

## Presentation to the Standing Committee on Law Amendments

### Re: Bill 39 - An Act Respecting Proof of Immunization

Justice Minister and Attorney General Andrea Anderson-Mason, Chair  
Members of the Standing Committee on Law Amendments

Ladies and Gentlemen

Thank you for permitting someone from 'away' to participate in this opportunity to more fully explore the matter of vaccine mandates and the implications of Bill 39.

Before I begin, I want to express my genuine appreciation and gratitude to the government of New Brunswick for your warm welcome and for honouring and respecting our voices and our experiences. Your commitment over these three days, and beyond, to invite a constructive and thorough consideration of this complex issue **honours democratic and scientific principles** and provides a courageous example of how government can engage citizens in decisions in a respectful and considerate way.

My understanding of New Brunswick's history and culture is that you have a long and steadfast tradition of taking care, of pausing, and of not rushing into decisions without full, open and rich consideration of the impact of one's decisions.

This matter before you **is not a simple matter**. It is complex and nuanced and the potential consequences are far reaching. What is decided and how it is being decided, has the potential to serve as an example for the rest of Canada.

I'm here today for two reasons. I'm here because I want the loss of my child to vaccine injury to **be just as important** as the loss of a child to an infectious disease.

And, I'm here to ask you **to maintain trust in democratic principles** and **confidence in a citizen's capacity** to make appropriate health care decisions. You can do this by affirming the right of NB citizens to **free and informed consent**.

Before I get into the details of my presentation, I would like to tell you a little of who I am.

### Vaccines Not Safe For My Son

Like many in this room, **I am a parent**. I care deeply about the health and well-being of my children and grandchildren. We all do. We are on the same side on this issue. We all have the same goal – healthy and successful children.

And, like many of you, I **believed, without question**, the information I was provided by the medical industry that vaccines are “*safe and effective*”. My understanding of the safety of vaccines was altered dramatically when my son Joshua suffered a severe neurological injury from his infant vaccines. The vaccine injury resulted in Joshua living with an uncontrolled seizure disorder and requiring 24-hour care for his entire life.

As a parent, I’ve paid the ultimate price for my failure to responsibly research the vaccination decision. Josh passed away in February 2017. I am here to honour my son and **to ensure that his life and death are not in vain**. I have no vested interest in what you decide. I am here to help you make the best decision possible for the citizens of New Brunswick.

I am also here in my capacity as Vice President of **Vaccine Choice Canada**. Vaccine Choice Canada is a federally registered not-for-profit educational society supported solely by donations from its members. Vaccine Choice Canada was **founded by families** whose loved ones suffered severe vaccine reactions that resulted in brain and immune system injuries, chronic debilitating diseases and death. Thus, it is inappropriate to refer to these families as “anti-vaccine” when they vaccinated their children.

Vaccine Choice Canada works to protect the right of all Canadians 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’**.

When my son began to seize following the DPT and oral polio vaccines, I did what I should have done prior to the shot – I began to educate myself about vaccines. What I learned alarmed me and compels me to share what I learned with others.

There are those who would claim that I am sharing “*misinformation*”. I respectfully suggest that I am sharing “***missed information***”. I’ve spent many thousands of hours over the last 30 years investigating vaccine safety science. It is impossible to share what I learned in the time allotted, and so I would like to focus my comments to the specific issue of vaccine safety.

What I’ve come to appreciate is that **a product can be effective and not safe**. Our history is replete with examples of this:

- **DDT** was effective and not safe
- **Thalidomide** was effective and not safe
- **Asbestos** was effective and not safe
- **Glyphosate** was effective and not safe
- **OxyContin** was effective and not safe
- **Vioxx** was effective and not safe

I could go on.

There is evidence that vaccines can be effective in reducing the incidence and symptoms of infections like measles and mumps, and thus I recognize the desire of government and public health to want to increase the use of vaccine products. There is also evidence that **vaccines can cause harm** as it did to my son and to many other families. My concern is that governments and the medical industry have a **tendency to over-simplify** what is really a very complex matter. This over-simplification and allegiance to an ideology puts us all at risk.

While the DPT vaccine product that injured my son has since been removed from the North American market because of the amount of neurological injuries caused by this product, it is, unfortunately, still being used in third world countries because it is less expensive to produce than the acellular pertussis vaccine used in North America.

**Children continue to be harmed by this vaccine to this day.** A 2018 vaccinated vs. unvaccinated study of African children conducted by Dr. Peter Aaby revealed that children who received the DPT vaccine had a 10X higher mortality rate in the first six months of life than those infants who were unvaccinated with DPT.<sup>1</sup> Let's acknowledge what this means. It means that children receiving the DPT vaccine are *ten times* more likely to die than children who are not injected with the DPT vaccine. In March 2019, Dr. Aaby issued a scathing rebuke to the world's public health agencies for continuing to allow pharmaceutical companies to sell vaccines without proper safety testing.

The DPT vaccine is not the only vaccine product to be removed from the market because of concerns about safety and effectiveness. **All of the vaccines** that were approved for use when I was a child are no longer in use in Canada. The vaccine industry has withdrawn more than 32 vaccine products because of ineffectiveness or harm caused by these vaccines. Yet, each of these vaccines were once promoted as "safe and effective."

I wish to bring to your attention five issues pertaining to vaccine safety.

## 1. Vaccine Products Do Not Undergo the Same Level of Safety Testing As Other Medical Products

Most people, including government and public health officials, are not aware that vaccines are **not tested for safety** to the same standards required for all other medical products. Vaccines have been classified as '*biologics*' and are exempted from the strict and extensive safety testing required for all drugs.

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 medical products. In other words, vaccines are

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<sup>1</sup> <https://www.frontiersin.org/articles/10.3389/fpubh.2018.00079/full>  
<http://vaccinepapers.org/wp-content/uploads/Introduction-of-DTP-and-OPV-Among-Infants-in-an-Urban-African-Community-A-Natural-Experiment.pdf>

not subjected to the **long-term, double blind, placebo-controlled studies** that are conducted on all other drugs prior to licensing. Instead, vaccines are released to the public 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 whose safety is determined by the amount of injury or death **reported after vaccination**.

This method to evaluate safety is grossly inadequate given that medical professionals are neither trained to recognize and diagnose vaccine injury, nor are there legal consequences for failing to report vaccine injury. Parents who report adverse events following vaccination are routinely told that adverse events are either normal or merely a “*coincidence*” and could not have been caused by the vaccine.

A study conducted at **Harvard Pilgrim Hospitals** for Health and Human Services in the US concluded that “*fewer than 1% of vaccine adverse events are reported.*” This means that 99% of vaccine adverse reactions may go unreported and unacknowledged.<sup>2</sup> They also stated, “*Low reporting rates . . . endanger public health.*”

## **2. Vaccine products are not evaluated against a neutral placebo**

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 without such a comparison study, **no valid claims can be made** about any vaccine’s safety or efficacy, nor the safety of any combination of vaccines. 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>3</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 is the basis on which the FDA and by extension Health Canada licenses vaccines. The lack of proper placebo controlled comparator groups for safety-based studies should concern everyone committed to the health and safety of our children.

## **3. Pre-licensure testing period is too short to evaluate the long-term safety of vaccine products.**

Another concern is the unacceptably short time period for pre-licensing safety testing of vaccines. While pharmaceutical products are tested for safety for *years* prior to licensure, childhood vaccines undergo pre-licensing safety monitoring of **a few days to a maximum of a few weeks**. This brief pre-licensing monitoring is not long enough to reveal whether vaccines

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<sup>2</sup> <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

<sup>3</sup> <https://icandev.wpengine.com/wp-content/uploads/2019/08/ICAN-Reply.pdf>

cause autoimmune, neurological or developmental disorders like autism, learning disabilities, attention deficit hyperactivity disorder, life threatening allergies, asthma and other disorders. These disorders will only become apparent after the child is a few years of age.

Let me give you an example of how the pre-licensure safety monitoring of vaccines compares with other pharmaceutical products. Let's consider Viagra. The pre-licensure safety testing for Viagra was conducted over a *ten year period* with thousands of subjects. Both a subject group and a control group were utilized. The control group received an inert placebo (sugar pill) that looked identical to the pill given the subject group. After ten years researchers compared the health and efficacy to determine whether the product was both safe and effective.

Now compare this with the pre-licensing monitoring of childhood vaccines. Safety testing is conducted on a small sample, which *may or may not* include infants and children; is not compared against a control group receiving an *inert placebo*; and the period of testing ranges from as short as 48 hours to as long as 6 weeks. Here is an example of the duration of safety review for various vaccine products licensed in Canada:<sup>4 5</sup>

**Hep B (Merck)** (New Brunswick is one of only 3 provinces & territories that injects infants on the first day of life with the Hepatitis B vaccine)

- actively monitored for 5 days
- included only 147 participants

**Hep B (GSK)**

- actively monitored for 4 days

**DTap**

- monitored for 8 days

**MMR**

- monitored for 42 days
- included only 342 children

**Polio**

- Monitored for 3 days

**Hib**

- Monitored for 3 days

**Pneumococcus**

- Monitored for 7 days

**Rotavirus**

- Monitored for 8 days

**Menningicoccal**

- Monitored for 7 days

**Influenza**

- Monitored for 4 days

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<sup>4</sup> <https://www.vaccine101.ca/single-post/2018/02/07/Vaccine-Approval-Is-Fast-Tracked---Part-2>

<sup>5</sup> <https://icandev.wpengine.com/wp-content/uploads/2019/08/ICAN-Reply.pdf>

Health Canada claims that it “conducts rigorous scientific review and testing of vaccines to assess their quality, safety, and efficacy before they are approved for use.” I have empathy for your Chief Medical Officer who was unable to confirm whether Health Canada conducts independent vaccine safety testing. I contacted Dr. Teresa Tam, Canada’s Chief Medical Officer in 2018 to request evidence of the vaccine safety testing conducted by Health Canada. To date, Health Canada has **failed to provide** any evidence to support their claim of “rigorous scientific testing before they are approved for use.”

A copy of the letter is included in your package.

#### **4. The Safety of the Vaccine Program Has Not Been Established**

Our public health officials claim 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 robust 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 my 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. 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 compared entirely unimmunized populations with those fully immunized for the health outcomes of concern to stakeholders.”<sup>6</sup>*

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.

In 2012, the Cochrane collaboration reached this conclusion about MMR vaccine safety testing:

*“The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, are largely inadequate.”<sup>7</sup>*

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<sup>6</sup> <https://www.ncbi.nlm.nih.gov/books/NBK206940/>

<sup>7</sup> [https://www.cochrane.org/CD004407/ARI\\_using-combined-vaccine-protection-children-against-measles-mumps-and-rubella](https://www.cochrane.org/CD004407/ARI_using-combined-vaccine-protection-children-against-measles-mumps-and-rubella)

If you read the vaccine information inserts provided by the manufacturer, and you should, they clearly state that vaccines **have not been tested** for their ability to cause cancer; their ability to damage an organism; their ability to damage genetic information within a cell; their ability to change the genetic information of an organism; their ability to impair fertility; or for long-term adverse reactions.

In 1987, Congress mandated that Health and Human Services continuously improve the safety of vaccine products and report on their progress every two years. In 2018, in response to a Freedom of Information request, HHS admitted that it has **failed to file even a single report** to Congress on improvements to vaccine safety over the 30 year period.

## 5. Legal Immunity Puts All of Us At Risk

If vaccines harm children and adults, why aren't vaccine manufacturers being sued in a court of law? The US is notorious for its appetite for legal retribution. The answer to this question is that in 1986 the U.S. Congress passed the **National Childhood Vaccine Injury Act (NCVI)**. This legislation terminated the right of individuals injured by vaccines, and parents of vaccine injured children, to hold vaccine makers accountable in a court of law. The consequence of the National Childhood Vaccine Injury Act is that vaccine makers have been given **blanket immunity** and are **not legally or financially liable** for any harm or deaths caused by their products.

Think about this for a moment. Vaccines are the only product, medical or otherwise, where a manufacturer is not legally responsible for injury and death caused by their products. The result of this legal immunity is that **no one is held accountable** when injuries and deaths occur. Would you accept this lack of accountability with any other product? Why do we permit this lack of accountability with something as important as childhood vaccines? And finally, if vaccines are as safe as claimed, why do vaccine manufacturers need immunity?

A consequence of this legal immunity is that there is **no legal or financial incentive** for the medical industry to make their products safer, even when there is clear evidence that vaccines *can* be made safer.

### Safety Has Not Been Established

What you discover when you carefully examine the vaccine safety literature is that the safety of the vaccine program **has not been established** using sound, rigorous, independent science. Dr. Lyons-Weiler clearly described the inadequacy of vaccine science in his presentation yesterday. When public officials make the unqualified statement that vaccines are "safe and effective", they are either mis-informed or are not being openly transparent about the status of vaccine safety science.

Given that vaccines are a product **given to healthy children**, the level of safety testing ought to be even *more* rigorous than is required with all other pharmaceutical products. This is not the

case. The safety testing of vaccine products is **less rigorous, incomplete, and protocols appear to have been designed to obscure identifying long-term adverse effects** of vaccines.

I recognize that there is a strong '*belief*' in vaccines. I suggest that the vaccine decision is too important to be made based on '*belief*'. Edda West, the co-founder of Vaccine Choice Canada made the following statement:

*We know that parents who vaccinate their children sincerely believe they are protecting their child from harm. They believe vaccines will provide a type of health insurance, shielding their child from disease.*

*At Vaccine Choice Canada we think it is important that we push beyond using "belief" as the basis for the vaccine decision, and instead decide from a place of information based on quality scientific evidence.*

## **The Impact of Bill 39**

I'd like to take a few minutes to explain the impact of Bill 39.

Bill 39 effectively gives the state the power to decide what is injected into our body and our children. This legislation eliminates the medical ethic of informed consent, removes therapeutic choice, denies a parent's right to make medical decisions for their children, disregards bodily sovereignty, invites discrimination, and undermines a child's right to a public education. Bill 39 also removes a critical mechanism of accountability – voluntary choice.

Vaccine mandates violate many international codes to which Canada is a signatory, including the **Nuremberg Code**, the **Helsinki Declaration**, and the 2005 **Declaration on Bioethics and Human Rights**. Article 6 – Consent states:

*"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. 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."*

The human right to self-autonomy and bodily integrity is arguably **the most important right** we have. I invite you to contemplate the implications when an individual or a parent is no longer able to dissent from submitting to an invasive medical procedure **that carries the risk of permanent injury and death** for themselves and their children.

## **Measure Health**

The measure of any health policy ought to be – *does this policy **increase the overall health** of those receiving the product or intervention?* For decades vaccine safety advocates have been calling for studies comparing vaccinated vs. unvaccinated populations to measure overall health



outcomes. Public health institutions, including Health Canada, have refused to do these studies. It should concern all of us when the medical industry is unwilling to do the basic science needed to confirm whether vaccinated children are healthier than unvaccinated children. **We ought to be measuring health, not vaccine compliance.**

We are witnessing a breakdown of trust between civil society, government and the business of medicine as a result of this intense lobbying to turn our children into a captive-market for the pharmaceutical industry. Parents of vaccine injured children are no longer accepting claims of vaccine safety on faith; their trust has been broken. Unless trust is restored, health and justice will be nearly impossible to achieve.

The question for this panel and the NB government is – ***Will trust be restored by the imposition of vaccine mandates or will vaccine mandates further erode the precious contract between citizens and its government?*** I respectfully suggest that there is legitimate concern amongst citizens of whether financial conflicts and institutional self-interest are transforming our public health agencies into appendages of the very pharmaceutical companies they are meant to regulate. Children’s Health Defense Chief Executive Officer, Robert Kennedy Jr. stated:

*“People will vaccinate when they have confidence in regulators and industry. When public confidence fails, coercion and censorship became the final options. Silencing critics and deploying police powers to force untested medicines upon an unwilling public is not an optimal strategy in a democracy.”<sup>8</sup>*

## **Possible Solutions**

So, what is a caring and considerate government to do?

I suggest that governments ought to do what you are presently engaged in - creating a space in the public square where conversations about the safety, effectiveness and necessity of vaccinations can happen. This is a complex matter that requires all of the consideration, respect, responsibility and humility we can give to get this decision right.

Recently I extended an invitation to the Canadian Broadcast Corporation to create a safe space where ideas could be shared, information exchanged, fences dis-mantled, and relationships mended. I hold the perspective that *how* we make a decision is just as important, if not more important, than *what* we decide. A copy of this letter is in your package. In the letter I wrote:

*I’d like us to be able to have rich conversations that honour each other’s perspective and experiences.  
I want us to make wise decisions, not reactive decisions.  
I think we want the same things.*

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<sup>8</sup> <https://childrenshealthdefense.org/news/americans-can-handle-an-open-discussion-on-vaccines-rfk-jr-responds-to-criticism-from-his-family/>

*Will you join me in this conversation?*

*Will you help me to build a container where true dialogue can happen; one that holds everyone's voice?"*

I make the same offer to the legislators of New Brunswick. I respectfully suggest this is where this government focus its energies rather than rushing into a decision. Vaccine Choice Canada created a document to help address the growing hesitancy in vaccination and the loss of parental trust in public health. A copy is included in your package. Some of our suggestions include:

- Open and honest dialogue
- Supporting fully informed consent
- Independent oversight of the vaccine industry
- Long-term safety testing
- Developing effective safeguards
- Vaccine injury compensation

I know that we all have the same goal – healthy children. The real question is – *what is the best way to support this goal?*

### **Historic Moment**

Whether we realize it or not, this is an historic moment in New Brunswick. This is the moment when your legislative representatives have an opportunity to clearly support our **inalienable right to freedom of conscience and religion** granted to us by the Canadian Charter of Rights and Freedoms. It is also an opportunity to unambiguously affirm our **autonomy and sovereignty as free citizens**, whose right to informed consent **is safeguarded** for this and all future generations.

The families of Vaccine Choice Canada respectfully request that this committee embrace the **medical and legal right to fully informed voluntary consent**, recognize **the right of parents to medical decision-making**, and honour the principles and values of a **free and democratic society**.

Thank you for your concern and your compassion. The time you are taking for public input is critical, for wisdom cannot be developed in a vacuum.

Respectfully,

Ted Kuntz, parent of a vaccine injured child, now deceased  
Vice President, Vaccine Choice Canada  
August 28, 2019