was most of your commentary about anti-vaccination?

Dr. Sears: I believe it was, with all due respect to you . . . Again, thank you for your questions and your comments. I came here because there are very few doctors who are willing to speak out against mandatory vaccination laws. Our medical licenses are threatened. Our reputation is threatened. But for me, it is extremely important.

I apologize for the characterization about a police state. This is a very personal issue for me because California has become that way, and I am trying to help other countries and provinces maintain their freedoms. I apologize.

What was your question?

Mr. Savoie: My question was: Why did you spend most of your commentary talking about the anti-vax position rather than about people's individual rights and freedoms, which you have said is the purpose of your being here today?

Dr. Sears: Correct. My entire commentary was about anti-mandatory vaccination. You are hearing a lot from the pro-mandatory vaccination side already. You heard it this morning, and you are going to hear it later this afternoon. I felt it was important for you to hear from a doctor—a practicing pediatrician who gives vaccines—as to why vaccines might be important, but they do not need to be, and should not be, mandated for school attendance. That is all.

Mr. Savoie: Well, I can tell you that I was part of a group of people . . . I was born in 1971 in New Brunswick. The requirement for vaccinations was scaled back. I did not get vaccinated when I was born in 1971, or any subsequent time thereafter. I got chicken pox. I was hospitalized for it. I did have double pneumonia. I did get German measles. I did get red measles. I did get whooping cough. I would tell you that my health issues that I still have today . . . One third of my lung tissues are unusable because of scarring from multiple bouts of pneumonia. I would suggest that my particular health situation is a result of not having access to a vaccine.

Now, that being said . . .

Madam Chairperson: Mr. Savoie, is there a question?

Mr. Savoie: Madam Chairperson, I have the floor. I will ask a question when I am ready.

Madam Chairperson: Well, your time has actually expired.

Mr. Savoie: So, I will ask my question.

Madam Chairperson: Your time has actually expired. If you have a question . . .

Mr. Savoie: So, I will ask my question.

Madam Chairperson: I will ask you to ask your question.

Mr. Savoie: Do you know Canadian law and how it works in this country concerning mandatory vaccinations? It is obviously done in Ontario. Do you know of any Supreme Court challenge to the mandatory law that is in Ontario?

Dr. Sears: I do not.

Mr. Savoie: Great. Thank you.

Mr. DeSaulniers: Thank you, Madam Chairperson. Thank you for appearing here today. You said earlier that there are no major outbreaks in Canada. You may very well be right, but that could be attributed to the fact of a vaccine program in Canada, right?

Dr. Sears: Correct.

Mr. DeSaulniers: I just have one other one quick question: How many legal processes have you been through, or how many times have you been implicated legally in your professional career?

Dr. Sears: I am sorry, repeat that.

Mr. DeSaulniers: Have you been involved in more legal disputes, aside from the one that you are under probation for right now? Are there any other legal processes that you are going through down in the States?

Dr. Sears: There are. Thank you for asking. Yes, I am undergoing four more legal processes with the Medical Board of California, all based on writing letters of exemption from vaccines. Again, it is because the Medical Board of California, as I have said before, only says you should write exemptions if the patient went into a coma with severe brain injury or went into anaphylactic shock and nearly died.

I have written medical exemptions for people who have had temporary nerve injuries or less severe allergic reactions and other medical problems directly related to vaccines. Canadian doctors can now, I believe, make such judgments when you have a bad vaccine reaction. The Medical Board of California thinks differently, and that is why it is continuing to pressure me over this issue, as they would possibly do in other states or other provinces that restrict their exemptions to medical reasons only. Thank you for asking.

051 14:30

Madam Chairperson: Thank you very much, Dr. Sears.

Dr. Sears: Thank you.

Madam Chairperson: We also have with us Dr. Nass. Thank you for attending today. Again, if you would provide an introduction for the record, it would be appreciated.

Dr. Meryl Nass

Dr. Nass: My name is Dr. Meryl Nass. I have been a doctor for 39 years. I have been in private practice in internal medicine in Ellsworth, Maine. I graduated from MIT and the University of Mississippi School of Medicine. I have never been sanctioned by any body; I do not know what the minister was referring to. I am listed in *Who's Who in America* and *Who's Who in the World.* I am qualified as a medical expert for the courts in the U.S. and in Canada. I have given seven congressional testimonies, as well as testifying in three states. If I gave the talk I am going to be giving today, I do not believe any of that would have happened. It is very controversial, and I have given you the electronic link that provides documentation of everything I am saying today, even though it will surprise you.

I have spent 20 years discussing the science of anthrax vaccine, smallpox vaccine, and other vaccines. After 20 years, I have seen that the decisions that are being made have very little to do

with the science right now. My own profession, the practice of medicine, has been so influenced by financial conflicts of interest that we are losing the ethical basis and the scientific ability to practice as we used to. That is why I am here. I also never take money, but my expenses are paid for this appearance. I, too, am taking a couple of days off work.

As a veteran of the vaccine war in the U.S., I feel compelled to talk about what I am saying today. Legislators were forced by their leaderships to change their votes in order to revoke vaccine exemptions and rescind the historic right of consent to medical procedures.

The vaccine war is a dirty war in which platitudes about protecting the most vulnerable are invoked by the same companies that paid $2.7 billion in criminal penalties in the United States during a recent four-year period. The vaccine industry generates enormous profits, estimated at 10% to 40%. It benefits from a government-guaranteed market and receives almost total liability protection. This industry's rapacious desire to grow and to guarantee a Canadian market is why we are here today.

(**Mr. Northrup** took the chair as vice-chairman.)

Let me note that in 2014, the *New York Times* said it cost $2 200 to fully vaccinate one child. At that price, it costs $163 billion to fully vaccinate every U.S. child. Vaccine mandates are valuable. I apologize for using U.S. data; I provide Canadian and New Brunswick information when it is available. You have my written testimony; today, I have omitted half of that for brevity. You have the electronic link.

Since March 2019, representatives of three vaccine manufacturers—GSK, Merck, and Sanofi—have come to Fredericton. Pharmaceutical companies are colluding to expand on legislative victories gained in the U.S. Using a media storm over measles, censorship of vaccine-related websites, new support from professional organizations that have benefited from industry largesse, and deals with political leaders, the right to religious and philosophic exemptions has been voted away by legislatures in California, New York, Maine, and elsewhere. The Speaker of the New York Assembly was caught on videotape directing a committee member to change his vote when a mandate bill had just been voted down.

052 14:35

Vaccines have been developed for everything from acne to cancer. Vaccine mandates guarantee a vaccine market now and in the future. Mandates put in place today will enforce the uptick of vaccines on the required list, plus others yet to be determined.

In the wake of a Disneyland measles epidemic, coupled with millions of dollars in lobbying fees and donations to legislators, California's legislators voted to end nonmedical exemptions, and this month, they may limit even medical exemptions. One of the unforeseen consequences of this vote was the wholesale removal of children from public schools. California's Department of Public Health reported that the number of homeschooled, unvaccinated kindergarteners soared from 2 000 to nearly 7 000 in a period of two years as a result of California's vaccine mandate.

We have been assured that vaccines are safe and effective. The initial effectiveness of different childhood vaccines ranges from about 40% for flu shots to about 90% to 98% for measles vaccine. The others fall somewhere in between. For some of them, the protection lasts fairly well over time, but for all of them, it falls off to a degree. For the pertussis shot and the mumps shot, it falls off considerably in a very few years. That is what has been blamed, if you read the recent literature, for the pertussis outbreaks and the mumps outbreaks in the U.S. and Canada.

In terms of safety assessment, there is a big problem, which is that adverse event information is withheld from physicians and from the public by our public health agencies in the U.S. Undesirable results are massaged until they look acceptable, and I have given you three examples. The papers that are published with this manipulated data provide foundational support for claims of the safety of the MMR (measles, mumps, and rubella) vaccine and of mercury in vaccines. These papers pollute the medical literature, making it impossible to discern the true adverse event profiles of vaccines.

In 2011, the National Academy of Sciences Institute of Medicine in the U.S. released a different study from the one that Dr. Sears talked about. It examined the evidence of vaccine causality for eight specific vaccines and 158 specific health outcomes. In the majority of cases, in the language that is used in these reports—and these are congressionally mandated reports—"the evidence is inadequate to accept or reject a causal relationship". In fact, the science has never been settled. That is what the National Academy of Sciences tells you, despite the fact the Merck has given it $5 million to $10 million and other vaccine manufacturers have given it between $1 million and $5 million each.

A Canadian study, for example, looked at the MMR vaccine in children aged 12 months and 18 months. It found that the 12-month shot caused 1 baby in every 168 to pay an extra visit to the ER about one to two weeks after the shot. Another vaccine, Pandemrix, used in 2009, caused narcolepsy in Europe. Canadians received a virtually identical vaccine called Arepanrix, and by sheer chance, it was manufactured in a different facility. Canada dodged the narcolepsy that Europe saw.

Smallpox vaccine was stopped because of the side effects; there is no smallpox anymore, but there is the potential for it in biological warfare. It was known to kill at least 1 in 1 million children, and it probably killed more than that. It is still used in the military. One in 100 military service members, in a study by the military's top immunologist, had heart inflammation as a result of the smallpox vaccine. I know of cases that required a heart transplant and died from the smallpox vaccine.

Canada's last measles death was in 2014. The U.S. had a death that was related to the measles in 2015. That was an immunocompromised adult. The last time a child died in the U.S. from measles was in 2003.

In 2011, in Quebec, there was a measles epidemic. It turned out that not only had more than 95% of the population been vaccinated, but more than 50% of the children and people who developed measles had received two measles vaccines previously. After the Disneyland epidemic, it was found that 73 of the reported measles cases were sick due to a vaccine strain. They either caught it from their own vaccine or someone else's vaccine. That was published by Canadian and American researchers.

Canada averages 1 whopping cough death per year. The U.S. averages about 10. The vast majority of whopping cough cases are like bad colds and go undiagnosed. More than 80% of cases, recently in California, were in fully vaccinated children. I may just skip this, but there are no rubella cases and no polio cases. There are some varicella cases. The vaccine is about 85% effective initially. It wanes. The varicella vaccine is not used in the U.K. Most immunocompromised children who develop varicella . . . A lot of them do after a bone marrow transplant. The expectation is that they are likely to get it, and they are treated prophylactically with antiviral drugs. They survive. There is 1 child death per year from varicella in the U.S.

In Canada, you have about 10 children dying from influenza each year. There are none from measles, mumps, rubella, diphtheria, and tetanus, and there is 1 from whopping cough. We are talking here about 11 deaths in children in Canada per year from potentially preventable infectious diseases. The problem, though, is that even if you vaccinated everybody, it would only make a very small difference because the influenza vaccine is less than 50% effective and the pertussis vaccine wanes. It rapidly falls off. In the first year, one study said there was 67% effectiveness for pertussis, and by Year 4, it was 9%. That was in a Kaiser study published in the *Journal of Pediatrics.*

Should we be concerned about vaccine quality? Vaccines are biologics, and according to the FDA, "most biologics are complex mixtures that are not easily identified or characterized". This is the translation: Vaccines contain unknown substances. This makes them challenging to monitor. When manufacturers are discovered by FDA to be hiding problems, they are fined. No executives are jailed.

Over 80% of the drugs sold in the United States are manufactured overseas, mainly in India and China. As best I am able to tell, our vaccines are not made outside North America and Europe yet. Large multinational pharmaceutical companies, such as Senofi . . .Senofi has vaccine manufacturing facilities in both India and China. India and China each have more than 20 vaccine companies, and it is probably only a matter of time before vaccines manufactured in countries known for inadequate monitoring are sold in Canada and the U.S.

The *Lancet* discussed a scandal in China last year. It said: "Chinese vaccine maker Changsheng Biotechnology was found to have fabricated production and inspection records . . . rabies vaccines." Furthermore, substandard DPT vaccines were administered to 215 000 children and 400 000 substandard DPT vaccines were sold.

Now, I am going to get into a specific Canadian example. Influenza's big problem . . . Fortunately, it is not a terrible problem in children, although 10 die per year in Canada and about 120 die per year in the U.S., but many thousands of people get influenza. The problem is that the vaccines do not work very well. There are many different kinds of manufacturing processes now used to make flu vaccines. We have about 12 different flu vaccines licensed in the U.S.

054 14:45

Ninety percent of flu deaths occur in those over 65. Even though two thirds of Americans over 65 get flu vaccines, many of them do not develop immunity. Every year, flu vaccines are designed newly for the strains that are predicted for the next season. Because of this, clinical tests for safety are not required before they are used. Yearly flu vaccines are grandfathered in, but they are checked for manufacturing defects.

When a vaccine for a pandemic flu caused 1 300 cases of narcolepsy in Europe in 2009, the European Medicines Agency—the equivalent of the FDA—failed to warn the public of this in a timely manner, leading to extended use of a problematic vaccine. This episode provides a warning that the regulators' first priority may not always be the welfare of the public.

To help those over 65, two strategies are used to enhance immunity through vaccines. The second involves the use of novel adjuvants, which are substances that provide increased stimulation to the immune system. Potentially, this could improve immunity, but it might increase inflammation and autoimmune diseases.

(**Hon. Mrs. Anderson-Mason** resumed the chair.)

The FLUAD vaccine is the only influenza vaccine in the U.S. or Canada to contain a novel immune-boosting adjuvant. FLUAD was licensed for those over 65 in Canada in 2011. The government of Ontario's fact sheet on the vaccine made it clear that, five years later, it was still not known whether the excess immune stimulation it provides actually improves protection against the flu. FLUAD causes about 15% more local reaction than vaccines lacking the adjuvant, but we do not know if it causes more serious adverse reactions.

Canada and the U.S. recommend yearly flu vaccines for all eligible children over 6 months, while most of Europe does not. Very young children generate a poor immune response to current flu vaccines, while few die from the illness. Eight of the 10 Canadian children who died last year were between the ages of two and four.

Canada's National Advisory Committee on Immunization reviewed the literature on the use of FLUAD on infants and young children in 2015. It wrote:

In particular, the safety information is limited in children with immunodeficiencies and other chronic illnesses.

There are insufficient data to assess whether ATIV (adjuvanted flu vaccine) is more effective than UTIV (unadjuvanted vaccine) or LAIV (live attenuated flu vaccine) in practice or to make an informed risk-benefit analysis.

The reviewers also noted that the European Medicines Agency failed to license the vaccine for European children in 2012. The EMA report found a number of problems with the single pivotal clinical trial of FLUAD in children. The report concluded: "The overall benefit-risk balance of Fluad Paediatric is negative."

Despite the lack of evidence of benefits, limited and unreliable safety information, rejection in Europe, and no other developed country using it for children, let alone infants, in 2015, the Public Health Agency of Canada licensed FLUAD Pediatric for use in infants and babies aged 6 months to 2 years. It seems that Canada's youngest children have been selected to serve as the guinea pigs, without their parents' knowledge, in a massive immune stimulation experiment with this novel adjuvanted vaccine.

Madam Chairperson: I would remind you that we are at 20 minutes. If you would like to save time for questions . . .

Dr. Nass: Two sentences.

Madam Chairperson: Perfect. It is your time, if you wish to speak for a full 30 minutes and not entertain questions.

Dr. Nass: Public health officials encourage, export, and cajole vaccinations. Their conduct with the FLUAD Pediatric vaccine has shown that they must not be given the power to compel. Thank you.

055 14:50

Madam Chairperson: I apologize. If I had realized you were that close to being done, I would not have bothered interjecting. Are there any questions?

Mr. McKee: Thank you, Madam Chairperson. The previous presenter told us that his position is that he is not against vaccines but against mandatory vaccines. It sounds like your position is that you are against vaccines altogether. Is that correct?

Dr. Nass: No. I am fully vaccinated, and my children are fully vaccinated, but I advised my children to slow down on some of my grandchildren's vaccinations and omit the hepatitis B, which is completely unnecessary when they are not exposed to it. I was not choosy as a younger adult, but having had personal experience with hundreds of people whose lives have been ruined by anthrax vaccine, I started looking much more closely at vaccines.

Mr. McKee: You are against the mandatory vaccines, and you claim that you are for some vaccines, but not all.

Dr. Nass: This is not a . . . I am sorry, I must have omitted part of my testimony which said that vaccination is not a one-size-fits-all procedure. According to the Mayo Clinic, human antibody response to measles vaccine is highly variable in the population. Females have more adverse reactions than males. Gender and race influence the response, as does heredity.

Basically, I think that vaccines are drugs. The reason you go to a doctor instead of getting a prescription from a computer is that the doctor's job is to manage your risks and benefits. As well, we have public health officials whose job is to manage the population's risks and benefits.

I am in favour . . . I think as many vaccines should be licensed as can be developed, as long as the benefit is greater than the risk. Unfortunately, it is hard to generate adequate evidence for vaccines, especially in light of the fact that most of these diseases do not occur. For example, we have anthrax vaccines. We do not have anthrax, so we do not know how well it protects. We can measure antibodies, but in fact, in animal studies, the level of antibodies does not reflect whether the animal is going to be protected or not.

I am favour of data. You know, I wrote the first review article on anthrax vaccine. I have published a lot of papers. I consider myself a scientist. The data on vaccines is not what you would want.

Madam Chairperson: Thank you, Mr. McKee, for your question.

Mr. McKee: I just have . . .

Madam Chairperson: If there is time, we will circle back. Are there any questions?

Mr. Northrup: Thank you, Madam Chairperson.

Thank you very much for being here. I would like to talk a little bit about your state. You were born and raised in the state of Maine.

Dr. Nass: No, I was born in New York and raised in New Jersey.

Mr. Northrup: Okay. How long have you been in Maine?

Dr. Nass: For 22 years.

Mr. Northrup: For 22 years. What has been your experience with the measles outbreak in the state of Maine?

Dr. Nass: We had the first case in 20 years in 2017, and that person did not affect anyone else. In fact, it was a Canadian who was visiting.

Mr. Northrup: That is the only case that has been in . . .

Dr. Nass: I think there was one last year that turned out to be a vaccine strain. As far as I know, that is all.

Mr. Northrup: What would you attribute that to?

Dr. Nass: What would I attribute what to?

Mr. Northrup: The fact that there is only one case.

Dr. Nass: The measles vaccine has very good protection. Initial protection is over 90%, and it wanes slowly. The best vaccine in terms of efficacy is the measles vaccine.

Mr. Northrup: So, you are saying that your children have gotten the vaccine. Do you have grandchildren too?

Dr. Nass: Yes.

Mr. Northrup: Your advice to the mother and father was . . .

Dr. Nass: One is a doctor and one is a nurse practitioner, so I do not know if they took my advice, but . . .

Mr. Northrup: They always listen to family.

Dr. Nass: My advice was to give them the MMR later. There is data to show that by giving it later, after 15 months or later, you get a higher efficacy, a higher chance that it will take, and probably fewer side effects. I told them not to give it at 12 months, but to give it later. I think they did. They probably gave it at 15 or 18 months.

Mr. Northrup: Okay. Thank you. Madam Chairperson. That is all I have.

056 14:55

Madam Chairperson: Thank you. Ms. Mitton.

Ms. Mitton: Thank you, Madam Chair.

Thank you for being here today. I have two quick questions. One, I wonder if you could just clarify something. You said your expenses were paid. I wonder if you could clarify by whom they are paid.

Dr. Nass: By whom? That is a good . . . I have not been paid yet, so it has come out of my pocket. I am under the impression that Vaccine Choice Canada will pay my expenses.

Ms. Mitton: Okay, thank you for clarifying that. This is the other question I have. You just referenced the fact that there are different responses among different populations. I wonder how that could be better addressed, if this is true. I did not look for references, or whatever.

Dr. Nass: The Mayo Clinic group, which is led by Greg Poland, is the group that has been writing about this the most lately. This group is talking about trying to develop personalized vaccinology, so that if you could look at a person's HLA status or other genetic status and know something about the family history, you could choose. Everyone does not need the same dose. If women get higher antibody responses and higher adverse reactions than men do when they are vaccinated, maybe women need a smaller dose, but right now, we get the same dose.

I was very surprised to find that babies who get the DPT at 2 months, 4 months, 6 months, 18 months, and 5 years, get a higher dose than the single adult DPT dose. Is that necessary? Is that a cause of more adverse reactions? People are only just now starting to look at this one-size-fits-all question.

Parents who choose not to vaccinate are often doing so because another member of the family had some kind of reaction. They are probably a higher risk group. Again, if you mandate and if they are all vaccinated, you may gain a tiny bit. As I said, you might prevent a few measles cases and nobody will die, but you will have a higher rate of vaccine-adverse reactions in that population.

Ms. Mitton: Thank you. I think that is probably my time.

Madam Chairperson: Thank you. Mr. DeSaulniers.

Mr. DeSaulniers: Thanks for being here. I would really like to know what brings you to Canada. Did you just come here on your own, or did somebody invite you?

Dr. Nass: Stephanie, the same lady who invited Dr. Sears, invited me.

Mr. DeSaulniers: She is a busy gal, is she not? I have nothing further.

Madam Chairperson: We do have a couple of extra minutes. Mr. McKee, would you like to continue?

Mr. McKee: My questions were about who invited you and who is paying the expenses. I got the answers to some of those questions. Some of the answers you gave to other questions talked about giving vaccines later on in a child's life. If the schedule were different, would you be more in favour of mandating these vaccines? Is it because a 12-month-old baby cannot handle what is being given that you oppose it?

Dr. Nass: That is a good question. There is not enough science to answer it. Part of the question is: Am I in favour of the vaccine schedule? Well, nobody has studied the vaccine schedule. People think that the vaccines have been studied together to see whether they will work okay together, whether one should be omitted, or whether the timing should be changed, but that has not occurred. Actually, the timing is based on when children ordinarily go to the pediatrician.

In the United States, there is a group of vaccine experts who advise the CDC what vaccines should be added to the schedule. Usually, most of them have consulted for vaccine companies; usually, they are particularly in favour of vaccines. So, many vaccines get added to the schedule or are licensed without being added to the schedule. If they are added to the schedule in the United States, they have full liability—almost full liability—protection, so the interest is in adding more to the schedule. The 2016 *21st Century Cures Act* actually mandates that any time a vaccine is licensed, CDC and its advisory committee must, at its next meeting, consider that vaccine for addition to the childhood schedule.

057 15:00

Also, what that bill did in the US was to take the liability away for any vaccine that is recommended by that group for pregnant women. How we do that in the U.S. is by having 75¢ per dose of vaccine go into a fund, and then you litigate against the Department of Health & Human Services through the vaccine injury program to try to get paid if you believe you have had a vaccine injury. That program was instituted, I think, in 1987 and has paid out about $4 billion.

Madam Chairperson: Thank you. We have two minutes remaining.

Mrs. F. Landry: Thank you, Madam Chairperson. I have a quick question on the first page of your testimony. The *New York Times* says: It costed $2 200 to fully vaccinate one child. Have you or is there any evidence or data that is available that would say to a government how much it would cost the health care system if children were not vaccinated?

Dr. Nass: Well, I do not think we are talking about not vaccinating every child. I think we want all the parents who . . . I mean, vaccines are a good thing for society and the vast majority of individuals. People have done studies, saying: Well, if no one was vaccinated for such and such disease, we would have so many cases and it the economic cost would be thus and so. However, that is not how it works. You know, people choose.

In Canada, your vaccines are almost free. In the U.S., they are too. Actually, again, the *Affordable Care Act* said that vaccines should not require a co-pay. Apart from lack of access to a medical facility, 95% of children in Maine, on average, are vaccinated for all the main required vaccines. They are not getting every other vaccine, which is how I think it should be. About 75% get the Hepatitis B vaccine, which is unnecessary for over 90% of them. With respect to the Gardasil vaccine, children are going to spread HPV through sexual activity. Why vaccinate them at age 11? I think parents are smart to avoid certain vaccines.

Thank you.

Madam Chairperson: Thank you very much for your presentation. We appreciate your being here today.

Dr. Dena G. Churchill

Madam Chairperson: Again, I will remind you that we have allotted 30 minutes. How you divide that up is entirely up to you. If you exceed 20 minutes, I will remind you. If you choose to speak the entire 30 without questions, then that is your decision.

Dr. Churchill: Thank you for your invitation. I am coming from Halifax. I checked with the committee and made sure I had approval to be here. I am Dr. Dena Churchill, Innovator in Women's Health & Wellness. I am here because I feel as though what happens in New Brunswick really will affect the rest of the country. It appears that this bill is based on fear, ignorance, and money more than love and wisdom. Over the next few slides, I would like to discuss Bill 39, give you my story, and discuss the science and the global impacts.

This is a slide put out by Vaccine Choice Canada, which has not employed me to be here. I am here by myself. I should just give you that. I have not been pushed by any billionaires, although, with the $100 000 fine I have, I would not mind picking up one. I am not funded by any of the organizations. I am here, driving my father's 2009 Chevy Cobalt with rust on the back fender. I am not representing any political party or any conspiracy group. I am here representing myself, and I am here to share my story.

058 15:05

I would like to talk to you about the vaccines today, in 2019, which you will see on the right side of the screen, the proposed bill, and why it does not make any scientific sense. Minister Cardy had proposed the bill. When I looked at the video on second reading in the Legislative Assembly, June 11, sitting 37, he suggested that the recent measles outbreak necessitated stricter policies to protect those who are medically fragile, to build healthier populations, and to minimize disease so kids would have more time in the classroom and on the playground.

Now, Minister Cardy has made three severe assumptions in this proposal that are not only not supported by science but are in direct conflict to it. The first was that the measles vaccine is safer than the measles virus. The second assumption was that the measles vaccine actually prevents the outbreaks. The third assumption was that the vaccine equates to protection of the medically fragile and improved health.

This study, which was done between the years 2004 and 2015, showed that there were zero deaths from measles and there were 108 deaths from the measles vaccine. So, those sources, the CDC, or Centers for Disease Control and Prevention, are shown on the left. What is on the right of the screen is from the VAERS database, which is the reporting database in the United States.

The assumption that the measles vaccine is safer than the measles virus is really not supported by science.

The second slide is about another vaccine researcher who did a study over a 30-year period showing 3 measles-related deaths and 483 vaccine-related measles deaths or injury.

Dr. Suzanne Humphries looks at the MMR vaccine as a cause of the outbreaks. She cites international studies that actually prove that measles outbreaks were caused by the vaccine strain of the measles. Not only do we not see a lot of research supporting that the vaccine is preventing outbreaks, but that the vaccine actually is causing the outbreaks.

We heard Dr. Melanson, Dr. Nass, and Dr. Sears mention California. In 2014, there was a measles scare involving 14 or 26 cases—it depends on whom you talk to. There was a measles scare. What happened is that it forced through mandatory vaccines. After they forced through mandating, they looked at the statistics and found that 86% of those who were infected with measles were up to date on their MMR. At the very least, it looks like it is not effective.

Dr. Nass just mentioned a 70% measles-related virus. I heard 38%. There was a significant number of those people who actually had the virus from the vaccine itself.

I heard Minister Cardy say that he was going to push through the bill, and then he was going to look at the laws afterward. Given what has happened at Disney in California and also now in New York City, where they are being taken to court, I think it would be wise to sort of figure out what the law is proposing and what is legal before we push through a bill.

This is another example of the MMR vaccine causing a viral mumps outbreak in the military. This is a slide from the Centers for Disease Control and Prevention in 1985. We were all alive in 1985. There were only those three vaccines that were given: DPT, polio, and MMR. The vaccine rates were only 50% to 60%. This 95%, I do not know what is happening with that.

Robert F. Kennedy Jr., who is appointed to the vaccine review committee in the United States . . . That is where the slides come from—<childrenshealthdefense.org>. I highly recommend that. He calls herd immunity a dishonest marketing gimmick. You have the reference there. You can look it up yourself. Both doctors have mentioned the Quebec epidemic in 2011.

Dr. Miller had given a book . . . I think I have given it to the court man there with the glasses. It is a book from Dr. Neil Miller that was given to the New Brunswick Legislature, and it has 400 different scientific studies. The study in Quebec, where there were over 700 cases of the measles, is quoted in there. So, it resolved naturally, and there were no deaths.

059 15:10

Herd immunity is really untrue, because if the vaccine virus is actually causing the disease, it is impossible to acquire herd immunity. This medical researcher, Neil Miller, whose book you have

in front of you, writes that "Children who are permitted to contract measles naturally are significantly protected against various cancers later in life". This is a board-certified emergency medicine doctor, Dr. Sherri Tenpenny, who says: "We've got to stop calling chicken pox and measles diseases, because they're not. They're infections, and infections come and go in a week to 10 days, and leave behind a lifetime of immunity."

This is a paper that was taken from the *Journal of Pediatrics* in 2000: "vaccination does not account for the impressive declines in mortality seen in the first half of the century". It was a lie. Diseases were burning themselves out in the population because we were developing a natural immunity, because we had different means of diagnoses, because of sanitation, because of better health practices. This is not my quote. This is taken from the *Journal of Pediatrics*.

Another website I highly recommend is <www.learntherisk.org>.

This is taken from the Canadian Immunization Guide. This is an interesting slide. From 1924 to 1954, measles went up and down, but from 1954 to 1960, there was a steady decline in measles before the vaccine was introduced. The live vaccine was introduced in 1963. We know that live viruses shed, so oftentimes, what we have seen historically is that when we give a live virus, we see a spike in the actual disease in the population. This might be the case. We do not know, as it is blocked out, because the next year, 1964, they actually introduced the killed-vaccine approved virus. If we ignore the years since the vaccine was introduced and just look at before the vaccine was introduced, the measles incidence was higher afterwards. This is taken right from our Canadian Immunization Guide.

The bottom line, I feel, is that the measles mock-up scares in California, New York City, Washington, and New Brunswick are tactics to boost vaccine sales—$675.25 million. This is an immunologist. Her name is Dr. Tetyana, and she just published a Harvard study that shows that there is no risk to the general population in an unvaccinated person. We can take it like this: If you believe that vaccines are effective and you are vaccinated, then you should not worry about the unvaccinated people. They show no risk.

Studies also show that the unvaccinated population is healthier. Dr. Tetyana's blog is there, and she writes about how vaccination compromises natural immunity. This is the problem here. Immunization is not vaccination. Immunization is our body's own natural response to the pathogens in the environment. Vaccination is the artificial stimulation of that process. If you look at that chart, you will see the measles virus somewhere in the middle on the right-hand side. If you contract the measles virus naturally, that is what you would get. If you get the measles vaccine, this is all of what you get. Glyphosate, right there on the top on the left, is a toxin, an active ingredient in Roundup, water-soluble poison. Mercury and aluminium are heavy metals that are known to cause damage to the nervous system. Monkey kidney—the vaccine is grown on animal tissue that affects DNA. Retroviruses . . . In Dr. Judy Mikovits' book, *Plague,* which I highly recommend, she talks about how 10 million chronic fatigue cases and 100 000 HIV cases actually came from the vaccine lab.

Why do they put these adjuvants in the vaccine? It is because they have to irritate our immune system. They have to irritate it so that it creates a chronic inflammation. What does that chronic inflammation look like in our body? If we have chronic inflammation in our lungs, it is asthma. If we have chronic inflammation in our joints, it is going to be arthritis or juvenile arthritis. Chronic inflammation in our sinus, in our tonsils, would be allergies. Chronic inflammation in our gut would be ileitis, colitis, or Crohn's disease, or irritable bowel syndrome, problems with food intolerances. With inflammation in our brain, we get autism or Alzheimer's disease. We have seizures. These unintended consequences are really what we have to look at, and this is why the unvaccinated are showing healthier.

060 15:15

This is taken from the Children's Health Defense, again, Robert F. Kennedy Jr. The red is the vaccinated, and the blue is the unvaccinated. There is a three-part scientific series that shows how the unvaccinated are healthier. I would suggest that, you know, even without a science degree, parents could look at the vaccine insert inside a vaccine product and look at the side effects. What do we see? The polio vaccine increases type 1 diabetes by 2.5 times more. We see the raw data. The CDC, the Centers for Disease Control and Prevention, shows that the MMR increases the odds of autism by 3.64 times and that the MMR increases the risk of Crohn's disease and ulcerative colitis that much more, because, again, these are inflammations in the bowel.

I put the movie *Vaxxed* as a resource there as well as the Children's Health Defense. Those would be good resources for an unbiased vaccine education. Then this is happening. The U.S. Supreme Court ruled that vaccines are "unavoidably unsafe". In the United States, we have a lot of personal injuries lawyers who are catching on. Class action suits—Robert Kennedy Jr. just put one through to the state of New York. Who pays in Canada? In 1986, President Reagan signed a bill that was passed that absolved vaccination companies of any liability, death or disease. Then we have the U.S. Supreme Court ruling vaccines "unavoidably unsafe". Is it legal to even mandate a product which is known to cause harm, especially when the vaccine companies have wiped their hands of any liability? The U.S. courts have compensated $4 billion.

I would like to know how you are going to compensate for vaccine injuries in Nova Scotia? Could Minister Cardy be held personally liable for injuries if he is aware of the dangers in pushing through the bill? Could the Health Minister, the New Brunswick government, or the pharmacy association? In its code of ethics, pharmacists' job is to give a proper education to the patients, informing them of any risks and giving them an opportunity of choice.

This is my story. My son Dominic is 21, and Gabriel is 18. I graduated with a Bachelor of Science degree from Memorial University in Newfoundland. Then I went to chiropractic college in Toronto in the early nineties. Chiropractic training is very similar to medical training. We had the same professors as the U of T medical school. We get anatomies and physiologies and histologies and neuroanatomies. The difference between chiropractic and medicine is that medicine treats from an outside-in process using drugs and surgery. Chiropractic honours the

body's wisdom and treats using lifestyle changes, nutrition, and chiropractic adjustments. When I left college, I had no drug training. It is a drugless profession.

But when I had this baby, 8 lb 11 oz, and then I was encouraged to put all these needles in him to keep him healthy, it just did not make any logical sense. I thought: If the body has the ability to heal itself and this God has granted me this miracle, why would I stuff him up with drugs? This was what was in my mind. I started researching. I researched everything that I could—articles, books. I went to my family doctor and said: Can you please look at what I have researched? If I go by all this research, I will not be able to vaccinate my child. There are no safety studies. There are no studies that suggest that they are effective. There are lots of side effects.

She pushed the book across the desk. I was asking her to debate it with me. I just needed to know the truth. She said: Dena, if I admit that vaccines are dangerous, then I have to admit that what I am doing to children every day is wrong and harmful and I cannot go there. I cannot go there.

She did not call me anti-vax. She did not question my credentials. She did not call me an irresponsible parent. And she did not hold me down and say: Your child is going to be denied an education if you do not have these vaccines. That is what medical freedom is: the ability to choose. Part of being human and our human nature is integrity to allow for that choice.

You move mountains when you have skin in the game. I continued in my chiropractic practice, because I had a family practice of 22 years. I was treating many children and pediatricians, actually, who were patients and who brought their kids in to see me. But I continued to look at the research. Now, you heard Dr. Melanson say that there is research on vaccines. I would ask him to show me that. There is research, and there is accountability to pharmaceuticals but not to vaccines, because there is a law that was passed in 1986 that absolves them of any liability.

061 15:20

This slide was taken from Del Bigtree's program called *The HighWire.* Again, I put all my links on the bottom of these, so you can look them up to make sure. You will see that there is no placebo-controlled study. A safety standard for science is a double-blind, placebo-controlled study. What does that mean? One group gets the vaccine; one group does not. The people do not know which group they are in. That is the gold standard. There are no safety studies for any of the vaccines that we are pumping into our little kids. The vaccines are tested against one another, but they are not tested against a control group.

What I was seeing in my practice was that neurological problems were happening after vaccines. A baby that I had done a well-baby visit on, who had normal neurology and who had a series of vaccines, would come back with a protruding tongue or their body would be tight or hypertonic. They could crawl before, and now they cannot crawl anymore. Primitive reflexes that had disappeared are now starting to return.

This was concerning to me, right? As a mother and as a doctor who had taken the Hippocratic oath to do no harm, it was concerning to see this. I could not debate it with my family doctor

because she did not want to, so I brought it to the next one in the chain of command, which is the College of Physicians and Surgeons. When I did not get a reply there, I brought it to the Health Minister in Nova Scotia, who was Hon. Leo Glavine at the time. When I did not get a satisfactory response there, I brought it to the federal Health Minister, Hon. Jane Philpott. Then, finally, I brought it to the Prime Minister of Canada.

I did get a slide, just in June—as you will see down there on the right-hand corner—from the pest control department. I am inquiring about human health, and they sent me to the pest control department for the studies on glyphosate, but they did reply and they did hear my concerns.

Then this happened. "Former chiropractor ordered to pay $100K related to anti-vaccine posts." Without going into the full story, if you are interested in that, my blog is called Health Truth. I am writing a memoir called *The Truth is Priceless.* Just to clarify, I did not lose my license. I surrendered my license so I would have the opportunity to present to you today.

The age of autism: censorship is here because these resources are disappearing. That is why I put them down here. The movie *Vaxxed* and the movie *Deadly Deception* by Gary Null are important, again, for a nonbiased vaccine education. Google is now a pharmaceutical company, so some of these studies that I was researching 20 years ago, I cannot even find in Google right now. That is why signing up for Vaccine Choice Canada will give you all the ingredients, for example, in a vaccine. The website <www.childrenshealthdefense.org> shows you the litigation that is happening globally, with Robert F. Kennedy, Jr. as the chair of this review committee. At the website <www.icandecide.org>, Del Bigtree, again, gives you some information.

This is a website, a search engine that I like. It is called DuckDuckGo. It is like the kids' game Duck, Duck, Goose, but it is DuckDuckGo. If you are looking for something and you cannot find it on Google, try that one.

I am going to repeat what some of the others have said. There have not really been any studies of what 70 doses—70 doses is shown over here, and that is what our kids are being mandated to have right now—will do to our children.

I think that slide is actually incorrect. There are 66 doses after birth, but there are 4 that are mandated while the baby is in utero. Now, 21 years ago—some other ladies here might be around my age—we were not allowed to take an aspirin when we were pregnant, right? It was because we understood that blood-brain barrier. We had seen the effects of thalidomide. It was still fresh. Pregnant women were not allowed to take these chemicals in. Now, they are mandating that 4 of these be done to our pregnant mothers and babies before the babies are even born. There is no science.

In 2009, when the H1N1 vaccine was introduced, the fetal mortality rate—spontaneous abortion—increased by 4 000%. That is why it did not come back for the second year. The bottom line is this: Your children are the lab rats for this experiment.

This is a slide taken from Autism Speaks. Starting on the left, in 1975, 1 in 5 000 had autism. Going to the right side of the screen, we see that in 2009, it was 1 in every 110. Right now, 1 in every 36 kids has autism, and 1 in every 6 has some sort of learning disability. Dr. Stephanie Seneff, whose research you will see on the bottom of the page, is an MIT researcher who has been charting this increase. She claims that glyphosate, which is the chemical in Roundup and also the chemical in vaccines, is really responsible for the rise. Five minutes?

062 15:25

Madam Chairperson: Ten.

Dr. Churchill: Dr. Seneff says that if we do not change this picture, this chemical load . . . It is not like one shot is going to give you autism. It is an accumulation of babies picking up what their moms had and then each generation gets more toxic as we go along. Dr. William Thompson was a CDC senior researcher who was a whistleblower who talked about the coverup that happened around autism and the MMR vaccine. You can watch that on the movie *Vaxxed.* His quote was: Oh my God. I cannot believe what we did. Again, all these sides are referenced with Miller's book, which I will show you in a second.

Highly educated parents are far more likely to not vaccinate. So, I was a little disappointed with Minister Cardy's presentation and that he felt as though education did not work. That was kind of contradictory coming from the Education Minister. I think that when parents are given proper information, they make the best choices for their families. The fact that the highly educated parents are far more likely should be a statement to inquire further instead of punishing this and trying to snuff out the anti-vaxxers.

I grew up in Newfoundland and I am living in Nova Scotia. Both these provinces have recently vetoed mandatory vaccines. So, you guys are experimenting for the rest of Canada. This is the book. This is Miller's book that he graciously donated to the New Brunswick Legislature. I am just going to read the inscription that he put on the inside. It says:

I hope that my book can help you understand why mandating vaccines is a poor idea that mainly benefits the industry. It will do little to improve the overall health of the community and may actually increase the rates of chronic illness.

Contrary to Minister Cardy's proposal that it is going to make the population healthier, here we have a scientist that has studied over 400 scientific papers and says that that is incorrect.

Just to summarize, there are more deaths from vaccine than the actual measles virus. We have seen that picture, right, where the measles vaccine is just a little part, the natural measles virus . . . The vaccine also has all those other adjuvants, all those heavy metals and toxins. Natural measles has a protective effect against certain cancers. It strengthens your immune system. Vaccines do not prevent outbreaks. We do not have suggestions of that. In fact, we see that some of the vaccines, such as MMR, are causing outbreaks. When we trace back the disease, it is coming from a vaccine strand of the virus.

Herd immunity is a false construct because, if you have the vaccine causing the disease and even if you have 95% of people vaccinated, there is still going to be an incidence. The unvaccinated pose no risk.

This is Tetyana, a specialist, immunologist, and scientist. Unvaccinated are healthier, and the Children's Health Defence with Robert F. Kennedy Jr. has a three-part series on that, with the best scientists in the world showing why this is. Again, Minister Cardy's idea of a healthier population is incorrect.

There are no gold standard safety studies for efficacy. Again, Dr. Melanson pointed out that pharmaceuticals have this protection. If some medicine is causing heart attacks, they take it off the market. Vaccines have that protection liability that does not show up anywhere else in business. The very company that is supplying chemicals that we are vaccinating with is not held liable. That should be scary.

Five minutes? Okay. Is it legal to mandate unavoidably unsafe? I am at my thank-you, so I am almost finished. I just want to thank you for your time and attention to these urgent matters of informed consent and the medical freedom to choose what is best for our children. If I were to put that cocktail of chemicals into my child, I would likely be charged. Given the new science that shows these unintended effects or side effects of these chemicals, I think that we really must do our due diligence in proving them a hundred percent safe before we consider mandating this procedure. Even Dr. Serge Melanson from the medical society said: I cannot guarantee that they are safe. Well, if you cannot guarantee that they are safe, then we should not be mandating them.

063 15:30

I am grateful that you are taking the time to listen to the presentations and really do the research. The health of our Canadian children rests upon your attention to constitutional laws and your curiosity to the unbiased vaccine education. I beg you to carefully consider the full ramifications of Bill 39 and the unintended consequences. If you have a shadow of a doubt—just a shadow of a doubt—of the health and safety of these 70 mandatory procedures in 2019, stop Bill 39. Stop Bill 39, at least until you have had time to review the research and check the legalities. This bill violates the Nuremberg Code that was put in place to ensure our human rights and ethical medical conduct. What happens here in New Brunswick sets a precedence for the rest of our country and the rest of the world. It takes courage. It takes courage to face a century-old lie and turn the ship around, but Atlantic Canadians have always been loved and respected on the world stage for our integrity. I would ask that you live up to it together. Thank you.

Madam Chairperson: For questions, I suggest one rapid fire.

M. K. Chiasson : Merci, Madame la présidente. Je poserai ma question en français. Je ne sais pas si vous voulez vous servir de l'écouteur. Merci beaucoup.

Évidemment, le comité a décidé d'avoir des consultations publiques pour précisément avoir l'opinion des experts et du public. Nous allons être bombardés d'information au cours des trois prochains jours. Suite à cela, nous allons devoir prendre une décision. J'ose croire que nous prendrons une décision qui repose sur des preuves. Si les organismes médicaux reconnus, les associations médicales et le centre de contrôle des maladies, disent tous que les vaccins préviennent les maladies et les maladies infectieuses. Pourquoi ce comité devrait-il vous prendre au mot sur le sujet des vaccins? C'est ma seule question.

Dr. Churchill: I would say: Please do not believe me. The onus is on us to prove it to ourselves that vaccines are safe and effective. I think the one thing . . . Thank you. That is a great question. I think the thing we all agree on, even Minister Cardy, is that vaccines are not 100% safe. Until we prove that with the science, I think we cannot mandate a procedure like that.

M. K. Chiasson : Merci.

D^re^ Churchill: De rien.

Mr. Savoie: Thank you, Madam Chair. Ms. Churchill, you mentioned, during your comments, that we would be at the vanguard of mandating vaccines. You are aware that Ontario has mandatory vaccines. I believe that Quebec does as well.

Dr. Churchill: I do not believe that they do. I think you are the only province. They have mandate . . . That is another thing. The proof . . . That is a great question, actually. Thank you. The proof of vaccination, I think, is a good idea. Then you can see where the diseases are coming from, whether they are coming from the vaccinated or the unvaccinated population. But I do not think anyone mandates the actual needle, unless you can show me that proof. From my knowledge, I think you are the only province right now.

Mr. Savoie: Okay. Are you aware of any charter challenges or Supreme Court challenges to Ontario's laws?

Dr. Churchill: No, but in New York state, it is being taken to court right now, a lawsuit with Robert F. Kennedy Jr., because it is the mandate of policies and education.

Mr. Savoie: Right. So, basically, here, Bill 39 is our responsibility. I want to make sure that we have enough comparable information to be able to make sure that as a committee, we are delivering the right information back to the Legislative Assembly. Ultimately, when I listen to your comments and a lot of the things that you said, what I would have preferred to hear is more on how Bill 39 . . . I would have liked to hear more on Bill 39 rather than your position on whether vaccines are safe.

Dr. Churchill: If I might just comment on that, I think you mentioned home schooling. Again, I am not politically inclined, so you have to correct me, but I think education and vaccines are paid for by our taxes, right? If somebody is choosing not to vaccinate and not to partake in the public school system, I would then challenge you to see whether there is some sort of a rebate on their

taxes. Vaccines are not free. Dr. Nass mentioned that. Vaccines are not free in Canada. We pay for them via our taxes. Is that right?

Mr. Savoie: Do you know what? Even if you do not put garbage out on a particular week, you still pay for garbage service.

Dr. Churchill: That is right.

Mr. Savoie: That argument does not hold water for me.

Dr. Churchill: But I am just thinking if . . .

Mr. Savoie: Just because you do not use a service all the time . . .

Dr. Churchill: Absolutely. I appreciate that. But if there is a significant amount of the population, if you mandate those procedures, I would just challenge you at what cost that is going to be to the government. I mean, that would be another comment that I would make about the bill. Thank you.

064 15:35

Madam Chairperson: Thank you for your presentation today and thank you for attending. You are going to leave some documents with us. Thank you.

Dr. James Lyons-Weiler

Madam Chairperson: We also have present with us today Dr. James Lyons-Weiler. If you have documents to be circulated, we can make sure of that. Again, I would ask you to provide an introduction for the record, and I remind you that we have 30 minutes. How you choose to use the 30 minutes is entirely up to you. What has been recommended is a 20-minute presentation to allow for 10 minutes of questions, but if you would prefer to avoid questions, then that is up to you.

Dr. Lyons-Weiler: Thank you very much. I would actually prefer to have more of a dialogue. I would like to state up front that I am very grateful to have the opportunity to step forward and share some things with you. I cannot say whether I am for or against the bill. I run a not-for-profit out of Pittsburgh, Pennsylvania, and I am here at my own expense. I am not going to seek, nor have I accepted or been offered, any compensation for my presence here.

I grew up across the river, in Ogdensburg, New York, looking at Canada every day of my childhood, and I come from a northern enough country where your sensibilities were part of my upbringing. I watched your television, and I wear socks when I wear sandals. People do not get that.

I have traveled all around the country educating legislators about why a 100% mandated vaccine does not make any biological or scientific sense. I am a lifelong biomedical researcher. I think you will get to know me a little bit through my comment, which I really want to go through quickly. Please do let me know when it is 15 minutes so that we can talk a little. Thank you.

There are people across the globe who, for no fault of their own, have a genetic predisposition to diseases such as Alzheimer's, schizophrenia, heart disease, diabetes, and cancer. There is clear science and evidence that some people, due to genetics, cannot tolerate some medicines. Nowhere in the practice of medicine nor in public health policies are these individuals singled out and castigated for making decisions to opt out of particular treatments based on their personal experience of past adverse events, adverse reactions to these medicines, witnessed by themselves and witnessed by their doctors, except when it comes to vaccines. There, the science and evidence in support of risk is not listened to.

When a mother witnesses her child develop a fever and then, for the first time, develop seizures or a harrowing encephalitic cry, for the first time start banging their head against the ground repeatedly all night long, and the only change in that child's life that day was a trip to the pediatrician's office for a well-child visit to receive a vaccine, a caring and compassionate medicine would have some way to calm down the microglia activation that is occurring due to toxins in the environment. When a child experiences a blow to the head, the severity of the brain injury due to concussion can be reduced by a treatment that depletes glutamate in the blood so that the excess glutamate in the brain can spill into the blood. If the microgliosis instead occurs after vaccination, parents are not met with the compassion of medicine. They are met with the denialist agenda, and they are told that it was not the vaccine. They are told that it is normal and to let the infant or the baby cry it out. They are abandoned by medicine.

In an era in which information was controlled by the media, heavily influenced by governments, the population of nations around the world would accept the denialist party line. Then came social media, and parents around the world who did not accept the denialist party line found each other. People from all walks of life, from stay-at-home moms to teachers, from bakers to scientists, all found that their stories matched event for event, and over 90% of the stories involved either the DTaP vaccine or the MMR vaccine. Correlation does not equal causation, they were told. No credible study has ever found an association between vaccines and autism, they were told.

I am a lifelong biomedical research scientist, and I pride myself on objectivity. I was the founding editor in chief of the journal *Cancer Informatics,* full faculty at the University of Pittsburgh Cancer Institute, a research scientist, and scientific director of the University of Pittsburgh Bioinformatics Analysis Core. I recently founded and launched a new, open access, peer-reviewed journal called *Science, Public Health Policy and the Law.*

065 15:40

I am an expert in translational research from basic research to bench to bedside and back, expert in multivariate data analysis and prediction modeling in biological pathways, underlying the

causes of disease. I made a name for myself in the area of cancer biomarker research in the early detection of cancer and developing ways to predict when patients will experience adverse events from chemotherapy. I have written three books based on science and evidence. The second book brought me here today.

I became interested in the social dynamics of science, asking questions about how. After all the pressures of science to produce revenue and profit, could actual knowledge come forward and be translated into best practices of medicine after medicine became a for-profit industry? When I decided to write a chapter on vaccines in this book, I expected to find all the science that we are told exists. I used to lecture my sister with her 10 kids who were all unvaccinated that she was going to destroy the world. That was me. I was that guy, okay? But when I went to the scientific literature, what I found there really stunned me. What I expected were these randomized prospective clinical trials, and I expected every vaccine to be tested. I expected that when a vaccine was added to the schedule, it would be tested against a placebo, that the schedule would be tested against a placebo, because the clinical question is: Should I vaccinate my child? Should I use some vaccines? All these clinical questions.

What I found instead stunned me, because what I found were very weak science correlation studies, studies that were conducted that initially found associations between vaccines and autism, vaccines and seizures, vaccines and autoimmunity. Then what the researchers did would have cost me my job at the University of Pittsburgh. I designed research studies—over 100 research studies—under the direction of Dr. Ronald Herberman at the cancer centre and Dr. Art Levine in the school of medicine. If I found an association, say, between a chemotherapy agent and an adverse reaction and then I decided to reanalyze the data until I could make that association go away, if there was a corrupt scientist or a medical person who wanted to profit from that chemotherapy agent, they might like me, but I would have and should have lost my job.

This is what I found not just in one study but also in study after study after study. They would find an association, and they would analyze it. In one case, they found an association between the total number of vaccines that a child had received and the incidence of any neurodevelopmental disorder including autism. They then spent four years reanalyzing those data until they found a way, finally, to make an association go away. There is a letter from the data analyst saying it will just not go away, talking about the association. He pleaded in his letter, in the name of objectivity and in the name of science: We really need to be able to publish this, please. It was to the U.S. CDC. Imagine my dismay.

What did I do with this? I decided to remain objective. I decided to remain a scientist. I put that story in my book, *Cures Vs. Profits.* I am not trying to sell the book here. The sales are miserable, but that is not the point. The scientists involved in this were Dr. Coleen Boyle, Dr. Frank DeStefano, and others at the USCDC. Dr. Boyle and Dr. DeStefano, I found out later, are the same scientists responsible for finding that Agent Orange posed no risk to U.S. soldiers serving in Vietnam—the same people, the same exact two people. Prior to reporting the results of one of the studies to the Institute of Medicine and the National Academy of Science—he was scheduled to make that report—Dr. William Thompson attempted to bring these issues to the

attention of Dr. Julie Gerberding who was the director of the vaccine science division at the CDC at the time. Dr. Gerberding now holds a key position at Merck, Dr. Thompson was told he had mental issues and was put on administrative leave, while Dr. DeStefano took the altered results of the study and excluded the results showing the association between on-time MMR vaccination and autism.

My response on these matters, which were brought forward by Dr. Brian Hooker in the form of audio recordings of the confessions by Dr. Thompson, was not to accept that vaccines cause autism. Just because the CDC found a mild association or a possible association does not mean that vaccines cause autism. I want to know this, given my expertise in biomedical research and the pathophysiology of disease: Could there possibly be some way that vaccines cause autism? I read over 2 000 studies, not on vaccines but on autism, to determine whether or not the basic science could support a pathophysiological mechanism by which vaccines could possibly cause autism, the plausibility question, right?

066 15:45

I have since formally evaluated all of the, I think, 48 studies that were sent to the President of the United States by the American Academy of Pediatrics with an objective evaluation scoring system to determine how far away they are from the gold standard that you were told about earlier, the randomized clinical trial, the prospect of a randomized clinical trial. The highest score that these studies can get is a positive 12. The average study used by the CDC and by the AAP now to tell the public that vaccines do not cause autism was a negative 6.

How much time, please?

(Interjections.)

Dr. Lyons-Weiler: Okay. So, you will hear information about studies such as fMRI scans that show that vaccines cannot cause autism because kids early on show changes in their brain structures, but that is in a population of moms who are getting two vaccines during pregnancy and all the children are receiving the Hepatitis B vaccine on day one. How can we say that the early changes in the fMRI studies are not due to vaccines when, in fact, those individuals who were born with differences in their brains are vaccinated? To me, that could be a useful biomarker to predict who might not be able to tolerate vaccines as well as others.

I said that a lot longer than it took to write it. You know, I dove into the vaccines too. You saw the list of ingredients. The ones that concern me the most, of course, are mercury, contrary to Dr. Richard Pan who recently stated in public that there is no mercury in vaccines. Yes, there is. The flu vaccine contains thimersol. Thimersol inhibits a protein called ERAP1. The ERAP1 protein actually folds proteins that our immune system needs to create the antigens to things that we are already immune to. The predicted effect of that is to forget what we are immune to and get an upper respirator virus infection other than the flu, and that is exactly what Dr. Ben Cowling out of Hong Kong found. There is problem with the use of thimersol.

Aluminum is a neurotoxin. There are studies that . . . I have a published peer-reviewed publication on aluminum and its pediatric dosing. It turns out that the science that the FDA used to say that aluminum is safe in children is actually not injected forms of aluminum into infant mice, as would be expected from the standards of basic research, but orally ingested forms of aluminum, which is a completely different type of aluminum. The mice and humans only absorb 0.03% of that dose and those adults were mice. They did not have to go through any development. How can we say? We have no science whatsoever. No credible science shows that vaccination, using aluminum-containing vaccines, is safe for a developing human, mouse, monkey, or any kind of mammalian brain.

I am sure that it has been pointed out to you that the CDC is incapable of tracking vaccine injury. The doctors do not tell the patients that the vaccines caused the problem. They are supposed to report every single adverse health event that happens shortly after the vaccine through a system called VAERS. There was a system called auto VAERS that was developed by Harvard Pilgrim Health. They found 100-fold possible vaccine-related adverse events. They reported to the CDC. They reported two or three times, and the CDC hung up and said stop calling after spending $1 million to have them develop software to automate this system.

It is my professional opinion, that regulatory capture in the United States is complete. It is 100%. The numbers, so far, of risks from vaccines, I can tell you . . . This is CDC data prior to the introduction of the MMR. The death rate from measles in the United States was 450 to 500 per year in a population of 180 million people. That is a tiny, tiny mortality risk. You saw the data earlier. I think that it is very important that, in 1985, with around a 45% or 50% vaccine uptake, we did not have people dying in the streets of measles. Measles is not Ebola. One of my books is *Ebola: An Evolving Story.*

The problem is systematic denial of counter indications due to what I call the hot potato of liability. There is a great *Boston University Law Review* . . . I do not have the reference here, but I will send it to somebody who can get it to you. It is by Efthimios Parasidis. He is a faculty member in the school of law at Ohio State University. The history was: bring on widespread vaccination in 1976. We have seen an increase in chronic illness in the United States since then. There has been a linear increase in that and it is out of hand. However, most importantly in terms of liability, why is it important to get 100% right now? To me, I think it is that states do not want to have to pay. They know that the parents will pull the kids from school if you hold school. So, the states do not have to pay for the problem. They now hold the hot potato.

067 15:50

I very, very much feel for your position. It is a very difficult decision that you have ahead of you. I would be happy to answer any questions. Thank you.

Ms. Rogers: Thank you for your presentation here. I will try to be quick, but I do have a few questions. I want to understand, first, what your professional qualifications are. I know that you are a doctor. Is it a PhD or a medical doctor?

Dr. Lyons-Weiler: I am a PhD in evolution, conservation biology, and ecology, but I helped to create the field of bioinformatics. When new technology came about where we could measure 40 000 genes in a tumour at one time, I was on an Alfred P. Sloan Foundation fellowship, and I shifted my focus over to helping clinicians sort out those data and relate them to clinical features. I have over 17 years of biomedical research experience under my belt.

Ms. Rogers: Okay. You mentioned a couple of journals, one for which you were the founding editor. Were those peer-reviewed journals?

Dr. Lyons-Weiler: Absolutely. In fact, I led the editorial board on a near-revolt after somebody tried to corrupt the peer review process by having the authors submit the paper and the review at the same time. I threatened to the publisher that we were going to resign, and it folded, so it adopted the gold standard of peer review. That is very important to me.

Ms. Rogers: I am going to ask a question that I did not plan to, but because of a few presentations, you are going to be the lucky one who gets the question. A few people are saying—and I have read this as well—that there is insufficient research or inconclusive research on either the link to harm or the link to safety. We will talk about causation or link—whatever. There is insufficient research. I am curious. Why is somebody not doing that research?

Dr. Lyons-Weiler: It is a great question for me because I just received the data from Paul Thomas's study in Oregon. We are doing the vaccinated-unvaccinated study at the Institute for Pure and Applied Knowledge.

Ms. Rogers: Is it long-term research?

Dr. Lyons-Weiler: It is. He has it over 1 500 patients. He has tens of thousands of patients, but we have 1 500 patients that were born into his practice over the last 10 years. It is a retrospective study. It is not a randomized prospective study. Do you know what I am doing? Instead of just measuring mere associations, I am doing what you were told about earlier. I am trying to find out if we can find the variables that will allow us to predict who would have developed autoimmunity and who would have developed autism or neurodevelopmental disorders.

I heard somebody ask this question earlier. I think it was you, actually, and I am sorry that I do not know your name. Is there something more that we can do about it? The prediction modeling that I am expert in can answer this question, which is: If the mom has a family history or if the child had eczema, doctors never used to vaccinate. There used to be a standard medical practice. If you vaccinate a child and he develops eczema, do not do it again because something terrible is going to happen. They do not do that anymore. They say: Oh, there is no association. But guess what? There has never been a single study that asks the question of whether there is an association of autism in kids who developed eczema. They cannot do every possible study.

Ms. Rogers: This seems like a big missing link, though. Anyway. I will ask one more question, because I know there are a lot of others who have questions too. I am curious about the different

treatment with respect to vaccines versus drugs when it comes to proving the safety before use. What is your perspective on why that might be? Why is a vaccine not treated similarly to a drug?

Dr. Lyons-Weiler: The difference between biologics in vaccines and the way that drugs are treated in translational research is due to the history of adverse events from vaccines. There were so many adverse events that the population was, in fact, suing the vaccine developers. They went to the US government and said: We are going under. You have to help us. Then, the government said: Go to your insurance companies. The insurance companies said: We do not want this. This is too much. It will break us.

068 15:55

Then, they went back to the government and they created the National Vaccine Injury Compensation Program, in which I am a compensated expert witness on behalf of patients who are vaccine-injured, so I can bring in the mechanisms of pathophysiology. It is a system that definitely needs reform. They had an omnibus proceeding. The history is complex, but they said: Let's look at 5 000 cases of autism to see whether there is any way that there could be autism. In the very first case that they found, they ruled in favor of autism and vaccines, and then they kicked that case out of the omnibus proceeding. There were five cases. And then they replaced it with another one. This is the denialist agenda. Their fear is that people will stop vaccinating their children. But, instead, without liability protection, the vaccine manufacturers have zero incentive to make their product better.

If there were a car seat that caused encephalopathy, it would take one or two cases. Two years ago, Sears, Roebuck and Co. made a table saw that was on a wheelbarrow. Three people cut their fingers on it, and the company pulled the product. We need to close the loop. It is the quality control feedback that is broken in this system. We absolutely desperately need that.

Ms. Rogers: Thank you.

Mr. Savoie: Thank you, Madam Chair. Please forgive me. This question may have been already asked. I may be asking it of you twice, but I just want to be clear. So, you have written three books based on science and evidence. Were these books available in a bookstore, or were these scientific papers?

Dr. Lyons-Weiler: Well, I have over 50 peer-reviewed publications myself, but the books that I wrote are compilations of peer-reviewed scientific publications.

Mr. Savoie: Okay.

Dr. Lyons-Weiler: One is on Ebola. One is called *Cures vs. Profits.* It goes into 18 different topics in biomedical research, with interviews of primary researchers. The other one is *The Environmental and Genetic Causes of Autism,* in which I cite over 1 000 peer-reviewed publications.

Mr. Savoie: Okay, so these publications have been peer-reviewed by organizations like The Lancet and so on and so forth, those kinds of . . .

Dr. Lyons-Weiler: Books are not typically peer-reviewed.

Mr. Savoie: Okay. All right, good. So, again, you are an American citizen. Everything that you have referenced so far has been about the CDC, American actions, the actions of doctors, and the actions of the American system. We are a sovereign nation. We have our own Health Canada.

Dr. Lyons-Weiler: Yes, you do.

Mr. Savoie: When a drug comes out, our own doctors make their assertions on the efficacy and safety of that drug, that vaccine, or whatever we want to talk about. Everything that you have talked about here does not help me in the province of New Brunswick. Are you aware of any Canadian studies that would deal similarly with what you have dealt with here? Are you aware of any Canadian studies that deal similarly with the things that you allege with the CDC, doctors, and everything in America?

Dr. Lyons-Weiler: Yes, I would refer you to Dr. Christopher Shaw and his peer-reviewed publication research on encephalopathy and other problems caused by vaccination ingredients in mice.

Mr. Savoie: Is he a Canadian doctor who practices in Canada?

Dr. Lyons-Weiler: He is a Canadian researcher, a PhD researcher.

Mr. Savoie: A researcher, okay. Why are you not referencing that material instead of something out of the CDC in America?

Dr. Lyons-Weiler: I mean no offense whatsoever. However, most of the science that is published on the question that I am concerned with, what I am experienced with and familiar with, comes out of the CDC, which contracted to . . . Most of that science went over to Denmark. So most of what I am . . . It is not coming from the United States. It is coming from work contracted from the CDC to scientists in Denmark. Thanks for the opportunity for clarification.

Mr. Savoie: Again, I am looking for more information that is going to help us make a decision on a law here in New Brunswick, so I would be looking for relevant Canadian content. That is what I would like to hear more of, rather than the American experience.

Dr. Lyons-Weiler: I know exactly where you are coming from, and I appreciate that. If you would like me to get back to you in a day or so, I would be happy to do so.

Madam Chairperson: Thank you.

Ms. Mitton: Thank you, Madam Chair. Thank you for being here today. I have two quick questions. Forgive me if you have already addressed this. I was wondering who invited you to come or how you heard about this committee.

Dr. Lyons-Weiler: The name of the person who invited me was Cheryl Yakem, along with a couple of others. I believe she is involved with Canadians for vaccine choice or an organization like that.

Ms. Mitton: Okay, thank you for clarifying. The other question I had is related to something on the last page of your presentation, which talks about how no randomized prospective clinical trials have been done with the vaccines versus placebos. I was wondering whether you could speak to why these are not done. Is it to do with the ethical considerations of not vaccinating? Do you know?

Dr. Lyons-Weiler: The explanation that is given as to why it is so-called unethical, why it is considered unethical to do a randomized trial, is that you are denying vaccines to the arms of children who would not get vaccines. However, the randomized prospective clinical trials that Merck did on the HPV vaccine did include unvaccinated people. They were given the aluminum adjuvant instead of a saline placebo, but they were denied the vaccine. They were vaccinated at the end of the study. So, the answer to the ethical question about why randomized clinical trials cannot be done is that you can vaccinate them at the end of the study. That is the answer, if it is that important.

069 16:00

Ms. Mitton: Okay. Thank you. That is all.

Mr. DeSaulniers: The only question that I had was asked by Mr. Savoie, so I yield.

Madam Chairperson: We do have a few more minutes. If there are more questions, we will circle around.

Ms. Rogers: I will ask just one question. You mentioned that in your experience, in your study, you would find a linear increase in chronic illness after the widespread adoption of immunization in 1976. How was it that you would link those two and not other causal factors?

Dr. Lyons-Weiler: Oh, it is kind of impossible to do that. There are so many moving factors, and that is the problem with observational studies. However, one of the tenets of causal analysis is temporal association, and the specific analysis that I did involved looking at the number of studies that mentioned diseases of unknown origin, mysterious diseases that nobody knows the cause of and then correcting for the total number of publications per year. What happens is that from 1900 until 1976 when they brought on the swine flu vaccination, it is exactly flat. From that point in time on, it increases. The United States—and I am sorry to appear parochial in my comments, but I am speaking from where I know—has the highest first-day death rate of mothers, and we do not know why. It is has increasing, massive . . . Some 54% of kids have a

chronic illness, and we do not know why. Yet, we say that we have the best biomedical system, but we do not know what is causing all this chronic illness. Where is all the autoimmune diabetes coming from?

Some of the analysis that I have done myself—and I can speak to myself—is that we cause autoimmunity and chronic illness in animals to study drugs to treat those illnesses using aluminium hydroxide. It is the same compound that we are injecting in our children. Detractors will say that it takes 10 000 to 20 000 times the dose to get lupus or other autoimmunity conditions, but if you actually look at the math as I did and correct for body weight and look at the doses, if the mice have a genetic predisposition to autoimmunity, you need only 5 times the amount that kids would get in a single vaccine while they are aged 2. And that is a makeup day. Kids get five, six, seven, eight, nine vaccines on a makeup day. In Neil Miller's book that was referenced, he also has a study that the use of combined vaccines in a single day is not safe. That is because most of the morbidity and mortality that is reported in VAERS is associated with a vaccination event that involved more than one vaccine.

We are dealing with a lot of observations, I understand that, but the lack of the science is not the fault of the people who firsthand experienced vaccine injury and death. I just came from Columbus where we are fighting censorship in the United States on this very issue. I ran a conference on censorship. It is the second conference on censorship in Columbus, Ohio. We are soon not going to be allowed to talk about vaccine risk if Dr. Richard Pan from California, for instance, has his way. It would be illegal to hold proceedings like this, which I congratulate you on holding. It is possible to induce autoimmunity and chronic illness with vaccine adjuvants if there is a genetic risk. We know that all human beings are not cookie cutters of each other, and the way that they find out vaccine risk is by perverse hand. It is just through social media that, now, they found each other and say: Hey, that happened to you too? There is corroboration that way, but the absence of evidence is not evidence of absence, right?

Madam Chairperson: Are there any other questions from the other parties?

Ms. Rogers: I have one final question that brings it back to the bill. Based on your last comment, actually, would you be anti-vaccine or anti-mandatory or anti-scheduling?

Dr. Lyons-Weiler: Okay. That is a great question, and thanks for bringing it up. I do not want to say what I am for or against, because . . . I do not want to say what I am against. I am going to say what I am for. It is a philosophy of mine, if that is okay.

070 16:05

Vaccine exemptions are a safety valve on the vaccine program. They are absolutely necessary, because the population will rise up when the 2% or 3% that you vaccinate experience a 90% or 100% vaccine injury rate. It will become absolutely undeniable. Is the benefit of the incremental 1%, 2%, 3%, by taking away the religious and philosophical exemptions, worth the human pain and suffering that is going to happen, in scientific terms, in the population that is enriched for

risk? They vaccinate, and then they get hurt. They say: I do not want to vaccinate. Then they are penalized.

It is a safety valve, so it is good to have these exemptions around so that people can make up their own minds, based on experience.

Ms. Rogers: Thank you.

Dr. Lyons-Weiler: Thank you.

Madam Chairperson: Thank you very much for joining us this afternoon. Your presentation is certainly appreciated. James Kitchen, if he is available . . .

James Kitchen

Madam Chairperson: Mr. Kitchen, I have seen that you have been present for most of the presentations, so I do not think that I need to repeat myself about the time frames that are available for you. If you wish for me to warn you about time, then . . .

Mr. Kitchen: No, that is all right. Thank you, Madam Chair. Honourable members, my name is Kitchen, James, for the record. Since it seems somewhat relevant to some members of the committee to inform the committee of my New Brunswick credentials, I will just let them know that I was born at the Chalmers hospital and raised in Fredericton. I got married in Fredericton, my children were born in Fredericton, and I obtained both my degrees from UNB. So, I care very deeply about what happens here, and I am not just a fly-in from another jurisdiction.

After some brief introductory remarks, I would like to discuss specifically the religious rights of parents as protected by paragraph 2(a) of the charter. Then I would like also to discuss section 7 of the charter. I am very open to any other questions about any other constitutional matters, but those are the ones that I am going to focus on. After my introductory remarks, I invite you and encourage you to interrupt with questions, but of course, I will leave time for questions at the end as well. Please feel free to interrupt if something comes to mind.

I would like to start off with a quote that frames my discussion. This is from Chief Justice Dickson, as he then was, in the Big M Drug Mart case. He says:

A truly free society is one which can accommodate a wide variety of beliefs, diversity of tastes and pursuits, customs and codes of conduct. A free society is one which aims at equality with respect to the enjoyment of fundamental freedoms . . .

Freedom can primarily be characterized by the absence of coercion or constraint. If a person is compelled by the state or the will of another to a course of action or inaction which he would not otherwise have chosen, he is not acting of his own volition and he cannot be said to be truly free. One of the major purposes of the Charter is to protect, within reason, from compulsion or restraint. Coercion includes not only such blatant forms of compulsion as direct commands to

act or refrain from acting on pain of sanction, coercion includes indirect forms of control which determine or limit alternative courses of conduct available to others.

Bill 39 proposes to change the status quo in New Brunswick which currently permits parents and children to freely choose whether or not to receive vaccinations and still fully participate in public life and equally benefit from public services provided by the state, such as public education. In place of that status quo, Bill 39 will introduce a regime, the only one in Canada, where some individuals, based on their choice not to receive even one of the listed 11 vaccinations that we discussed earlier, will no longer equally benefit from government services that they would otherwise be entitled to.

Bill 39 will result in the most undesirable situation in which some parents will, in effect, be compelled by the state to make choices that they should never be forced to make. Some may have to choose between public education and adhering to their beliefs. Some may have to choose between public education and protecting the health of their children. Some may have to choose between public education and a career. Some may have to choose between public education and affording a car, sports for their children, or even putting enough food on the table. Some will have to choose between public education and all these things.

071 16:10

Presumably, the intentions motivating Bill 39 are good, intentions to ostensibly decrease childhood illness, improve public health, protect vulnerable children, and so on. But, of course, the road to hell was paved with good intentions. And the state rarely takes away individual freedoms without claiming that some terrible calamity will be avoided or some greater good will be accomplished.

In the case of Bill 39, it is in the name of safety, public interest, and protecting vulnerable children—all noble things—that rights are potentially being infringed. As the Supreme Court of Canada has noted, the state does not have a monopoly on the public interest, nor is it the sole arbiter of what is truly safe, and it should not pretend otherwise. Truth, the Supreme Court has observed, and the ideal form of political and social organization can rarely, if at all, be identified with absolute certainty.

You have heard and will hear conflicting views about the safety and efficacy of vaccines, about the benefits and risks of vaccines, and about the harms or lack thereof caused by vaccines. You will discover, if you did not already know, that there is little if any consensus on the issues among the public, but also among the experts and the professionals.

I caution the committee and the Legislative Assembly against being too quick to restrict the choices of citizens and to withhold public benefits from citizens who do not agree with the state regarding any issue, including vaccination. Barring emergencies or exceptional circumstances, the proper role for the government, if it is convinced of a position in regard to an issue of public interest, is to attempt to persuade its citizens of its position and no more. It should be extremely

wary of engaging in compulsion lest it become complicit in creating a society that is no longer free and democratic.

Now, I will briefly discuss paragraph 2(a) of the charter, which, as you know, protects freedom of conscience and religion. As you may also know, according to the Supreme Court of Canada, this right protects parents to rear their children according to their religious beliefs, including choosing medical and other treatments. It is a fundamental aspect of the freedom of religion.

Some individuals in our society hold to minority religious and conscientious beliefs that have implications for vaccination. They object to themselves or their children receiving vaccinations for any number of reasons. It could be the components of the vaccine, the ingredients or other manufactured components. Or, it could just be a principled objection to injecting anything foreign into the body. They object to vaccination because of their religious beliefs, not necessarily because of their views or beliefs about the efficacy or the safety of vaccines. The objection is actually rooted in their religious beliefs about the world. It does not necessarily have anything to do with vaccinations per se.

Now, clearly, this is a small section of the population. However, as you are probably aware, the whole purpose of our Constitution and our charter rights is to protect the minority. As Chief Justice McLachlin said, the majority is in no need of protection in any case. One of the fundamental pillars of our democracy is the protection of minorities. So, there is little doubt that the removal of nonmedical exemptions to vaccines will be found by a court to be an infringement of freedom of religion. As you likely know, only one person has to show that a law infringes their rights in order for that law to be struck down, if it infringes them unjustifiably. One person—that is it.

Now, whether or not the infringement on religious freedom will be upheld by section 1 of the charter is a question that is a little more complicated. As you may know, there is a test to determine whether or not impugned legislation can survive charter scrutiny. That test involves the government showing that the law will further a pressing and substantial objective, that it is rationally connected to meeting that objective, that it is minimally impairing of the charter right or freedom infringed, and that its overall benefits outweigh its overall drawbacks, otherwise known as overall proportionality.

072 16:15

The objective of Bill 39 appears to be increasing vaccination rates among schoolchildren and children attending day care. Now, one can question whether such an objective is truly pressing and substantial, but courts tend to defer to governments on what governments consider to be important objectives for the society that has elected them. So, I doubt that there would be much issue with that if there ever was a court challenge.

But now we come to the other three components. However the objective is characterized, the rational connection of removing nonmedical exemptions for schoolchildren and day care children may be at issue. Certainly, there is a connection. But there appears to be a level of

inconsistency and arbitrariness involved in this because proof of immunization will be required by Bill 39 for participation in school and day care but not for any other group activity that children regularly engage in, such as sports, clubs, church groups, after-school programs, attending sporting events, and attending the Canada Day parade. I could go on.

I am sure this immediately brings to mind that it would be a gross intrusion into individual freedoms and autonomy for the state to start prohibiting people from attending cultural and community events, especially private ones such as church clubs. Let's face the reality that children, whether or not they are vaccinated, homeschooled, or public schooled, get together. They hang out. They spend time together. They go together to things such as church, private clubs, and private sports associations, things that have layers of constitutional protection afforded by section 2 of the charter which would be infringed should the government start requiring these groups to require proof from the parents when they bring their children to these events.

Is there a rational connection to only requiring proof for school and day care? That is not to say that I am encouraging the committee or the Legislative Assembly to consider further proof. That is just to show that to do it in one area and not the other questions the rationality of it if the objective is truly to decrease communicable diseases being spread or to increase the general health of children and so on.

Now, I will go on to minimal impairment. The objectives of Bill 39, I would say, could be pursued without resorting to such oppressive policies as withholding basic public services such as education from those who hold such minority beliefs. I would say, as others have touched on, that the status quo strikes a proper balance. Balance is very important to the law, especially constitutional law. We have heard about the rights of others, and we have heard about vulnerable children. Whether you want to classify those as legal rights or constitutional rights, they are important and they matter. I am sure that they matter for a Legislature such as yours. That balance needs to be considered. But I would say that the infringement upon religious freedom, to tell those who hold minority religious beliefs that they must forego public education in order to achieve this objective, is not minimally impairing. It is maximally impairing. I would say that there are better ways to do it and that the Legislature should consider those ways before it resorts to something like this.

Lastly, I want to discuss overall proportionality. We have heard a little bit about how the benefits may be difficult to achieve. I have made the case to you that the drawbacks are pretty severe, infringing constitutional freedoms and rights. The Supreme Court considers that to be pretty severe. I should hope that our democratically elected officials consider that to be pretty severe. The population appears to consider that to be pretty severe. I consider that to be pretty severe. When it comes to this speculative prospect that we may increase vaccination rates, may increase immunity, and may increase health, I would say that pales in comparison to the very serious infringement of denying public education to those who hold minority religious beliefs. Again, some of those, I will remind you, are not based on whether or not they think vaccines are safe or effective. It is just because they have beliefs that implicate injecting things into their bodies and what those things might be.

If there are no questions specifically on paragraph 2(a) at the moment, then I will just continue on to discuss section 7 a little bit. This may be lesser known. Throughout the 1990s and the early 2000s, there were a number of cases that involved Jehovah's Witnesses and their children. These are otherwise known as the blood transfusion cases. It was out of these cases that the Supreme Court ruled, or found, that the liberty interests of parents . . . Section 7, by the way, protects the right to life, liberty, and security of the person. This is a little bit different to the way that the Americans do it. "Liberty", in this context, means physical liberty, such as being thrown in jail. "Security of the person" means the protection of the body, of course.

This is the only place in the Charter where it says this: "Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice." The Supreme Court has found that parents have a liberty interest in their children. This might strike you as odd, based on what I just told you about liberty and how it has been defined. This is a little bit unique in our law, but this is what the Supreme Court found in the 1990s, and then it was reaffirmed in the 2000s. Parents have a liberty interest in their children, and that is constitutionalized in section 7 of the Charter.

Part of the reason for this is that the rights of children to life and security are protected via their right to have their parents appropriately informed and enabled to provide necessary support and protection. Section 7 protects everyone. Obviously, young children cannot assert their rights. They cannot understand them. Those rights are protected through their parents. That is why parental rights matter. The section is not about the parents so much as it is about the children.

I am very curious to see what the Child and Youth Advocate will say tomorrow, and I regret the fact that I cannot be here to see it and to hear it. I actually recall when the Child and Youth Advocate came to the UNB Law School. I attended the presentation, and that is one of the things that was discussed. It was about child rights and how children are protected, especially from the state, by the state honouring and respecting parental rights, because it is the parents who protect the children from any number of things, including the state.

According to the Supreme Court, the vital link between parent and child may only be interfered with on a case-by-case basis when necessity is demonstrated and it is justified in doing so.

Justice La Forest of the Supreme Court found:

The right to nurture a child, to care for its development, and to make decisions for it in fundamental matters such as medical care, are part of the liberty interest of a parent. The common law has long recognized that parents are in the best position to take care of their children and make all the decisions necessary to ensure their well-being. . . .

the parental interest in bringing up, nurturing and caring for a child, including medical care and moral upbringing, is an individual interest of fundamental importance to our society. . . .

parents should make important decisions affecting their children both because parents are more likely to appreciate the best interests of their children and because the state is ill-equipped to make such decisions itself.

.....

parental decision-making must receive the protection of the Charter *in order for state interference to be properly monitored by the courts, and be permitted only when it conforms to the values underlying the* Charter.

Bill 39, if enacted, will infringe on the liberty interests of parents and their children in a manner that is not consistent with the principles of fundamental justice because of the choices it will force parents and children to make or, alternatively, the choices it will remove, all without justification.

The reality, I submit to you honourable members, is that most children cannot feasibly be home schooled or attend a private religious school. Yet, the New Brunswick government requires that children be educated in some fashion. For many, whether it be finances, geography, special needs, or a combination of these and other factors, public school is the only available option for education in New Brunswick. There is sufficient causal connection between the proposed legislation's requirement for full vaccination—full vaccination . . . I find this very interesting because there are 11 vaccinations on that list, right?

074 16:25

We have talked a lot about anti-vaxxers. Well, sure, there are lots of people, or a few people, who are opposed to vaccinations on principle. They are opposed to all of it. Maybe that number is 2%. I am willing to accept that. There is also a large number of people who are selective with vaccination. Maybe they only want 9 or 10. Maybe they do not want all of them at the same time. Maybe they want to wait. Maybe they do not hold minority religious beliefs. Maybe they hold majority religious beliefs, and they are not opposed to any vaccine, except the one for HPV. I know that is not on your list right now, but what if it was added? You would start to catch a whole lot more Protestants and Catholics who take issue with that vaccine. So, we are not talking about a fringe of just 2%. You might be talking about a minority of 8% or 9%, who want to selectively vaccinate and maybe do not want to get all 11 of them.

So, I would submit that there is a sufficient causal connection between the proposed legislation's requirement for full vaccination, the provincial government's requirement for school attendance, and the liberty interest of parents. As the Supreme Court ruled in the 2013 *Bedford* decision, the threshold is not overly high for establishing causation between the effects of legislation and infringement of section 7 interests, in a manner that is not in accordance with the principles of fundamental justice.

For many New Brunswickers, the choice to educate outside the public system is simply not feasible.

I want to end with this, before I take some questions. The reason I discuss section 1 with paragraph 2(a) is that it is quite easy to establish an infringement of the freedom of religion. The real question is whether or not that is justified. Section 7 is different. It is extraordinarily rare for a section 7 infringement to be justified under section 1 of the charter. It can only incur in exceptional circumstances, such as, according to the Supreme Court, the outbreak of war or in the face of death, in which a proven effective lifesaving treatment is necessary to prevent the death. I am referring here to the blood transfusion cases. The rights protected by section 7, which are life, liberty, and the security of the person, are very significant and cannot ordinarily be overwritten by competing social interests, says the court. Rarely will violation of the principles of fundamental justice be upheld as a reasonable limit demonstrated to be justified in a free democratic society.

So, I just wanted to close with this before I take questions. I think it likely that, if this legislation were to be enacted, it would be challenged. It is my submission that it is not likely to pass charter scrutiny.

With that, I will gladly take questions.

Mr. McKee: Thank you, Madam Chair. Thank you for your presentation today. I appreciate that you are from the Fredericton area, but I understand that you are now based out of Calgary. Is that correct?

Mr. Kitchen: That is correct.

Mr. McKee: So, are you here on your own behalf? Who invited you here? How did you get to be here today?

Mr. Kitchen: I was hired by Vaccine Choice Canada, which is a citizen advocacy organization that is concerned about the potential implications for the charter rights of Canadians and New Brunswickers. There seems to be some concern about that, as if that is unusual. In my line of work, that is certainly not surprising. I deal with a lot of citizen advocacy groups. It is pretty common for them to get involved in things that matter to them. Should we be discussing other social issues that would affect rights of other groups in society, they would be here and they would probably hire counsel to be here to talk about their rights.

Mr. McKee: So, they agreed to pay your expenses, but have they, in addition, paid for your services here to argue a case on their behalf?

Mr. Kitchen: Yes. To be clear, that is what I meant by “hired”.

Mr. McKee: You are also a board member for the group Parents for Choice in Education. Is that correct?

Mr. Kitchen: I am.

Mr. McKee: Are you also here on behalf of Parents for Choice in Education?

Mr. Kitchen: I am not.

Mr. McKee: You are not. That is the same group that is against the gay-straight alliance groups or student-led after-school support clubs in Alberta. The group, of which you are member of the board, spoke out against that. Is that correct?

Mr. Kitchen: No, it is not correct. I know what you are referring to, but that would be mischaracterization, because Parents for Choice in Education is, of course, not against GSAs. But, the group is against the infringement of parental rights. The legislation that was recently indirectly repealed in Alberta infringed the section 7 and paragraph 2(a) rights of Alberta parents in many different ways. Parents for Choice in Education is an advocacy group that opposes that, so it opposed that legislation and those things in the legislation that cause those infringements. That is often, of course, mischaracterized as an opposition to GSAs, but that would be a gross mischaracterization, in my opinion.

075 16:30

Mr. McKee: It was your group that brought this issue to the attention of now Premier Jason Kenney, who was leader of the UCP at the time?

Mr. Kitchen: It was one of the groups, but I think that it was also brought to his attention by the fact that a court challenge was mounted.

Mr. McKee: Is it this same group that also spoke out against the sex ed curriculum in Ontario? Are you a member of that board?

Mr. Kitchen: No. As I mentioned, Parents for Choice in Education is an Alberta-based organization. It does not claim to have any authority or even necessarily any interest in what happens outside of Alberta because its focus is exclusively provincial.

Mr. McKee: So it never issued any opinion or any statement on the issue of the Ontario sex ed curriculum?

Mr. Kitchen: Not that I am aware of. Perhaps you have Parents for Choice in Education confused with an Ontario organization that is very similar. I think it is called PAFE. I am not associated with that group at all.

Mr. McKee: No, I am not confused.

Mr. Kitchen: Okay.

Mr. McKee: If you do not recall, that is fine. Just to be clear, the group Parents for Choice in Education, of which you are a member of the board, is a group that would be well connected to or funded by religious organizations?

Mr. Kitchen: No, and I fail to see how this is relevant to the discussion.

Mr. McKee: I just want to get a bit of background on you to see whether there is any bias in your opinion or whatnot, so I am just . . .

Mr. Kitchen: Well, I am biased in favour of constitutional freedoms. I am a constitutional litigator, so I am biased in favour of seeing a free society and of rights not being infringed without justification. I will freely admit my bias in favour of the free society.

Mr. McKee: I just want to know what your background is and whether you are funded by religious action groups . . .

Madam Chairperson: I believe that your time has expired, Mr. McKee. Thank you very much for your questions. I will allow the witness to provide the information.

Mr. Kitchen: I am not funded by any individual or group. I am a lawyer, and I get paid by my clients who ask me to represent their interests. So I think that the question is a little misguided, and I want to clarify that I am not funded. I am paid as counsel.

Madam Chairperson: As was Mr. McKee in his previous life as well.

Mr. Kitchen: Of course.

Mr. Savoie: Thank you, Madam Chair. Thank you for being here. I certainly appreciate the questions that Mr. McKee brought forward. Okay, so you are a hired gun for Vaccine Choice Canada. It is paying you. That is fine. There is nothing wrong with that. Do you know who funds Vaccine Choice Canada?

Mr. Kitchen: Presumably, there are private donations, voluntary donations from Canadians. It is pretty common for citizen advocacy groups to accept donations, either as charities or not as charities, to advocate for their interests. It is a pretty common feature of a free society.

Mr. Savoie: Okay. That is fine. I just did not know whether there were any big donors or anybody who you could name. That was out of curiosity.

Mr. Kitchen: Well, that is not really my concern.

Mr. Savoie: Well, that is fine. But I am here to ask a question. If you cannot answer it, that is fine.

You mentioned various points about infringing on minority religious beliefs. Here in New Brunswick, because that is where Bill 39 will apply, can you name any religious groups that would have an issue with receiving a mandatory vaccine specifically?

Mr. Kitchen: I am aware that there are certain sects, groups, or denominations of the Christian religion, and of the Jewish religion, I think, that do have objections to what goes into their bodies—at times, anything. I do believe that Jehovah's Witnesses have very strict beliefs about what goes into their bodies, which I think relate to the issue of blood transfusions. Are the Jehovah's Witnesses and those groups of Christians in New Brunswick? Well, I would be extraordinarily surprised if they were not.

Mr. Savoie: I am a Roman Catholic. I am not aware of any restrictions on my religion. I have two sisters who are converted Jehovah's Witnesses. Your blood comment is correct, but the other one is not. They have been vaccinated and continue to be so. I was just curious whether there was anything outside, in your experience, that you could give anything direct on, but that is okay.

076 16:35

You know, you are a lawyer. You have given your legal opinion, which is fine. I appreciate that. But there are other legal opinions of people who believe that it would survive a charter challenge, and I am asking you for your legal opinion on this. The idea would be this:

First, it would likely be viewed as a reasonable limit on a parent's right to freedom of religion and conscience, and it's the rights of the child that are at stake; secondly, no protected right that parents enjoy is violated by a mandatory vaccination rule.

That is from Dr. Ogbogu, professor of health law at the University of Alberta. You are in Calgary, so you may be aware of him. I am just wondering whether you can give me a legal opinion on that. I know what you have said on your side. I want to hear whether you can give me any veracity or any support to that side, or whether there is any support at all.

Mr. Kitchen: I think that it is an open question. I do not think it is a slam dunk either way. Constitutional litigation is always extraordinarily risky. It is essentially political philosophy. Although there is stare decisis, the court goes back and forth. Many people believe that the Trinity Western University decision was an abandonment of stare decisis. In 2001, the court ruled that Trinity Western could have an education school, and less than 20 years later, the court ruled that it could not have a law school. So, the Supreme Court bounces around depending on the composition of the court and depending on the political philosophies that are at play, the social conditions. The Bedford decision is overruling a prostitution case in the nineties. I should expect differences of opinion, and I certainly do not claim that mine is somehow superior to anybody else's.

To comment directly on what Dr. Ogbogu says, especially following the Trinity Western decision, the court seems very open to justifying limitations on freedom of religion under section

1, so I would say that the bill may very well be upheld in that respect. That criticism does not deal with the section 7 issue I raised.

You raised a second issue about the security interests of the children. I did not get into this based on time, but I think that if this is litigated, you are likely to see a lot of evidence brought into the court process about the safety and efficacy of vaccines and about all the injuries that have been suffered and so on. That will implicate the security interests of the children. Some will say that the security interests of the children require that parents permit them to be vaccinated or that the state force parents to let them be vaccinated, but an argument could also be made that the security interests of the children would be best upheld if parents were able to make choices about whether or not children are vaccinated because there has been harm.

Madam Chairperson: Thank you for your question, but we have now exceeded our time. If we have time, we will circle back around.

Mr. DeSaulniers: Thank you for appearing here today. You have certainly given me some food for thought, and I will keep your thoughts in mind for future consideration. Your specialty is constitutional law?

Mr. Kitchen: Yes.

Mr. DeSaulniers: Okay. In your opinion, would the proposed Bill 39 stand a charter challenge?

Mr. Kitchen: If I had to make a guess, I would say no.

Mr. DeSaulniers: Can you point me to the areas of the bill that you think would violate the charter, just for my information?

Mr. Kitchen: Well, the bill is rather simple. It removes three exemptions, one of which I will note is not a religious exemption. The exemption in the *Public Health Act* is simply an objection. It is not specified whether or not it is supposed to be religious or otherwise. It just says that parents are to say that they object, and that is it. In the other two pieces of legislation that would be amended, it is religious objection. The point of the current status quo is to protect religious rights. Incidentally, it also protects section 7 rights. Right now, parents, whether or not they are religiously opposed to vaccines, use these exemptions, so their section 7 and paragraph 2(a) rights are upheld. If you remove the exemptions, you do not just implicate paragraph 2(a). You implicate section 7.

I think that is where, based on my previous comment . . . Unfortunately, in my personal opinion, justifications for the infringements of religious freedom in Canada seem to be readily accepted. I I think the weakest point of the bill is section 7, which is not something that is going to pop right out. None of the current legislation says that, out of respect for section 7, you are allowed to exempt vaccinations. It talks specifically about religious beliefs. But incidentally, it also protects section 7. What is going to happen if you take the exemptions away is that you are going to get

litigation. Section 7 is going to be pled, and that is where I think the bill is not going to pass charter scrutiny.

077 16:40

Madam Chairperson: Thank you very much for your time, Mr. Kitchen. We have now actually exceeded the time that was allotted for you. Once again, I appreciate your attendance here today.

Mr. Kitchen: Thank you.

Madam Chairperson: Our next witness will be, from the Office of the Chief Medical Officer of Health, Dr. Jennifer Russell. I believe that she is . . . Could we invite her in? Thank you.

Ms. Rogers: Is there any way that we could ask for even a 15-minute extension for this one, only because many of the earlier presenters suggested that some of the questions directed to them be brought to Dr. Russell?

Madam Chairperson: I think that is a fair request, although that would require the consensus of the committee. I see all heads nodding. Thank you.

Office of the Chief Medical Officer of Health

Madam Chairperson: Welcome, Dr. Russell. You were not here earlier. I was going to give you the rules, but the rules have now changed. We were previously allowing each member giving evidence to have 30 minutes, which would include presentation and questions. But many of the individuals who previously gave evidence suggested that you may be the proper person to answer some of the questions that were posed, so we have extended your time to 45 minutes.

I would suggest that we leave a significant amount of time because I think that we are going to have a good number of questions that you will be asked to answer. Is 15 minutes going to be enough? I am hearing more. I am hearing more. Are we looking at extending it to an hour? I am going to ask the question. I see heads nodding. I see that as a yes, Mr. Fitch. We have extended it to an hour. The floor is yours, Dr. Russell.

Dr. Russell: Good afternoon.

À titre de médecin-hygiéniste en chef, c'est un privilège pour moi de comparaître cet après-midi devant le Comité permanent de modification des lois au sujet du projet de loi 39, *Loi concernant la preuve d'immunisation.* Je tiens à vous remercier de me donner une occasion de parler de l'importance de la vaccination. Des discussions comme celle d'aujourd'hui sont une excellente chance d'ouvrir le dialogue avec les gens du Nouveau-Brunswick et de les informer sur l'importance d'être à jour dans ses vaccins.

As Chief Medical Officer of Health, it is a privilege to appear this afternoon before the Standing Committee on Law Amendments on Bill 39, *An Act Respecting Proof of Immunization.* I want to

thank everyone here for providing an opportunity to talk about the importance of immunization. Discussions such as the one today are an excellent chance to start the conversation with New Brunswickers and educate them on the importance of getting immunized.

The Office of the Chief Medical Officer of Health is mandated to protect the population of New Brunswick by educating the public on the value of vaccination; implementing New Brunswick's new vaccine registry, called the Public Health Information Solution, which is essentially an electronic health record for Public Health; responding to and controlling disease outbreaks; supporting Public Health partners who work collaboratively to deliver the New Brunswick immunization program with policies, standards, and guidelines; and providing the science and evidence to help inform government legislation.

Since 1982, New Brunswick has had legislated requirements in place for children entering school. Under the *Public Health Act*, all children entering school for the first time are required to provide proof of immunization through documentation of having received the required vaccines, a medical exemption, or a written statement signed by the parent of the parent's objection, for reasons of conscience or religious belief, to the immunizations required.

The Department of Education and Early Childhood Development, the Office of the Chief Medical Officer of Health, the regional health authorities, and Public Health work collaboratively to ensure that proof of immunization of all children entering New Brunswick schools for the first time is provided to meet the requirements of the *Public Health Act.*

078 16:45

Every year, the Office of the Chief Medical Officer of Health conducts a review of the New Brunswick Immunization Program and evaluates the current vaccines, immunization schedules, and the introduction of new vaccines.

During this review, many factors are taken into consideration to help inform decision making, including scientific research; recommendations from expert groups such as the National Advisory Committee on Immunization, the Canadian Immunization Committee, the Canadian Paediatric Society, Immunize Canada, and the Public Health Agency of Canada; the burden of disease in the province; the program delivery; the cost-effectiveness; the fiscal restraints; and competing priorities with the Department of Health.

Je veux vous informer que 7,23 millions de dollars sont alloués, chaque année, dans le budget de la Santé publique aux programmes d'immunisation du Nouveau-Brunswick financés par les deniers publics. Les vaccins financés par les deniers publics sont fournis pour les programmes suivants : l'immunisation systématique des enfants, y compris l'immunisation préventive et l'immunisation en milieu scolaire ; l'immunisation systématique des adultes, et l'immunisation visant des groupes cibles pour les personnes à risques élevés et pour la lutte contre les maladies transmissibles.

The Office of the Chief Medical Officer of Health sets the policies for the program, such as purchasing vaccines, supplying the record of immunization, and providing immunizers with the necessary documents and tools to promote safe and competent practice.

The New Brunswick Immunization Program Guide consists of policies, standards, and guidelines for immunization providers in the province. Policy 2.9, required immunization of school children, provides standards for the regional health authorities for public health nurses to assess all records of children entering school for the first time in New Brunswick. This review provides the opportunity to catch up children who were not immunized in early infancy.

The regional health authorities deliver the program through various health care professionals, including physicians, nurse practitioners, pharmacists, and public health nurses.

The percentage of children entering New Brunswick schools with proof of immunization against communicable diseases, as cited in regulation 2009, is a key performance indicator for the Department of Health.

I am pleased to say that the Public Health Information Solution is being implemented as I speak. This system will include vaccine inventory management, immunization data management, notifiable disease case investigation, and outbreak management. When I say "immunization data management", I mean a registry for immunization. The Public Health Information Solution will be instrumental in the sharing and the management of immunization data for school entry, and it will mitigate incomplete paperwork.

D'ici à l'année scolaire 2020-2021, un processus amélioré et plus efficace sera en place grâce à l'utilisation du Système d'information sur la santé publique, ce qui permettra aux directeurs d'école et à la Santé publique d'être informés sur l'immunisation obligatoire des élèves. Les directeurs d'école recevront des rapports indiquant ceux qui ne respectent pas ces exigences, et les médecins-hygiénistes régionaux accèderont rapidement à l'information nécessaire en cas d'éclosion d'une maladie dans une école. Quand le SISP sera complètement mis en œuvre, nous pourrons mieux recenser ceux qui ne fournissent pas la preuve de leur immunisation et nous pourrons traiter les obstacles connexes.

As the Chief Medical Officer of Health, I work with my medical and public health colleagues across the country to promote immunization.

Dr. Theresa Tam, Chief Public Health Officer of Canada, recently posted a statement on measles outbreaks and vaccine hesitancy. In that, she reached out to health care providers who are on the front lines of this battle between truth and misinformation to support parents as they tease apart fact from fiction.

How we talk to parents and New Brunswickers who have questions about vaccines can have a direct effect on improving their confidence and supporting them in getting their children vaccinated.

I urge my fellow health care provider colleagues to take the time to answer the questions of concerned parents in a compassionate, collaborative, and supportive fashion. In turn, I urge parents and guardians to ask questions and seek out trusted and reliable sources of information to help guide them. To that end, I am including links to some top Canadian websites providing credible information on vaccines. They can be found at the Public Health Agency of Canada, Immunize Canada, and the Canadian Paediatric Society.

079 16:50

Notre priorité commune, c'est de garder les gens de notre pays, et surtout nos enfants, en bonne santé et à l'abri de la maladie. Dans les semaines et les mois à venir, en collaboration avec des partenaires et des intervenants, je continuerai à lutter contre la désinformation sur la vaccination. La santé de nos enfants et de notre pays ne mérite rien de moins.

As Chief Medical Officer of Health for New Brunswick, I support Dr. Tam in her statement, and I am committed to ensuring that we do the same in New Brunswick Public Health.

I am aware that, currently, Ontario, New Brunswick, and most of the United States have legislation requiring immunization for children enrolling in school. In these jurisdictions, parents may request exemptions from immunization. In 2016, high exemption rates led Ontario to amend its legislation. In Ontario, parents considering a nonmedical exemption have been required to complete an education session since 2016.

Beginning in the 2019-20 school year, British Columbia will implement a policy for parents to provide immunization records for students enrolled in the provincial school system. Parents or guardians with an incomplete record will be contacted by Public Health and provided information on immunization and where their children can be immunized.

Les preuves sont formelles : Les vaccins sont extrêmement efficaces, et de graves maladies peuvent survenir si une personne, son enfant et sa famille ne sont pas immunisés. La vaccination est l'une des manières les plus importantes de favoriser la santé. La vaccination protège aussi bien les personnes qui reçoivent le vaccin que celles avec lesquelles elles sont en contact, particulièrement les personnes qui ne peuvent pas être vaccinées ou qui ne le sont que partiellement en raison de problèmes médicaux ou de leur âge. C'est l'immunité collective.

The evidence is clear. Vaccines are highly effective, and serious disease can occur if a person and that person's child and family are not immunized. Immunization is one of the most important ways to promote health. Immunization protects both individuals who receive the vaccine and the people with whom they come in contact, especially those who cannot be vaccinated or are incompletely vaccinated due to medical conditions or age. This is herd immunity. For example, measles requires that 90% to 95% of the entire population are immune, having been vaccinated and having developed the necessary immune response.

The risks of vaccine-preventable diseases are many times greater than the risk of a serious adverse reaction to a vaccine. In Canada, we have a national system for reporting and following

up on such events if they occur. Serious adverse reactions following immunization are rare. Over the past 50 years, immunization has saved more lives in Canada than any other health intervention. For example, since being introduced, the measles vaccine has decreased the number of cases we see in Canada by 99%. Pertussis has been reduced by 87%.

In closing, I want to mention a quote from the World Health Organization:

Vaccine hesitancy—the reluctance or refusal to vaccinate despite the availability of vaccines—threatens to reverse progress made in tackling vaccine-preventable diseases. Vaccination is one of the most cost-effective ways of avoiding disease—it currently prevents 2-3 million deaths a year, and a further 1.5 million could be avoided if global coverage of vaccinations improved.

.....

The reasons why people choose not to vaccinate are complex; a vaccines advisory group to WHO identified complacency, inconvenience in accessing vaccines, and lack of confidence are key reasons underlying hesitancy.

Les professionnels de soins de santé sont les conseillers et les personnes qui exercent l'influence la plus forte sur les décisions en matière de vaccination, et on doit les aider à apporter aux gens des informations crédibles et capables d'inspirer confiance sur les vaccins. C'est pour cela que, au Nouveau-Brunswick, nous travaillons en étroite collaboration avec la Société médicale du Nouveau-Brunswick, avec l'association des pharmaciens du Nouveau-Brunswick et avec les réseaux de santé pour les soutenir dans leur travail important de partenaires de la protection de l'information et de la population à laquelle ils offrent l'immunisation.

Health care professionals remain the most trusted advisors and influencers of vaccination decisions, and they must be supported to provide trusted, credible information on vaccines. That is why, in New Brunswick, we work closely with the New Brunswick Medical Society, the New Brunswick Pharmacists' Association, and the regional health authorities to support them in the important work they do as partners in the protection of the population to educate and provide immunization.

Thank you.

Merci.

080 16:55

Ms. Rogers: Thank you very much for coming in today and for being so gracious about being here longer as well.

There are a number of questions I would have on a health expert level. One question would be with regard to . . . Could you verify for me whether or not the research for the approval of a vaccine is different from the research for approval of a drug that is administered or approved?

Dr. Russell: There are different organizations that look at . . . I cannot say about the approval itself. I know that the National Advisory Committee on Immunization is the source where we get our information. It has a website, and it publishes documents every year on the most evidence-based information around vaccines. That is the source that we use.

Ms. Rogers: I am not an expert on this, but the vaccine itself would have a live virus, but then it has other accelerators attached to it.

Dr. Russell: Not all vaccines have live viruses in them. Some are attenuated viruses.

Ms. Rogers: Okay, but it is usually not just the virus alone. It has other things with it. I guess what I am wondering is this. Do you think, in your experience and as a result of the research that you would have consulted, that there is sufficient research to make us feel comfortable for making a mandatory bill for New Brunswickers to tell them that they should have the vaccine—that they need to have the vaccine? Is there sufficient research on the longitudinal impact—not just the immediate impact after a vaccine, but the longitudinal, or long-term, impact of vaccinations, considering the accumulation and all of the other ingredients besides the virus?

Dr. Russell: I am speaking on behalf of all my public health colleagues across the country. My public health colleagues across the country use the National Advisory Committee on Immunization as their reference point. The committee has members who are subject matter experts with credibility and with scientific, evidence-based research to back them up. They are the people who would sift through all of that evidence and provide us with the best guidance. That is why we—my counterparts across the country, including the Public Health Agency of Canada—look to the National Advisory Committee on Immunization for the most up-to-date, scientifically evidence-based research on vaccines.

Ms. Rogers: I tried to do a little bit of research myself, and I have read what we have had access to. I seem to have an understanding, and I am looking for some clarification, if I am wrong, that there is insufficient research to . . . I know that nothing is one hundred percent safe, so that is a qualifier. There is insufficient research to show us what the long-term effects are. We only look at reported injuries. I guess that leads to another question. Without compensation or an injury compensation plan, how do we know that there is enough accountability within the industry, especially if the research is missing? We are just waiting for a report on the short-term impact. If the research on the long-term impact is missing, and there is no injury compensation plan in the country, how can we ensure accountability on safety? Does that make sense?

Dr. Russell: I hear what you are saying. Again, I think that if you consider the body of evidence that is trusted and credible, based on the public health system across the country, we are all in support of the organization that does all the research and gives us the best up-to-date medical advice on that. I think that, if you look at the data overall around the decrease in people being affected by vaccine-preventable diseases, that body of evidence speaks volumes in terms of the decrease in the number of deaths and the decrease in the number of complications since vaccines have been introduced.

081 17:00

I think that body of evidence speaks very, very loudly and very, very clearly, not just in terms of the price of human health in terms of actual lives being saved and actual complications being prevented but also in terms of the burden of disease on the health care system. Obviously, the more robust your immunization programs, the higher the herd immunity. There is a decrease in the number of outbreaks, a decrease in the number of severities, a decrease in the number of transmissions, and a decrease in the time that it takes to get the outbreaks under control. All these things contribute to the overall health of the population.

Ms. Rogers: I would agree with you from what I have seen too. There is a lot of research to show that severity lessens with most vaccines, not necessarily all, and the incidents would be reduced. However, we have heard from a few people today who claim that one size does not fit all. Would you have consulted any of the literature that said there is a gender factor that should be considered or that there are pre-existing conditions that make a standard vaccine different for one person than another? Have you thought about how a mandatory bill would exercise a one size fits all or allow for the physician to make a variance on what is accepted or what is a good immunization record?

Dr. Russell: What we know about vaccine-preventable diseases is that we cannot eliminate them globally. They are going to keep circulating. We know that the risk of a vaccine-preventable disease is going to remain in the world and that with travel being the way it is, we are just a plane ride away from being exposed to some of those vaccine-preventable diseases. We have to remain vigilant in our country and in our province around, again, making sure that our herd immunity is as high as it can be and that our ability to respond to outbreaks is as efficient and effective as it can be. The Public Health Information Solution, having an electronic health record, to be able to have a rapid response around that is really important.

To your point about individuals, I mean, anybody who is immunocompromised, who has certain types of chronic diseases, obviously, their physicians would take those things into account when offering immunization or not. There are actual contraindications for certain ones, depending on them. Those would be on an individual basis that a physician would have to look at. That would not preclude a medical exemption. A medical exemption would still be something that would be available.

Ms. Rogers: Is it either an exemption or full immunization? Is there any variance that would be allowed, such as a different schedule, for example, something different for males and females or something existing . . .

Dr. Russell: Those things exist right now. In terms of the schedule that we have right now, for any individual issues around somebody's personal health in terms of chronic diseases or being immunocompromised, those decisions are made right now by the physicians, between them and their patients. Those are already in place in terms of what people have in terms of risk factors and contraindications. That already exists.

Ms. Rogers: Does everyone not get the same now? It is not different for males or females or different for . . .

Dr. Russell: There is no difference in gender, but for somebody, again, who is immunocompromised or has a chronic medical condition that would contraindicate some of the vaccines, that exists right now.

Ms. Rogers: Okay. I will ask one more to give time for others. Then if there is time, I might come back. I am curious about the electronic records. Who would have access to these?

Dr. Russell: Public Health employees would have access to that information, and the system would be used to gather information around people's immunization status. Then they would have quick access to that in an outbreak setting. Right now, all that information is collected manually. If there are incomplete documents in an outbreak situation, that is when it causes a problem in the sense that those are the pieces of information that have to be tracked down in a really big hurry. In an outbreak situation, that means it is very labour intensive and very cumbersome. It all gets done because it has to in an outbreak situation, but the Public Health Information Solution will allow all that information to be collected electronically so that in an outbreak setting, the response will be much easier and much more streamlined because the information will already be in one place.

082 17:05

Ms. Rogers: But only medical health practitioners have access?

Dr. Russell: Yes.

Ms. Rogers: May I squeeze one more question in?

(Interjection.)

Ms. Rogers: Would you agree that more research is needed not necessarily for vaccine efficacy but for unintended consequences?

Dr. Russell: We have a reporting system in Canada. All adverse events are reportable. They collect those data. The documents are available publicly, so you can actually go online and actually see the information for every single vaccine that exists in terms of any adverse event that is reported. That information is available.

Ms. Rogers: Who puts the data into that? Is it when someone goes to their doctor?

Dr. Russell: All physicians and public health providers—anybody who provides vaccines who has documentation of a patient having an adverse event. It is reportable, so there is a special form

that has to be filled out. It is sent in at the national level, and it is collected. Again, these data are published regularly, so you can access them online. They are available.

Ms. Rogers: If parents or individuals reported something to their physicians, it would automatically appear.

Dr. Russell: Absolutely. Well, it is all collated together in terms of percentages of the different types of adverse events.

Ms. Rogers: Okay. Thank you.

Mr. Northrup: Thank you, Madam Chair. Thank you for being here this afternoon. I have just a couple of questions that are related more to the Saint John outbreak which you were obviously pretty involved in. Out of the 12 cases of measles that were there, I believe . . . Did any of those 12 cases have the vaccine before they contracted the measles?

Dr. Russell: We are not disclosing the actual immunization status of any of those patients for reasons of confidentiality.

Mr. Northrup: I guess I am not looking at one case here. I am just looking at . . . There are no names or anything like that. Obviously, that is the answer that you are going to give me, and I cannot get any more answers out of that. I guess that is what I am saying. I am not a lawyer or a legal expert. I am just a general case trying to find out all the facts here. As a general question, I am just wondering whether there was a situation where somebody was vaccinated before and then contracted the measles. I guess that is as far as I can go with that.

Dr. Russell: I can give you a hypothetical example that is different from the Saint John example in terms of what we know about vaccine efficacy and the risk of people contracting a disease in terms of being vaccinated or not being vaccinated. Several years ago, we had an outbreak of varicella—chicken pox. It had so many people out of school. Let's say 300 people at the school. So many people were infected, and so many people had to stay home. It took so many hours of nursing staff time to collect the information and then get things under control. We actually did a mathematical modeling of it to see what would happen if this was a measles outbreak. What would be the projected number of students who could be infected, be hospitalized, have complications in a population of 300? The mathematical model that we had had upwards of 40 people who could be infected. Of those 40 people, 2 might be hospitalized and 2 might have other complications. In a hypothetical . . . That was estimating the best-case scenario of, let's say, 12% of the population not being fully immunized.

In this scenario, we had obviously a population of 1 000 students, and of that population, a very, very small percentage was infected. I think you have to look at any outbreak in two contexts: the herd immunity in terms of protective factor and the response mechanisms and rates. If you have high herd immunity, it is not going to preclude an outbreak, because, again, as I said, these diseases circulate globally and are a plane ride away. In an outbreak situation, the herd immunity

will protect people as well as, again, however many people are vaccinated, the percentage of vaccinated, but also the ability to respond . . .

083 17:10

I keep coming back to the Public Health Information Solution. Our response was very, very effective and very, very quick and timely, but it will be that much more efficient once the Public Health Information Solution is completely implemented in 2020. The immunization registry piece will be implemented in April of 2020, and the outbreak management component will be implemented in October of 2020.

All the pieces around outbreak management and control and prevention have different pieces to them, including herd immunity. It is just one piece. People ask me: But what about the vaccination rate? It is a really important question. It is really important information, but it is only one piece of the puzzle when you look at the entire population that is being affected and how this was contained to Saint John. It was one area of the city, and it came under control in a short amount of time.

Those are the types of things that we would look at broadly, and then, we would also look at outcomes in terms of saying: Well, how many outbreaks have we had over the last however many years? We have our reports that we put out annually around communicable diseases, including vaccine-preventable diseases. If we were to see a huge increase in outbreaks, then we would obviously start being very concerned. Again, whatever gaps we have in our knowledge base and in the data right now will be filled in once the Public Health Information Solution is implemented.

Mr. Northrup: Okay. When you first heard about this or when it was first proposed… I would like to get your professional opinion of whether you thought it was a good thing or a bad thing. Do we need more information? I would just kind of like to get your personal feeling on it as to how you thought it was proposed and whether it was a good or bad idea to legislate this.

Dr. Russell: What I can say is that I believe the more people are immunized, the better. Our job, in terms of Public Health and in terms of our mandate, is to make sure that everybody is educated and aware that vaccines are really, really important and that everybody should be vaccinated, knowing the schedules and knowing how to access that.

There are about 7 000 babies born in this province every year. That means there are 7 000 sets of parents that have to make decisions about vaccinating their kids every year. We always have to make sure that we have continuous conversations. This is ongoing education and awareness. We have advertising, social media campaigns, and things like this to make sure that people are aware of what they need to be doing to protect themselves. We take that job very, very seriously. We have an annual budget for that, and we put a lot of resources and time into that. We also know that people can move here from other jurisdictions, and they also need to be aware of being up to date with their vaccines.

We also know that complacency is an issue as people get further and further removed from the historical knowledge, from first-hand witnessing, of the effects of the vaccine-preventable diseases. That includes health care providers. There is a whole generation of physicians who would never have thought twice about offering a vaccine to their patients without having to have a conversation about it, but because of the fact that, over time, this historical knowledge has been lost, we have to be continually vigilant about continually having those conversations. There are always new people to inform.

The part of the education and awareness is a huge component of what the Public Health mandate is around vaccination. In terms of the Public Health aspect of promoting vaccination, it is a huge part of our mandate. The decision-making is around our schedule, which vaccines are introduced, the budget constraints, and the delivery in terms of our regional health authorities and our partners. These are all things that we consider when we talk about immunization. We cannot talk about it in isolation from other things.

Again, the Public Health Information Solution will provide more information around what gaps we have right now. There are so many pieces of information that are gathered manually, and there are so many incomplete records on which we are working toward trying to fill in those gaps. We will be most confident once the Public Health Information Solution is fully in place that those gaps will be filled in to have the best picture and the best knowledge around the status of immunization in the province.

Mr. Northrup: Also, obviously, we are talking about 10, 20 or 30 years ago. That information was basically not there. I am wearing my hat as a parent now and that sort of thing. You would go to the doctor. The doctor would say: Yes, you should have this shot and that shot. You would go with the experts and what their information was. They had the knowledge and the university background. Obviously, the majority of the parents did not have that. That has come a long way, coming to today and hopefully into the future.

084 17:15

If this bill does go through the Legislature and it becomes law, do you feel that your department is 100% ready for this to happen?

Dr. Russell: Again, with any types of implementation and operationalization of any legalization of any amendments, we obviously would work with all our partners to have an implementation plan, so I cannot say that it would be implemented immediately. I think it would be something that we would, as with any other piece of legislation, sit down with all the people involved and have those conversations about timelines and implementation, what is practical and what is realistic.

Mr. Northrup: If it was put through in November or December of this year, then you would kind of sit down with all your counterparts and your associations and you would say: This is what is going to happen in 2020, this is what is going to happen in 2021, and this is what is going to happen in 2022.

Dr. Russell: We would have discussions, as we have ongoing discussions, because we do not work in a vacuum. We do not have a static system, so we are always working to improve things. Anytime that we are talking about resource allocation and any type of program in Public Health, there are ongoing conversations that have to happen, because things change continuously. We have to be flexible enough to understand that resource allocation, again, does not happen in a vacuum. As with any other government department, we are always having to make decisions about priorities and where those resources are going. Our regional health authority partners are very sympathetic in terms of: Yes, you have a mandate, and yes, you have things to implement, but we have limitations as well, so let's work together to make sure that we are on the same page with those priorities.

We cannot do everything, so we have to pick and choose. Just as any other government department, we have to pick and choose our priorities and the timelines around that. If you are going, again, to be effective in implementing any legislation of any kind, then you have to have those conversations.

Mr. Northrup: Okay. Thank you for that. I just want to publicly thank you and your organization for how you handled the Saint John area situation. Just living a couple of miles from there, I knew that it was all positive. Usually, in our situation as MLAs, we hear the negativity before we hear the positivity. It was positive, and I just want to publicly congratulate you and your counterparts for the quick action that you took in that situation. Those are all the questions that I have for now, Madam Chair.

Dr. Russell: Thank you very much. I am very proud of the staff and how they operationalized that response. They worked very collaboratively with the Saint John Regional Hospital staff. They worked collaboratively with the lab staff. They worked collaboratively with the Anglophone South School District staff and school at Kennebecasis Valley High School. We are a very nimble team, and we were able to mount a response that was very, very effective, and I am very, very proud of how they successfully dealt with that.

Ms. Mitton: Thank you, Madam Chair, and thank you, Dr. Russell, for being here today. I have a bunch of questions for you, so I am glad to have the chance to ask them. I first want to go back to something that you brought up in your presentation around herd immunity. I know that this may vary by vaccine, so please feel free to offer a few examples. But I was wondering at what level herd immunity would be threatened in New Brunswick.

Dr. Russell: You are right that it does vary from vaccine to vaccine, so I think that all I can say is that our goal and our mandate are to keep the herd immunity as high as possible. The way that we do that is around education and awareness, the delivery of our programs with our partners, and again, by staying vigilant and making sure that the process that is in place and the schedule that we have are as up-to-date and evidence-based as they can be, again, from the sources at the national level, the National Advisory Committee on Immunization. That is our job to keep the immunization rates as high as possible.

Ms. Mitton: Okay. Thank you. Maybe I will ask specifically about measles for example. You said the rate of immunity that we need is 90% to 95%. Would you say that we are there, or where would you say we are at in New Brunswick?

085 17:20

Dr. Russell: Again, I think it is not a static number. All we can do is to work as hard as we can to keep the numbers as high as they can possibly be, again, for the reason that you will decrease the number of outbreaks. You will never have zero outbreaks in perpetuity, again, because these diseases are circulating globally, so the best protection is to have the highest herd immunity possible and have the ability to respond really quickly, again, with something like the Public Health Information Solution in place, which will increase our efficacy and streamline our processes around responding. The best that we can do is make sure that we inform New Brunswickers of the importance of being immunized, offer them the correct evidence-based schedules, and make sure that resources are in place through our RHA partners to provide those immunizations. That is our job. That is part of our mandate.

Ms. Mitton: Okay, thank you. I guess that earlier, when Minister Cardy was here, I was asking about vaccination rates within the schools, which we are looking at more specifically with Bill 39. There is a lack of information, I guess. We do not know. It seems as though there are more than 18 000 incomplete records in the schools. What I am trying to figure out is this: Are we facing . . . I do not know whether crisis is too strong a word, but are we facing some sort of medical crisis when it comes to the levels of vaccination rates and herd immunity that would warrant mandatory vaccinations?

Dr. Russell: Having incomplete records means that we have an incomplete picture. Having all the information collected in the Public Health Information Solution and the electronic records for public health will help improve all that and fill in those gaps so that we can speak more confidently about what the situation is and what we should be doing about it.

The last case of measles was in 2017. It was an isolated case. It was travel-related. There are some outbreaks that are cyclical in nature, such as whooping cough. We would see an outbreak of whooping cough probably every seven years. We know that no vaccine is 100% effective. We know that no vaccine is 100% safe. We know that there is a waning of vaccines. There are all these things to consider. Again, stay vigilant about informing New Brunswickers about the importance of vaccination and making sure that we are doing our part to make sure that our schedules are up to date and that the evidence-based information is there.

Ms. Mitton: Thank you. I guess that I have already said this a few times today. One of the biggest questions for me is this good public health policy. From my understanding and what Minister Cardy indicated, is that the idea for this bill came from his interest and his research in this. Minister Cardy championed Bill 39. So, it appeared to me that it came from the Education Department rather than from Public Health. I have some concerns about whether this is good public health policy.

Something in your presentation . . . You said that once this information solution is fully implemented, we will better be able to quantify the numbers of those not providing documented proof of immunization and be able to address the related barriers. Right now, with over 18 000 incomplete records in the schools, it feels a bit like we are going after a solution and we do not really have a complete picture of the problem, whether there is a problem for sure, or what the problem looks like. I wonder whether this step should not happen before a mandated vaccination policy, which is more restrictive and more serious. Are there other steps that could be taken before something such as Bill 39 would be implemented?

Dr. Russell: All I can say is that, again, from the Public Health perspective, having the most people immunized, the better. Obviously, having an accurate set of data is obviously extremely helpful. The Public Health Information Solution will provide us with that opportunity. The records are being looked at right now in terms of trying to fill in those gaps so that we will have all that information in one place. It is just very cumbersome at the moment because it is all being done manually.

Again, I can only speak to the fact that, from a public health perspective, having the most people immunized is best. In terms of the approach and how that happens, I can only say that, again, having the right information is important. We are really grateful that this Public Health Information Solution is being implemented. It was a long process to get it to this point. To be investing in the future is a really positive thing. Again, we have been operating in a manual system for many, many years, and this is a really huge step forward.

086 17:25

Ms. Mitton: I would agree with you about having updated software systems and better information instead of people carrying around little pieces of paper. I think that is very positive.

You referenced Dr. Tam in your presentation. I am sure you are aware of the comments she made earlier this year. She is the Chief Public Health Officer of Canada. I know you know that. She addressed this issue of mandatory vaccination and suggested that it is not the most effective way to address the goals that you have talked about, of having the highest vaccination rates possible, and that there are underlying reasons that need to be addressed. We have talked about these today somewhat: complacency, people who just forgot, and people maybe not having access. Sometimes, it is an issue in New Brunswick. Family doctors are often responsible, but not everyone has a family doctor. There could be different factors like those.

What she says is that it is a provincial decision. She also says that mandatory vaccination does not address the root causes. The chief medical officer of Canada is saying that mandatory vaccination does not sound like a good public health policy, and that is really what I am trying to get at. I am wondering whether you can speak to that, please.

Dr. Russell: All public health issues around promoting health and improving people's . . . The preventative aspects of health, in any setting, always include education, collaboration, and facilitation, just like a public health inspector going into a restaurant and doing an inspection. He

would be working with the owner around the issues that they have to resolve, not from a punitive perspective but from a collaborative, educational component. As those conversations happen, then you have a collaboration approach and it is less punitive in terms of how you arrive at the safest outcome.

With any legislation that is passed in any type of public health piece of work, the same approach applies. Again, the education component will be there, the collaboration component will be, and the facilitation component will be there regardless of how things are operationalized. Those types of pieces are core competencies within our public health system. We always educate, and we always collaborate and so on.

Ms. Mitton: Okay. Thank you. I know my time is almost up. I would like to ask one more question. Given that we, as we both agree, are working with incomplete data—and some might argue insufficient data—to decide what exactly the problem and the level of the problem might be, I am wondering whether you can speak to the potential negative consequences of a policy like this.

One of my concerns is alienating certain populations, losing relationships and losing trust with some people, especially falling into the category of vaccine hesitancy. I guess this is arguably a restrictive and a punitive policy in some ways for some children to lose access to education and therefore leave the education system and leave having access to other public health information, education, and health care services, potentially. I guess I have addressed what I consider to be negative consequences. Can you speak to those and any other negative consequences that come to your mind, as the chief medical officer, if Bill 39 were to be implemented?

Dr. Russell: Again, I cannot really speak to them in the sense that we do not have all the answers in terms of the gaps in our knowledge and information until the Public Health Information Solution is implemented. At that time, we would have a clear understanding and a clear picture of how many people have been immunized and not immunized and would be able to look at those records.

087 17:30

Ms. Mitton: For the sake of argument, there will be some people who have opted out for nonmedical reasons, and that may, hypothetically . . . I am sure that it is true. There are some people who, for nonmedical reasons, would be forced out of the public education system. I guess that is what I am trying to get at.

Dr. Russell: Sorry, the gaps in the information are around people who have not provided a record of immunization or an exemption. So, the people who would not have provided any information would not have provided an exemption either.

Ms. Mitton: I apologize. I guess I am just trying to . . . The idea of Bill 39 is that there will be children who, because their parents do not want them to be vaccinated, will no longer be able to attend public school. From a public health perspective or social justice, I am wondering whether

you can address the potential negative outcomes for these individuals and for public health. Based on Bill 39, what would happen if Bill 39 were legislated?

Dr. Russell: I hear what you are saying. Again, as I have said before, the approach of Public Health is always collaborative to educate. Once we have the information with the Public Health Information Solution, that would be the time to have those conversations.

Ms. Mitton: Thank you for allowing me to pursue that. Thank you.

Mr. DeSaulniers: Thank you, Madam Chair. Dr. Russell, thank you for being here and thank you for the important work that you do. I have one really quick question that we can set aside really quickly. We were talking about adverse effects earlier, and you said that they are reportable, but you did not say that they had to report. Is there a law that causes them to report?

Dr. Russell: I am trying to think of the *Public Health Act.* It probably does say that it is reportable. Off the top of my head, I do not have the actual quote to give you from the *Public Health Act,* but my understanding is that it is reportable and it is mandatory to report adverse events.

Mr. DeSaulniers: I just wanted to make sure.

Dr. Russell: I am pretty sure that it is in the *Public Health Act.* I just cannot quote exactly where.

Mr. DeSaulniers: That is fine. Thank you. We got a lot of information here today from south of the border and this and that. I would like you to help me understand how Canada does pharmaceutical research with respect to vaccines and the like. Do we accept the research from the states? Do we cause our companies, the ones that operate in Canada, to go through our methods? I have much more faith in our health care system in Canada than I do in the one south of the border.

Dr. Russell: The people on the national advisory committee are Canadian subject matter experts, but they would be looking at global information. They would take into account whatever evidence-based research is available to make recommendations in Canada. In terms of the companies, the manufacturers, and the pharmaceutical companies, I do not have information on that. I can tell you that we get our source of evidence-based information from the National Advisory Committee on Immunization, which is a Canadian organization, and it is with Canadian subject matter experts who would review the latest research. Once that happens and it makes its recommendations, again, it is all published and documented. You can go to its website and find all the reports that it has. That is the trusted source that we use as the most credible.

Mr. DeSaulniers: I am just concerned that the Canadian system should go down every rabbit hole when it is investigating these things. If there are adverse effects that are not known, the system should go and find everything that it can before it allows a pharmaceutical from the United States to sell drugs in Canada.

Dr. Russell: My understanding is that there is a process for that to happen. I am not up-to-date on how that is done. I can tell you that it is done and that this information is looked at by the National Advisory Committee on Immunization.

Mr. DeSaulniers: I will move on then. In your opinion, do you think that Bill 39, if enacted, will cause financial liabilities on the province of New Brunswick?

Dr. Russell: Again, because adverse events can happen with any vaccine, we have to be aware that it is something to consider and to discuss.

Mr. DeSaulniers: Have you explored joining up with Quebec? I understand that it has a program . . . I saw a news story the other day that said that we may want to join with it in its compensation liability—whatever scheme it has up there.

Dr. Russell: I am not aware of that.

088 17:35

Mr. DeSaulniers: No? My last bit of questions has to do with ethics. I have gotten some e-mails and have had some private conversations with people who work in health care. There are some concerns that this bill may cause them to have pressure put on the ethics that they have to go by—the standards. You are well aware of the ethics, I am sure. You are a doctor, right? Would this bill create downward pressure from doctors down into the system, to the nurses and so on, that would cause nurses perhaps, for lack of a better word, to be coerced to accept a vaccine rather than not because of the health care or the public school issue? Just for example, I am thinking of a couple who cannot afford to stay home and home school. Both of them work, but they do not agree with having vaccines. Do you think that the system could put pressure on the frontline health providers to push the barriers of their ethics?

Dr. Russell: That is a good question.

Mr. DeSaulniers: It is. I would like to have a good answer.

Dr. Russell: I do not think I have one.

Mr. DeSaulniers: I guess I could leave it at this. It is food for thought, maybe.

Dr. Russell: Yes.

Mr. DeSaulniers: That is all I have, Madam Chair.

Ms. Mitton: May I ask one more question myself, if you will indulge me? Would this type of legislation have prevented the outbreak that we experienced in Saint John earlier this year?

Dr. Russell: I do not think any legislation can prevent any outbreak. As I said earlier, these vaccine-preventable diseases are circulating globally. They are a plane ride away. Having the strongest herd immunity possible, having a really good response process, including a Public Health Information Solution that has an outbreak management component—those are the types of things that are most protective for any outbreak.

Ms. Mitton: I heard you say earlier that Ontario was prompted to make legislative changes because it had a higher number of exemptions. Is that what we are experiencing here in New Brunswick?

Dr. Russell: I cannot answer that question until the Public Health Information Solution is completely implemented in April 2020.

Ms. Mitton: Have we had an increase in outbreaks in New Brunswick recently? Let's say in the last decade.

Dr. Russell: I would say no.

Ms. Mitton: Would you say that the Office of the Chief Medical Officer of Health is inadequately equipped to deal with an outbreak that would require this type of legislation?

Dr. Russell: No.

Ms. Mitton: Thank you. I have a few more questions, Dr. Russell. One question I have is this. I am not sure from your responses so far whether you have indicated that you feel that Bill 39 is necessary or not. Maybe you can clarify that. I wonder, also, how often this bill would be revisited. Would this be a temporary measure to deal with a specific situation?

Dr. Russell: I do not have an answer for that.

Ms. Mitton: I do not know whether you will have an answer for this. Would you or Public Health have brought forward a mandatory vaccination policy if the Education Department had not?

Dr. Russell: We have had a policy in place since 1982, which actually does allow for the exclusion of students indefinitely. It has already been in place since 1982. It does not really get enforced or implemented in the sense that, again, we work collaboratively and supportively with Education and with our RHA partners. Again, we have had a policy in place since 1982. That is the part of the policy that we are using currently. Again, to strengthen that, we are going through all the information in the school records to try to complete the information and have the Public Health Information Solution in place to strengthen our approach to herd immunity in responses to outbreaks.

Ms. Mitton: Thank you. I misspoke. You are right. Vaccination for public school children has been mandatory. However, there have been medical and nonmedical exemptions. I guess I

meant: Would you have moved to get rid of the nonmedical exemptions? But, thank you. I did misspeak.

089 17:40

I was also wondering about something. This is my last question. The C.D. Howe Institute put together a report looking at vaccination rates across Canada, and it was warning against mandating vaccines. I feel as though removing the nonmedical exemptions is what it is getting at here, because it could further entrench positions among parents with safety concerns and vaccine-hesitant parents. It recommended using more nurse-led vaccination programs and emphasizing reminders and record-keeping, which I know the information solution is getting at, among other things. I am wondering if you can speak to whether the resources are already at an adequate level in those other areas and whether putting more efforts into education, into more accessibility, and into reminders might actually address the issues that Bill 39 is trying to address. Thank you.

Dr. Russell: Again, we are always evolving to improve the system, our results, and the data. So, we are trying to improve upon all the things that are in place currently. Again, based on the resources that we have, on the timing and whatnot . . . I just feel as though I keep saying the same thing over and over again. The Public Health Information Solution is something that we look forward to having completely implemented in April 2020. Again, in terms of resource allocation, we work with our RHA partners around how that happens, because we do have many different programs and priorities to look at. So, again, every government department has those decisions to make. We are not alone in that.

Ms. Mitton: Okay. Thank you.

Madam Chairperson: Thank you. Our time has now expired. We are ending exactly on the time that was allotted. Thank you very much for attending. We do absolutely appreciate your being here today and giving extended time for us to ask questions. We are adjourning for today. We will commence tomorrow at 10 a.m. Thank you.

(The committee adjourned at 5:43 p.m.)