



## Consent or Coercion?

Prepared for  
**Members of NB Legislature**

*"We and our children have been and are the victims of a carefully orchestrated, programmed propaganda campaign in which maximum publicity is repeatedly given to rare complications from one of the childhood diseases while actively suppressing the cases of morbidity and death caused by vaccines.*

*This active suppression is used to quietly terrorize any professional who does honest research and reports negative or adverse effects from mandated vaccines."*

~ Dr. Thomas Stone, MD Pediatrician



Dear Members of the New Brunswick Legislature.

We are writing to bring to your attention the urgent need to **protect and preserve the fundamental rights and freedoms** of the citizens of New Brunswick. Education Minister Dominic Cardy is lobbying the NB government to introduce legislation to remove non-medical exemptions and impose artificial immune stimulation (vaccination) upon unwilling and non-consenting Canadians. This action to undermine our right to informed medical decision-making and impose forced medication threatens our most basic liberties.

A decision of such significance and impact should require thoughtful dialogue supported by extensive, rigorous and verifiable evidence. This is not occurring. Instead we have a one-sided conversation that is **fear-based** and **adversarial** rather than evidence-based and thoughtful. We ought to be asking questions such as:

*Is the artificial immunization paradigm as solid and evidence-based as we have been led to believe?*

*In our efforts to protect children from common childhood infections have we inadvertently created even more serious and chronic illnesses?*

*Is the science with regard to vaccine safety, effectiveness and necessity robust and evidence-based?*

*Should we permit the silencing and censoring of debate on such a critically important topic?*

Included in this document is information collected from published sources by scientists, researchers, physicians and concerned citizens. The information we present here will enable you to better understand the serious concerns about vaccine safety and effectiveness held by an increasing number of parents today.

Our expectation is that you will **vigorously defend our right to informed consent** and our rights and freedoms under the Canadian Charter. It is also our expectation that you will demand that the New Brunswick government produce **science-based evidence** to support the claims of vaccine safety, efficacy and necessity.

Sincerely,  
Edda West, Founder and President  
Vaccine Choice Canada

*“In spite of the widespread notion that vaccines are largely safe and serious adverse complications are extremely rare, a close scrutiny of the scientific literature does not support this view.”<sup>1</sup>*

~ Dr. Lucija Tomljenovic

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<sup>1</sup> <http://vaccinechoicecanada.com/wp-content/uploads/Forced-Vaccinations-For-the-Greater-Good-Tomljenovic.pdf>

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## The Health of Our Children is Declining

We are experiencing a major epidemic today. However, contrary to government and media reporting, the epidemic is not measles, influenza, mumps or chickenpox. Rather we have **an epidemic of neurological and immune system disorders** such as autism, attention deficit hyperactivity disorder, learning disabilities, life threatening food allergies, juvenile diabetes, childhood cancers, autoimmune diseases such as arthritis and Parkinson's, as well as 'Autoimmune/inflammatory Syndrome Induced by Adjuvants' (ASIA).<sup>2</sup>

Chronic childhood illnesses are increasing at a dramatic rate. One in ten Canadian children has life-threatening afflictions, as noted by former Prime Minister Harper.<sup>3</sup> In the last 25 years we have witnessed huge increases in the following childhood conditions:<sup>4</sup>

- **Autism** – increased more than one thousand-fold in less than a generation; autism spectrum disorders now affect more than 1 in 45 children.<sup>5</sup>
- **Impact on Development** - Over 27% of Canadian children fall short on at least one measure of physical, emotional or cognitive development by age 5.
- **Attention Deficit Hyperactivity Disorder** – 1 in 10 children
- **Learning Disability** – 1 in 6 children affected
- **Severe Mood Dysregulation** – 1 in 30 children affected
- **Allergies** – increased 6X since 1980
- **Anaphylactic Food Allergies** – doubled in the last decade
- **Eczema** – 1 in 5 children affected
- **Asthma** – 1 in 8 children affected
- **Obesity** – tripled since 1980; 25% of Canadian children overweight/obese
- **Juvenile Diabetes** – more than 100% increase since 1980
- **Childhood Cancer** – dramatic increase

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/pubmed/28741088>

<sup>3</sup> <https://web.archive.org/web/20151020023902/http://pm.gc.ca/eng/news/2008/03/19/pm-announces-additional-funding-free>

<sup>4</sup> <http://vaccinechoicecanada.com/health-risks/why-do-pediatricians-deny-the-obvious>

<sup>5</sup> <http://www.autismservicesinc.com/pdf/Autism%20Speaks%20Canada%20Updated%20Facts%20and%20Stats.pdf>

The declining health of our children was confirmed in the ‘**Raising Canada**’ report issued by the *O’Brien Institute for Public Health* in 2018.<sup>6</sup> Today’s children are *significantly less healthy* than those of previous generations.

At the same time Canadian children are among the most vaccinated children in the world. Since 1980 the Canadian vaccine schedule has more than tripled the number of vaccines given. Canadian health authorities now recommend **32 - 41 doses of 13 to 16 different vaccines** in the first 18 months of life alone. New Brunswick, the Northwest Territories and Nunavut start injecting babies on the first day of life. Children can receive as many as **70 doses** by age 18. Health Canada even condones injecting vaccines into pregnant women although no evidence exists regarding the safety of this medical practice for the fetus.

What role do vaccinations play in the substantial increase in chronic illness in our children? The fact is – we don’t know. We should know. **What are we risking by not knowing?**

*If you are 35 years of age or older,  
You have received fewer vaccines  
than a six-month old baby does today.*

## **The Status of Vaccine Safety Testing**

There is a widely held *assumption* that *all* recommended vaccines are safe for *all* children. As the NB government moves toward imposing increasingly coercive measures to address the growing concern about vaccine safety, this is a good time to ask if this assumption is valid and supported by robust scientific evidence.

What most people are unaware of is that vaccines are **not tested for safety** to the same strict standards required for all other medical products. The reason for this is that the Centers for Disease Control (CDC) in the United States was assigned the responsibility to develop vaccines for infectious agents in the event of biological warfare. In order to meet this mandate vaccines were classified as ‘*biologics*’ and exempted from the strict and extensive safety testing required for all other pharmaceutical products.

The result is that **no childhood vaccine product** licensed for use in Canada has been tested for safety using the standards required of all other pharmaceutical products. In other words, **long-term, double blind, placebo-controlled studies are not conducted** prior to licensing. Instead, vaccines are released for use with sub-standard safety testing. The medical industry uses the monitoring of adverse events *following* vaccination as the primary method to evaluate safety. This means that our children are injected with products where safety is determined by the amount of injury or death reported *after* vaccination.

The reality is that vaccines are *not* benign medical products. Vaccination is **an invasive medical procedure** that delivers complex biochemical drugs by injection. This method of evaluating vaccine safety is grossly inadequate given that medical professionals are neither trained to diagnose vaccine injury, nor legally required to *report* vaccine injury.

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<sup>6</sup> <https://obrieniph.ucalgary.ca/files/iph/raising-canada-report.pdf>

## Vaccine Makers Have Legal Immunity

The **National Childhood Vaccine Injury Act (NCVI)**, passed by the U.S. Congress in 1986, further undermined the need for robust vaccine safety testing. Prior to the NCVI Act, many vaccine injury victims sued the vaccine makers, and U.S. courts awarded large penalties for the catastrophic injuries and deaths caused by vaccine products. In response to these massive penalties, the industry threatened to stop making vaccines. The U.S. government, fearing that without vaccine manufacturers it would lose the ability to mount a defense against biological attack, terminated the right of vaccine injury victims to sue vaccine makers in a regular court of law. The NCVI Act protects vaccine makers from *legal liability* for any harm caused by their products.

The consequence is that the only way a vaccine manufacturer can be held legally liable is if they are aware of an adverse effect of their product and fail to inform the public. The unintended consequence of this is that *the less the vaccine manufacturer knows about the harmful effects of their products, the safer they are from liability*. Vaccines are the only product where a manufacturer is not legally liable for the injuries and death caused by their products. The result of this legal immunity is that **no one is held responsible** for the injuries and deaths caused by vaccination.

This freedom from liability includes not only the vaccine manufacturers, but also government agents in the CDC and FDA, and those who encourage, license and administer vaccines. Health officials in Canada experience de facto immunity from liability as the courts have ruled that those who administer vaccines are not held accountable for injury or death if they are following Health Canada and its agencies' recommendations for vaccine administration.

*This legal immunity was designed  
to protect the vaccine industry.  
It was not designed to protect citizens from harm.*

One consequence of this legal immunity is that there is **no legal or financial incentive** for the vaccine industry to make their products safer, even when there is clear evidence that vaccines *can* be made safer. This creates a very dangerous situation. Because there is no independent oversight of vaccine safety, the medical industry has been given *license to injure and kill* our children with impunity. Combine this reality with the growing effort to take away the right of parents to voluntary and informed consent and you have a very dangerous situation. Unfortunately, this is the state of medicine in New Brunswick today.

There is growing evidence that the legal immunity provided to vaccine manufacturers has *increased* the risk of harm to our children.<sup>7</sup> Efforts are now underway in the United States to repeal the National Childhood Vaccine Injury Act and once again hold vaccine manufacturers legally and financially liable for vaccine injury and death.

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<sup>7</sup> Is "Delitigation" Associated with a Change in Product Safety? The Case of Vaccines. *Review of Industrial Organization*. July 2017.

## The Safety of the Vaccine Program Has Not Been Established

The medical industry claims that the ‘*artificial stimulation of the immune system*’ with injected ingredients (vaccination) is “*the safest, most effective and best way to protect our children and communities.*” This opinion is not, however, supported by scientific evidence.

The fact is, we don’t know the safety of the current vaccination program because **the science has not been done** to the level that would support this conclusion. This is not our opinion, but rather the finding of the prestigious **Institute of Medicine (IOM)** which found that the safety of the current childhood vaccine schedule **has never been proven** in large, long-term clinical trials.<sup>8</sup> They state:

*“Few studies have attempted more global assessment of entire sequence of immunizations or variations in the overall immunization schedule and categories of health outcomes, and **none has squarely examined the issue of health outcomes** and stakeholder concerns in quite the way that the committee was asked to do its statement of task. **None has compared entirely unimmunized populations with those fully immunized for the health outcomes of concern to stakeholders.**”*

In 2011, the IOM reviewed 155 health conditions associated with the Varicella, Tetanus, Hepatitis B & MMR vaccines. In only 5 cases did the scientific evidence reject causation. In 134 cases the IOM deemed there were **too few scientifically sound studies** published in the medical literature to determine whether more than 100 serious brain and immune system problems *are or are not caused by the vaccines*, including multiple sclerosis, arthritis, lupus, stroke, SIDS, autism and asthma.

Vaccines **have not been tested** for their ability to cause cancer (carcinogenicity); their ability to damage an organism (toxicity); their ability to damage genetic information within a cell (genotoxicity); their ability to change the genetic information of an organism (mutagenicity); their ability to impair fertility; or for long-term adverse reactions. Product information inserts provided by the manufacturer make this clear.

In 1987, Congress mandated that Health and Human Services improve vaccine safety continuously and report their progress every two years. In 2018, HHS admitted that it has **failed to file even a single report** to Congress on vaccine safety. Since vaccines are given to healthy children, the level of safety testing ought to be even *more* rigorous than with other pharmaceutical products. Clearly, this is not the case. For a vaccine to be recommended without adequate safety testing is nothing short of medical malpractice.

### No Neutral Placebos

On examining the vaccine safety science, what an informed parent discovers is that **none of the vaccines on New Brunswick’s childhood vaccination schedule** were tested against a neutral / inert placebo. The reason this is so critically important is that the safety profile of a medical product *cannot be determined* unless it has been tested against a control group

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<sup>8</sup> <https://www.ncbi.nlm.nih.gov/books/NBK206940/>

given a neutral placebo. This standard of safety testing is required for all pharmaceutical products . . . **excepting vaccines.**

This fact was recently confirmed by the **Informed Consent Action Network (ICAN)**,<sup>9</sup> which analyzed all the scientific evidence on which Health and Human Services rests its claim of vaccine safety. ICAN meticulously reviewed *every single study* provided by HHS and which provides the basis on which the FDA (and by extension Health Canada) licenses vaccines. The lack of proper control group-based studies should concern everyone committed to the health and safety of our children.

### **Unacceptably Short Pre-Licensing Safety Testing**

Another concern is the unacceptably short time period for pre-licensing safety testing of vaccines. Most childhood vaccines undergo pre-licensing testing of **a few days to a maximum of a few weeks**. This brief pre-licensing testing is not able to reveal whether the vaccine causes autoimmune, neurological or developmental disorders. These disorders will only become apparent over time, after the child is a few years of age.

Vaccines have *never* been tested for safety in the combinations recommended for our children today. All vaccines should be carefully evaluated, both individually and in long-term studies, and then synergistically for toxicity with other vaccine combinations. This does not happen with vaccine products, which renders the routine practice of multiple injections at one time an *uncontrolled* medical experiment.

### **Systemic Under-Reporting of Vaccine Injury**

Informed parents also discover that there is a systemic under-reporting of adverse events following vaccination. A **Harvard Pilgrim Hospital** study concluded that “*fewer than 1% of vaccine adverse events are reported. Low reporting rates . . . endanger public health.*” This means that 99% of vaccine adverse reactions may go unreported and unacknowledged.<sup>10</sup>

It is deceptive, even fraudulent, for Minister Cardy to state that vaccines are “*safe and effective*” when there is insufficient evidence to support such claims. So, the question is –

*Is it ethical for the New Brunswick government to impose vaccine products on healthy children when the evidence to support the claims of safety is so clearly lacking?*

### **Are Vaccinated Children Healthier?**

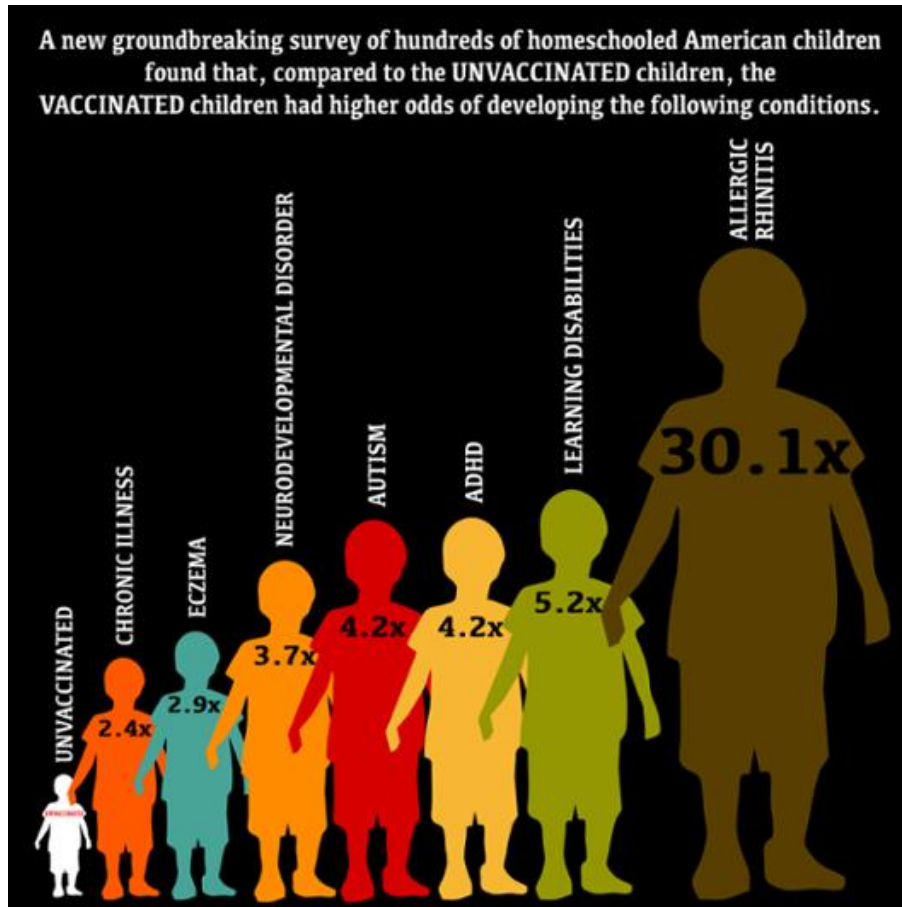
The most important question with regard to vaccination is – ‘*Are vaccinated children healthier than unvaccinated children?*’ In 2017 the **Journal of Translational Science** published the first independent, non-industry funded study comparing the overall health of

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<sup>9</sup> <http://icandecide.org/wp-content/uploads/whitepapers/ICAN%20Reply%20-%20December%2031%2C%202018.pdf>

<sup>10</sup> <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

vaccinated and unvaccinated 6 to 12-year old children in the United States. <sup>11</sup> The results of the study revealed that, while vaccinated children were less likely to have chickenpox or whooping cough, **they were significantly more likely** to have pneumonia, allergies, otitis media (ear infection), eczema, a learning disability, Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, neuro-developmental disorders and chronic illness.



Graphic from Children’s Medical Safety Research Institute (CMSRI)

The conclusions of the study were as follows:

*“ . . . the strength and consistency of the findings, the apparent “dose-response” relationship between vaccination status and several forms of chronic illness, and the significant association between vaccination and neuro-developmental disorders all **support the possibility that some aspect of the current vaccination program could be contributing to risks of childhood morbidity. Vaccination also remained significantly associated with neuro-developmental disorders after controlling for other factors . . .**”*

Tragically, we are losing a large portion of the next generation of children to neurological, neurodevelopmental, behavioral and learning disabilities. And, unlike acute infectious illnesses, these are chronic, life-long and severely disabling conditions.

<sup>11</sup> <https://www.oatext.com/Pilot-comparative-study-on-the-health-of-vaccinated-and-unvaccinated-6-to-12-year-old-U-S-children.php>



The vaccine industry has failed to provide robust scientific evidence that children receiving vaccinations according to the current vaccine schedule have better overall health than those who don't. Ted Kuntz with **Vaccine Choice Canada** contacted Canada's Chief Medical Officer, Dr. Teresa Tam, to request evidence of vaccine safety testing conducted by Health Canada. To date, Dr. Tam has failed to provide any evidence to support the claim that Health Canada "*conducts rigorous scientific review and testing of vaccines to assess their quality, safety, and efficacy before they are approved for use.*" A copy of Kuntz's letter is included in this package.

The medical establishment considers vaccines effective if they suppress a few targeted symptoms – but at what expense? An emerging body of evidence indicates that overstimulating a child's immune system damages a child's developing immune system and brain, leading to life-threatening or debilitating disorders such as learning disabilities, attention deficit disorders, autism, asthma, allergies, juvenile diabetes and death.<sup>12 13 14</sup>

*"For the first time in history ... children are sicker than the generation before them. They're not just a little worse off, they are precipitously worse off, physically, emotionally, educationally and developmentally."*<sup>15</sup>

~ Judy Converse, MPH, RD, LD

## **Why Two Different Responses?**

If a child develops a serious illness or dies from a tainted food product, the government takes immediate action. Food processing facilities are closed, products are recalled, health inspectors begin testing products and equipment, media make public announcements, medical treatments are provided, and financial compensation is offered to those affected.

Compare this to the response when a child develops a serious injury or dies as a result of a vaccine. No government inspectors are called. No vaccine manufacturing is suspended. No products are identified and recalled. No public announcements are made. No financial compensation is offered. Instead the response is silence and denial.

**Vaccines have been granted a special status which forbids scrutiny, criticism, recalls and calls for a moratorium.** Granting vaccines special status gravely endangers us all.

*When a parent says their child was injured in an accident,  
the outreach of love, concern and compassion is overwhelming.*

*When a parent says their child was injured by a vaccine,  
the ridicule, abandonment and judgement is overwhelming.*

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<sup>12</sup> <http://journals.sagepub.com/doi/abs/10.1177/0960327111407644>

<sup>13</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3170075/>

<sup>14</sup> [http://www.ebiomedicine.com/article/S2352-3964\(17\)30046-4/abstract](http://www.ebiomedicine.com/article/S2352-3964(17)30046-4/abstract)

<sup>15</sup> <https://vaccinechoicecanada.com/health-risks/why-do-pediatricians-deny-the-obvious/>



Canada is the only G7 Nation without a vaccine injury compensation plan. Other countries recognize that vaccines cause injury and death and compensate families for these losses. There is **no financial compensation** in Canada if your child is injured or killed by vaccination.

### No Effective Oversight

The childhood vaccine program has **no independent oversight**, no independent evaluation of risk, and no effective counter-balance to the intense lobbying by the medical industry for more and more vaccines to be included on the vaccine schedule. Witness the tripling of the number of vaccines recommended since 1980 from 23 doses by age eighteen to more than 70 today. And there are yet another 271 vaccines under development.

**No Legal Liability** - The vaccine industry in the US is **exempt from legal liability** for any injury or harm caused by their products. In Canada, the vaccine industry enjoys de facto legal immunity due to the requirement that both ‘negligence’ and ‘causation’ be proven by the vaccine-injured victim. Vaccine injury compensation claims do not undergo the same discovery process as occurs in the case of every other legal matter.

**No Independent Oversight** - Vaccine manufacturers are permitted by the FDA to do their own safety and efficacy testing. Their results are *not* verified by an independent entity that does not stand to profit or benefit in any way from the vaccine being tested. Vaccine manufacturers **are not required to include a control group** receiving an inert placebo in their safety testing in order to obtain licensure from the FDA or Health Canada.

**No Media Oversight** - The media has been told the “*science on vaccines is settled*” and that giving voice to vaccine safety concerns is irresponsible journalism. Therefore, balance and fairness in reporting in the media regarding vaccine safety **does not exist in Canada**.

### The Result

- NO industry accountability.
- NO independent testing.
- NO legal accountability.
- NO media scrutiny or oversight.

*“I never imagined myself in this position, least so in the very beginning of my Ph.D. research training in immunology. In fact, at that time, I was very enthusiastic about the concept of vaccination, just like any typical immunologist. However, after years of doing research in immunology, observing scientific activities of my superiors, and analyzing vaccine issues, I realized that vaccination is one of the most deceptive inventions that science could ever convince the world to accept.”*

~ Dr. Tetyana Obukhanych, Ph. D.

## Do Unvaccinated Children Put Others at Risk?

The vaccine industry blames those who are “under-vaccinated” for the spread of infection. But is this true? The idea that the only plausible reason people contract infections is because some parents don’t get their children vaccinated may be a powerful marketing strategy, but it is factually and scientifically flawed. Here are the facts:

- Vaccines **do not confer life-long immunity** or eliminate susceptibility to infection. The immunity protection conferred by vaccines is **temporary**, wearing off after a few years or even months.
- Not all vaccines are designed to prevent the transmission of infection. Many vaccines are only intended to **reduce the severity** of the symptoms once an infection occurs. Therefore, not being vaccinated for these infections does not alter the safety of public spaces. <sup>16</sup>
- It has been demonstrated that regular influenza vaccination is known to **increase the risk** of susceptibility of contracting pandemic strains of influenza viruses. <sup>17</sup>
- It is now recognized that the pertussis (whooping cough) vaccine actually **increases the risk** of contracting pertussis, and that “*children who were primed by DTaP vaccines will be more susceptible to pertussis throughout their lifetimes, and there is no easy way to decrease this increased lifetime susceptibility.*” <sup>18 19</sup>
- Live virus vaccines (*measles, mumps, rubella, intranasal influenza, chickenpox, shingles*) can infect, transmit and shed. <sup>20</sup> Viral shedding, which involves the expulsion of the virus, can occur up to six weeks post vaccination. Those vaccinated with live viruses pose more of a threat to the immune-compromised than do healthy unvaccinated individuals - who pose no risk.
- Herd immunity via vaccination is a theoretical concept that has repeatedly failed to take effect even when high vaccination targets have been achieved. The universal vaccination program has actually *eliminated* the natural herd immunity we enjoyed in the pre-vaccine era.
- The decline in natural, life-long immunity due to the widespread use of vaccines actually *increases* the likelihood of outbreaks in the future. Both infants of vaccinated mothers and adults **are more at risk** than in the pre-vaccine era.

In an open letter to US legislators, immunologist Tetyana Obukhanych Ph.D addressed the

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<sup>16</sup> <http://vaccinechoicecanada.com/about-vaccines/general-issues/herdimmunity/herd-immunity-can-mass-vaccination-achieve-it>

<sup>17</sup> <https://www.cbc.ca/news/health/flu-vaccine-paradox-adds-to-public-health-debate-1.2912790>

<sup>18</sup> <https://sboh.wa.gov/Portals/7/Doc/Meetings/2019/03-13/Tab09e-Cherry%20JPIDS%202019.pdf>

<sup>19</sup> <https://www.sciencedaily.com/releases/2019/06/190610090106.htm>

<sup>20</sup> <https://www.nvic.org/cmstemplates/nvic/pdf/live-virus-vaccines-and-vaccine-shedding.pdf>

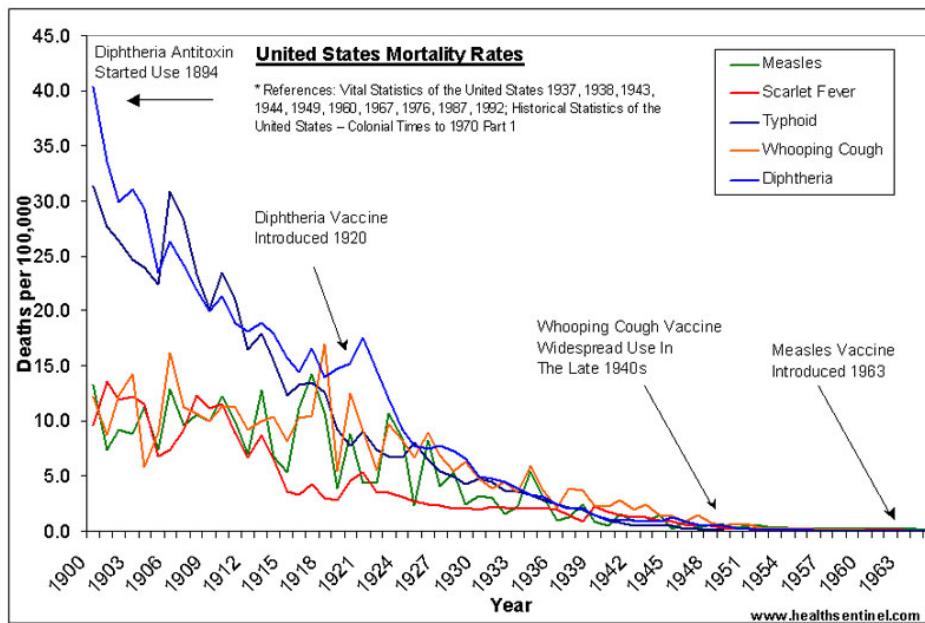
question of whether unvaccinated children pose a higher risk to the public than vaccinated children. Dr. Obukhanych stated:

*“It is often stated that those who choose not to vaccinate their children for reasons of conscience endanger the rest of the public, and this is the rationale behind most of the legislation to end vaccine exemptions currently being considered by federal and state legislators country-wide. You should be aware that the nature of protection afforded by many modern vaccines – and that includes most of the vaccines recommended by the CDC for children – is not consistent with such a statement. **Discrimination against children who are not vaccinated is completely unwarranted as (they) pose no undue public health risk.**”<sup>21</sup>*

Vaccine-induced “herd immunity” is a *lie* used to frighten doctors, public health officials, politicians and the public into accepting forced vaccinations. The system is designed to enable an unlimited number of vaccines to be recommended and ultimately imposed without informed consent. This is unacceptable by any reasonable standard of care.

### **Aren’t Vaccines Responsible for the Decline in Mortality?**

Vaccines are often given credit for the decline in mortality of major infectious diseases over the last century. Historical epidemiological data, however, does not support this claim. The data shows that major declines in disease mortality took place in the western world *before* the introduction and mass use of specific vaccines. There is *no evidence* that vaccine use is primarily responsible for reduced mortality. Rather, the evidence indicates that public health measures such as clean drinking water, closed sanitation systems, better nutrition, improved housing and reduced exposure to toxins are the real reason for improved rates of mortality and morbidity.



<sup>21</sup> <https://vaccinechoicecanada.com/wp-content/uploads/Letter-to-Legislatures-Considering-Vaccine-Legislation-Obukhanych>.

*“The decline in diphtheria, whooping cough and typhoid fever began fully fifty years prior to the inception of artificial immunization and followed an almost even grade before and after the adoption of these control measures. Claims about the historical life-saving impact of immunization programs appear to be assumptive and not factual.”*

~ McCormick W.J., Archives of Pediatrics

*“The best evidence offered by those promoting (vaccines) is that there has been a reduction in the incidence of certain diseases against which vaccination is now commonplace. This is not evidence.”*

~ Dr. Vernon Coleman

## What About Measles?

Education Minister Dominic Cardy would have us believe that measles is a dangerous childhood disease. Mr. Cardy recently stated: *“Every day we delay, we’re endangering people”* and *“If you have lower vaccination rates . . . you’ll see disease that we thought were dead and extinguished coming back and killing our kids, killing our adults and killing our vulnerable seniors.”* The fact is, measles is a benign childhood infection in Canada. There have been no deaths or permanent injury associated with the recent outbreaks.

According to **Physicians for Informed Consent**, measles is *“a self-limiting childhood viral infection.”*<sup>22</sup> In developed countries, measles may be inconvenient for 4 – 6 days, but the risk of permanent injury or death of children from measles is *“rare”*. In fact, public health officials in Canada removed measles as a notifiable disease in 1958 because it was no longer considered a public health threat. We would have no fear of our children contracting measles if the medical industry and mainstream media were being honest with us about the risk of permanent injury or mortality from measles exposure.

## No Medical Justification

We have been *seriously misled* by the for-profit medical industry and the corporate controlled mainstream media into believing that contracting measles in childhood is dangerous, justifying mandates for *all* vaccines. There is **no medical justification** to impose more than a dozen different vaccines based upon the level of risk to Canadian children experiencing measles. The measles ‘epidemic’ is a *manufactured* crisis.

Neil Rau, an infectious disease specialist, and Dr. Richard Schabas, MD, Ontario’s former Chief Medical Officer, stated in their October 2018 article in the Globe and Mail – **‘Stop the Hysteria Over Measles Outbreaks’** that the media-fueled hysteria is unwarranted.

*“The borderline hysteria fueled by the media and public health that greets a few cases is unwarranted.”* They also stated, *“At current rates, Canada can expect to see a death from acute measles about once every hundred years or so.”*

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<sup>22</sup> <https://physiciansforinformedconsent.org/measles/>

Schools can only treat children with infectious diseases differently from other students where there is a *significant* health risk. The determination that a person poses a direct threat to the health or safety of others may **not be based on generalizations or stereotypes**. There is no basis in law to discriminate against children who do not have an infectious disease, whether vaccinated or not.

## Vaccine Failure

What is not reported by Mr. Cardy, and only rarely by the mainstream media is that many of the citizens who contract measles today have been vaccinated. Vaccine experts now recognize that the **measles vaccine does not and cannot eliminate measles outbreaks** in the general population. This is because up to 10% of individuals are “*non-responders*,” while another 8 - 9% of individuals stop producing antibodies within 2 - 10 years.

Vaccination has resulted in an expanding population of people at risk of measles. Instead of *eliminating* measles as promised, the measles vaccine has shifted the risk of measles away from children, in whom it is generally a benign illness, and onto those for whom it poses a greater risk of potentially deadly complications - **infants and adults**.

This has created a paradoxical situation whereby in highly vaccinated societies measles occurs primarily in the adult population, and in infants. A review of Canadian government measles statistics by Nelle Maxey shows that in the pre-vaccine era, children 1 to 9 years old accounted for almost all cases of measles. Today, children older than 10 years and adults account for 70% of measles cases in Canada.<sup>23</sup>

While the measles vaccine did succeed in stopping the cyclical rounds of measles in childhood, it did so at a huge cost. By preventing measles at the safest and most appropriate age, the measles vaccine has eliminated the broad population-based natural herd immunity that we enjoyed in the pre-vaccine era, and which protected our infants and adults.

Dr. Gregory Poland made a call for a new measles vaccine in 2012 because of the recognized failure of the MMR vaccine to effectively and safely eliminate measles.<sup>24</sup> The primary cause of the current measles outbreak is a result of **vaccine failure**, not a failure to vaccinate. Holding unvaccinated children responsible for measles outbreaks is **dishonest** as well as very **divisive** to a community.

To mandate all vaccines in New Brunswick in order to receive an education is to invite discrimination based on medical choice. The demand for vaccine mandates by Minister Cardy **has nothing to do with health risk**. We would not tolerate this kind of discrimination with any other medical condition or treatment. Why are we willing to tolerate this kind of discrimination with vaccination?

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<sup>23</sup> <https://vaccinechoicecanada.com/wp-content/uploads/vcc-measles-report-2019.pdf>

<sup>24</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3905323/>

## The Safety of the Measles Vaccine

Is the measles vaccine “safe?” According to the Canada Vigilance database, during the period 1965 – 2015, there were 9 deaths following administration of measles vaccines. During the period 1970 – 2011 there were 237 severe adverse events following the administration of measles vaccines. If we consider that less than 1% of vaccine injuries and deaths are reported, the number of deaths from the measles vaccine could be as high as 900, and the number of severe adverse events as high as 23,700.

A 2011 paper, [Adverse Events following 12 and 18 Month Vaccinations](#) by Kumanan Wilson of the Ottawa Hospital Research Institute, found that 1 in 168 babies had made emergency room visits within 4 – 12 days following their 12 months MMR vaccination. Several children died during the study period. The number of deaths was not disclosed.<sup>25</sup>

Merck’s own product inserts for its two MMR vaccines lists the following adverse events: *pneumonia and respiratory infection, cellulitis, aseptic meningitis, anaphylaxis, necrotizing retinitis, nerve deafness, cerebrovascular accident or stroke, encephalitis, Guillain Barré syndrome, acute hemorrhagic edema, arthritis, diabetes, pancreatitis, subacute sclerosing panencephalitis, and death.*

Looking at all the data, it is perfectly understandable why a well-informed parent would choose to allow their children to experience measles naturally and gain true life-long immunity, rather than expose their children to a deficient vaccine whose manufacturer warns of the many autoimmune diseases that have been observed in children who were given the vaccine during clinical trials.

## Being Concerned About Vaccine Safety Is Not Anti-Science

Daring to question the claims of Health Canada and the vaccine industry is not *anti-science* as some claim. Rather, questioning and demanding clinical evidence of vaccine safety and effectiveness demonstrates a strong *pro-science* attitude, as well as being characteristic of responsible parents and health consumers. The arguments used to legitimize, legalize and implement vaccination mandates are, for the most part, ***ideological constructs - not evidence-based medicine.***

Indeed, the failure of the vaccine industry to provide clinical and biological evidence of long-term vaccine safety and efficacy is profoundly anti-science. Saying that there is no need to conduct long-term safety trials with inert placebos is irresponsible and unethical.

## ‘One Schedule Fits All’ is Ideology

Not all vaccines are the same, made the same, contain the same ingredients, are made by the same manufacturers, or given to children at the same age. Not all children have the same immune response or tolerance. Yet the medical industry and the mainstream media routinely describe vaccines as though they are one drug and insist that “*one schedule fits*

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<sup>25</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3236196/>

all.” They imply that all vaccines have the same efficacy and safety. This is clearly untrue. Saying, “*All vaccines are safe and effective*” is like saying “*All prescription drugs are safe and effective.*” Such statements are without scientific integrity.

*“One size fits all approach for all vaccines and all persons should be abandoned.”<sup>26</sup>*

~ G. A. Poland, Editor in Chief of the journal Vaccine

The primary metric to measure success for Health Canada appears to be how many vaccines are delivered, and how successfully the agency expands its vaccine program. Vaccine uptake is *not* an appropriate measurement of success. **Increased health** is the only true measurement of the success of a program or policy.

## **The Impact of Coercive Vaccine Regulations**

Removing non-medical exemptions and creating even more coercive vaccine regulations in New Brunswick is a clear erosion of our most basic human right to make a voluntary and informed decision when considering any invasive medical treatment that carries a risk of injury and death – which vaccines certainly do. It is important that we all be fully aware of the impact that mandating vaccines would have on our rights and freedoms.

### **Loss of Personal Self-Determination**

Coercive vaccine regulations would mean that individuals no longer have self-determination over their own body or that of their children. Instead, industry and unelected government agents would have the authority to impose medical interventions upon healthy citizens. This action would establish a very dangerous precedent. While the context of the current debate is about vaccines, the potential impact goes well beyond this. These regulations extinguish the right of Canadians to decide what goes into our own body, and the bodies of our children. If you cannot voluntarily decide when and for what reason you are willing to risk your life or the life of your child, **your inalienable right to life and liberty has been taken from you.**

### **A Significant Change in Medical Ethics**

Mandatory vaccination would also mean a significant change in how medicine is practiced in New Brunswick. It would mean that physicians would no longer uphold the Hippocratic Oath – ‘**First do no harm.**’ As a community we uphold the principle – ‘**If there is risk, there must be choice.**’ Forced vaccinations would disregard these principles and ethics. U.S. Law deems vaccinations “*unavoidably unsafe,*” meaning that even when used as directed an unknown number of individuals will be injured or killed by vaccines.

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<sup>26</sup> Poland, G.A., I.G. Ovsyannikova, and R.M. Jacobson, Vaccine immunogenetics: bedside to bench to population. *Vaccine*, 2008. 26(49): p. 6183-8.



Our current medical ethics support the right that no one should be forced to undergo an invasive medical procedure **without his or her informed consent**. We condemned the forced sterilization of individuals with developmental disabilities, and Nazi practices that included involuntary euthanasia, experimentation, and sterilization. We've also condemned ideological policies such as residential schools for our First Nations. Despite this, New Brunswick's Education Minister is advocating for medical practices similar to those we have previously roundly condemned.

*"All vaccines are not created equal.  
Discussion of both the benefits and the risks of individual vaccines is needed.  
The authoritative medical bodies must end their arrogant stance  
and take an honest look at the literature they have suppressed.  
The public deserves better.  
Negative effects must be honestly brought to light.  
Legislative bodies need to do their homework and reject any thought  
of mandating vaccinations."*

~ Ralph Campbell, MD,  
a now-retired board-certified pediatrician

### **Systematic Erosion of Choice**

Many governments that introduce vaccine mandates initially offer religious, personal and medical exemptions. However, if the experience from other communities can inform us, these exemptions will only be *temporary* measures meant to appease those resistant to giving up their freedom and their right to informed consent. One need only look elsewhere to witness the tactics used by governments to increase vaccine compliance and deny informed consent.

- New York authorities threaten to impose fines and call Child Protective Services if a parent fails to vaccinate their children. In Rockland County, a state of emergency declaration banned unvaccinated children from public spaces. This state of emergency declaration was challenged by parents and halted after a judge ruled that the outbreak did not legally merit an emergency declaration.
- When the California government introduced vaccine mandates, the state promised to uphold religious, personal and medical exemptions. However, once vaccine mandates were implemented, government acted to remove both religious and personal exemptions, and is attempting to pass legislation to limit medical exemptions.
- Doctors in California have decided that vaccinations are "*simple and common*" where the related risks are "*commonly understood*," and therefore informed consent is no longer required.
- Argentina denies passports and driver's licences to citizens who are not fully vaccinated.

- Australia introduced the ‘*No Jab, No Pay*’ policy which denies income assistance and other child support benefits to families whose children are not fully vaccinated according to the recommended schedule. Families are being forced to choose between their ethics and conscious choice and feeding their children.

## A Path of Coercion

While Minister Cardy’s intention is likely well-meant, what he may not fully understand is that he is supporting policies that endorse *coercion rather than consent*. Canada is a signatory to ‘**The Universal Declaration of Bioethics and Human Rights.**’ Article 6 describes consent as:

*“Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be expressed and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice. . . In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual’s informed consent.”*

This means that consent must be *voluntary, free and informed*, and that the consent can be withdrawn at any time **without disadvantage or prejudice**. According to the **Nuremberg Code**, informed voluntary consent means that *“the person involved...should be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion.”*

We need only look to other countries to witness the gradual and systematic erosion of parental rights, the dismissal of the ethic of informed consent, and the loss of body sovereignty to appreciate that **the New Brunswick government is embarking upon a path that will ultimately lead to these losses here as well**. These actions, no matter how well intended, undermine our freedom to think, speak and dissent.

## Conflicted Interests

We need to be thoughtful and vigilant when considering the idea of imposing an invasive medical procedure. This is especially true when the motive of profit can distort the true value and benefit of such medical procedures. Vaccine manufacturers operate as *for-profit* businesses. Their goal is to have the highest financial return, eliminate competition, use advertising to promote their products, and in addition, they employ lobbyists to influence governments to provide them a favorable position in the market. Robert Kennedy Jr. has revealed that the pharmaceutical industry has four times as many lobbyists in Washington as does the military-industrial complex.

It is important to note that the CDC owns many patents related to vaccines and their delivery. Corporations license these patents for their vaccine development and the CDC in turn reaps enormous financial rewards in royalties. **This means the CDC is financially and ideologically conflicted** when they recommend vaccines.

The top pharmaceutical companies that produce almost all vaccines have been found guilty and paid billions in criminal penalties for research fraud, faking drug safety studies, failing to report safety problems, bribery, kickbacks and false advertising. There is no reason to believe that they are telling the truth when it comes to vaccine safety and efficacy?

Vaccines are the fastest growing sector of the pharmaceutical industry, with 271 vaccines under development. The global vaccine market quadrupled in value from \$5 billion in 2000 to almost \$24 billion in 2013 and is projected to rise to \$100 billion by 2025.

We ought to be extremely careful when a for-profit business is given influence to decide what goes into our body. We also ought to be extremely vigilant to ensure that governments are not being corrupted and co-opted by industry money. **Currently there exists no significant separation between the pharmaceutical industry and government.**

*“Honest doctors can no longer practice honest medicine.  
We have a complete healthcare system failure and an epidemic of misinformed  
doctors and misinformed and harmed patients.”*

- Dr. Aseem Malhotra, to the European Parliament in Brussels, April 12, 2018 <sup>27</sup>

## **We Need Your Help**

A decision that involves using coercive measures which will inevitably result in the loss of informed consent requires:

- More **conversation**, not less
- More **information**, not less
- More **evidence** and scrutiny, not less
- More **caution**, not less
- More **oversight**, not less.

Unfortunately, the very opposite is occurring. This is why we need your help. You have a responsibility to the citizens of New Brunswick to get this right. Short-circuiting the dialogue on vaccinations or remaining silent will not serve us well. Forcing vaccinations upon unwilling citizens will, in fact, undermine our democracy. Taking away personal rights and freedoms will change our province forever. Imposing vaccines is a serious decision that affects *every* citizen, now and for generations to come. **Once a freedom is lost, it is almost impossible to get it back.**

*“It is from numberless diverse acts of courage and belief that human history is shaped.  
Each time a man stands up for an ideal, or acts to improve the lot of others,  
or strikes out against injustice,  
he sends forth a tiny ripple of hope.”*

- Robert Kennedy Jr.

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<sup>27</sup> <https://www.youtube.com/watch?v=IzKEYqgbq84&app=desktop>

## Who Is Vaccine Choice Canada?

**Vaccine Choice Canada(VCC)** — Vaccine Choice Canada is a federally registered not-for-profit educational society supported solely by donations from its members. VCC was founded by families whose loved ones have suffered severe vaccine reactions which have resulted in brain and immune system injuries, chronic debilitating diseases, and death.

VCC formed in response to the growing concern about the safety of the current vaccination program. As a public information and resource group, we are committed to protecting children's health by informing parents of the existing and emerging scientific literature evaluating the risks, side effects, and potential long-term health effects of artificial immunization.

VCC works to protect the right of all people to make fully informed and voluntary vaccine decisions for themselves and their children. Our mission is to empower individuals to make informed health care choices and to defend the medical ethic of Informed Consent.

VCC maintains that we have the right to know and understand what we are putting in our bodies, and to refuse unwanted medical treatments, whether 'preventive' or 'therapeutic,' as articulated by the Universal Declaration on Bioethics and Human Rights - Consent.

Our Mandate is to:

- Empower families to make voluntary and informed health care decisions
- Support individuals in their right to health freedom
- Protect and further the individual's freedom from enforced medication

Contrary to government and media statements, vaccination is NOT mandatory in Canada. Vaccines are 'recommended,' and all provinces currently permit vaccine exemptions. Our goal is to keep it this way.

Vaccine Choice Canada maintains a website to provide a national and international overview of the vaccine issue with links to the many vaccine information consumer groups around the world. Our extensive Science page provides access to scientific articles on this topic. We publish an acclaimed newsletter with articles and research on this subject from international sources.

For more information: [www.vaccinechoicecanada.com](http://www.vaccinechoicecanada.com)

Email: [info@vaccinechoicecanada.com](mailto:info@vaccinechoicecanada.com)

*“When I tell the truth, it is not for the sake of  
convincing those who do not know it, but for the  
sake of defending those that do.”*

~ William Blake