The Honourable John Horgan, Premier of British Columbia

West Annex Parliament Buildings

Victoria, BC V8V 1X4

The Honourable Adrian Dix, Minister of Health

Government of British Columbia

Room 337 Parliament Buildings

Victoria, BC V8V 1X4

Dear Premier Horgan and Health Minister Dix,

This letter is to inform you of my objection to the proposed registry of vaccination status and the ‘vaccine education session’ for parents who choose to vaccinate selectively or not at all.

The ethics of vaccination has already been debated and decided on by our own BC Ministry of Health, UNESCO and the CMA.

The BC Health-Care-Providers'-Guide-to-Consent-to-Health-Care defines consent rights as follows:

The rights associated with giving and refusing consent to health care include the following:

1. The right to give consent or to refuse consent on any grounds, including moral or religious grounds, even if the refusal will result in death;

2. The right to select a particular form of medically appropriate health care on any grounds, including moral or religious grounds;

3. The right to revoke consent;

4. The right to expect that a decision to give, refuse or revoke consent will be respected; and

5. The right to be involved to the greatest degree possible in all case planning and decision making.

In October 2005, UNESCO (the United Nations Educational, Scientific and Cultural Organization) adopted the *Universal Declaration on Bioethics and Human Rights*. This was the culmination of nearly 2 years of deliberations and negotiations. Canada is one of the founding members of UNESCO. Article 6 of this declaration states that “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 The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.

The following are excerpts from the Canadian Medical Association Code of Ethics and Professionalism.

**Commitment to the well-being of the patient.** Take all reasonable steps to prevent or minimize harm to the patient; disclose to the patient if there is a risk of harm or if harm has occurred. Recognize the balance of potential benefits and harms associated with any medical act; act to bring about a positive balance of benefits over harms.

**Commitment to respect for persons.** Always treat the patient with dignity and respect the equal and intrinsic worth of all persons. **Always respect the autonomy of the patient**. Never exploit the patient for personal advantage. Never participate in or support practices that violate basic human rights.

**Empower the patient to make informed decisions** regarding their health by communicating with and helping the patient navigate reasonable therapeutic options to determine the best course of action consistent with their goals of care; communicate with and **help the patient assess material risks and benefits before consenting to any treatment or intervention.**

**Respect the decisions of the competent patient to accept or reject any recommended assessment, treatment, or plan of care.**

These guidelines establish an ethical baseline and clearly outlines why vaccines should remain voluntary and why there needs to be informed consent. It also leads one to desire more effort by our government to provide complete information on the safety and effectiveness of individual vaccines and the vaccine schedule as whole to every patient that receives them.

But, we are not talking about mandatory vaccination (yet) so why specifically do I object to mandating registration of vaccination status?

1. **The slippery slope.** By first starting a registry of those who have not vaccinated, the next step towards mandatory vaccination is much smaller. It is simply unethical and authoritarian to mandate any medical intervention. **If there is risk, there must be informed consent.**

2. **Bullying and coercion contradicts informed consent.** The dialogue over vaccination has devolved to the point where the science is done. It’s now coercion, censorship and hate. Here in Canada we don’t tolerate hate speech which is defined as “abusive or threatening speech or writing that expresses prejudice against a particular group.” Registering as part of an identifiable group puts the registrants at risk of such treatment because of the attitude that has been created around the subject.

3. **What is the practical purpose to a registry of unvaccinated children?** A list can be misused in the future and can be a tool for coercion and intimidation. If a significant outbreak occurs which warrants isolating or quarantine then that should apply to all. We now know that vaccines do not provide life long immunity and their effectiveness wanes. Because of this it is not only the unvaccinated that are at risk. Information around disease events should be given to all citizens not just those who are unvaccinated. Healthy unvaccinated children do not spread disease. Would a registry of children with infectious diseases be considered?

I look forward to your support to protect our rights and freedoms in British Columbia.

A parent in British Columbia

If you wonder why some parents are resistant to vaccination I suggest that they have researched beyond the industry platitudes. Deeper research on the subject of vaccines reveals many facts that can lead one to choose not to give consent. Here are a few highlights as it relates to the ethics of mandates:

•Vaccine injuries are not a myth. The insert for the MMR vaccine lists many possible side effects without the numbers to help evaluate risk. It is difficult to find a study or data to back up the claim that serious injuries are “one in a million”

•Inert placebo-controlled clinical trials have not been conducted on individual vaccines as per Health Canada guidelines on pharmaceutical approvals.

•No safety testing has been conducted on the combination of vaccines that comprise the schedule.

•Vaccine makers are not liable for their products in Canada (and the United states).

•Unlike the USA, in Canada we don’t have a vaccine injury compensation program which means there is no recourse if a child is vaccine injured. The only exception is Quebec which established the Vaccine Injury Compensation Program in 1985.

•There is a significant number of vaccine injuries reported to the Vaccine Adverse Event Reporting System in the USA even though it has been suggested that only 1% of adverse reactions are reported to this database.

•The National Vaccine Injury Compensation Program has paid out compensation for 6,276 vaccine injury cases so far. This provides a legal foundation that vaccine injuries are real and significant.

•The scientific community cannot question or study the effectiveness or safety of vaccine products without severe risk of public shaming and career suicide thus limiting independent studies.

•Individuals cannot converse or discuss the subject of vaccine effectiveness and safety without risk of losing friendships or breaking apart family relations thus limiting any real debate on the subject.