Questions For
Canada's Chief Medical Officer

November 13, 2018

To the Attention of:

Dr. Teresa Tam,
Chief Public Health Officer of Canada

Dear Dr. Tam

Thank you for the courtesy of a response to my letter of September 15, 2018 addressed to the Honourable Ginette Petitpas Taylor, Minister of Health regarding the declining health of children in Canada and the potential role of vaccine ingredients in this sudden and dramatic decline.

I am encouraged to hear that Health Canada *"conducts rigorous scientific review and testing of vaccines to assess their quality, safety, and efficacy before they are approved for use,"* and that Canada's National Advisory Committee on Immunizations (NACI) *"analyzes the scientific evidence and makes recommendations, using an evidence-based methodology."*

As the parent of a vaccine injured child, it is important for me to know the efforts being undertaken by Health Canada to ensure that vaccines administered in Canada are safe and effective prior to their approved use. This was not the case with the DPT shot administered to my son in 1984. This medical product has since been removed from the Canadian market due to the extensive neurological harm it caused.

I have a number of questions as to the efforts of Health Canada as pertains to determining the safety of the current vaccination program. As a responsible parent it would be inappropriate of me to accept such claims on faith. Thus, I would appreciate if you would provide me with the references and documentation to support such claims. Specifically, I am interested in the following:

1. The Safety of Injected Mercury

I understand that vaccine manufacturers use mercury (Thimerosal) in the production of many vaccines, and as a preservative in multi-dose vials of the influenza vaccine. Mercury is universally recognized as neurotoxic and is considered the most toxic substance on the planet that is not radioactive.

I understand that the acceptable limit of mercury in drinking water in Canada is 1 part per billion and that a liquid with 200 ppb is considered toxic waste. At the same time, several brands of the infant influenza vaccine have 25,000 ppb. Many of the regular influenza vaccines have 50,000 ppb of mercury.

It is scientific fact that human brain neurons permanently disintegrate in the presence of mercury. According to the Canadian Medical Association, low-dose exposure to mercury in fetuses, infants and children, can cause severe and lifelong behavioural and cognitive problems. At higher exposure levels, mercury may adversely affect the kidneys, the immune, neurological, respiratory, cardiovascular, gastrointestinal, and haematological systems of adults.

Dr. Tam, will you provide me with documentation of the testing conducted by Health Canada that deemed the injection of mercury safe for infants, children, adults, pregnant mothers and their fetuses.

2. The Safety of Injected Aluminum

Aluminum is another neurotoxin regularly used as an adjuvant in vaccines. I understand that aluminum has never undergone biological testing to determine whether it is safe. Aluminum, like mercury, was 'grandfathered' into our medical system without the benefit of biological safety testing.

Aluminum affects memory, cognition and psychomotor control and causes damage to the brain. Clinical evidence indicates aluminum is a primary etiological factor in dementia and Alzheimer's disease. Aluminum also interferes with gene expression and depresses mitochondrial function.

The toxicity of aluminum has been known for nearly 100 years. It would seem that permitting the use of aluminum in vaccines for babies is akin to permitting lead paint in teething toys and rings. The difference is the lead in the paint of a teething ring has a chance of being cleared from the body as the lead is ingested, whereas the aluminum contained in vaccines is injected into a closed system, making it virtually impossible for the body to clear these toxins. Aluminum is also a known teratogen, an agent or factor that causes malformation of an embryo.

I also understand that the toxic effects of mercury and aluminum are cumulative, and their impact is synergistic. Further, that the injection of these ingredients enables them to enter the bloodstream, make their way into organs, bones and tissues, and cross the blood-brain barrier into the brain.

Canada's own researchers, Drs. Chris Shaw PhD and Lucija Tomljenovic PhD have warned:

"In particular, aluminum in adjuvant form carries a risk for autoimmunity, long-term brain inflammation and associated neurological complications and may thus have profound and widespread adverse health consequences."

Given your statement that Health Canada *"conducts rigorous scientific review and testing of vaccines to assess their quality, safety, and efficacy before they are approved for use,"* will you provide me with documentation that proves that injecting mercury and aluminum in the amounts given to children according to the recommended vaccine schedule is without harm.

3. Use of Long-Term Clinical Trials to Prove Safety

It is my understanding that one of the major criticisms of the vaccine industry is its failure to conduct long-term trials that prove the safety of the current vaccine program. It is also my understanding that the vaccine industry has failed to conduct large scale, long-term vaccinated vs. unvaccinated studies.

The prestigious Institutes of Medicine (IOM) 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 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."*

The product information inserts for vaccines clearly state that 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; and for long-term adverse reactions.

Given your statement that Health Canada *"conducts rigorous scientific review and testing of vaccines to assess their quality, safety, and efficacy before they are approved for use,"* will you provide me with documentation of the use of long-term clinical trials to prove the safety of the current vaccine products, and the results of the efforts of Health Canada to test for carcinogenicity, toxicity, genotoxicity, mutagenicity, and impact on fertility.

4. Lack of Neutral Placebo

It is my understanding that virtually all vaccine safety trials use control groups consisting of other vaccinated populations or placebos containing aluminum and other toxic ingredients. These are not true placebos and thus these trials would fail to meet the most basic requirements of evidence-based medicine. I also understand that *none of the vaccines* on the childhood vaccination schedule were tested against a neutral placebo. It is my understanding that one cannot determine if a product is truly safe unless it is tested against a neutral placebo.

Given your statement that Health Canada *"conducts rigorous scientific review and testing of vaccines to assess their quality, safety, and efficacy before they are approved for use,"* will you provide me with documentation of the clinical trials conducted by Health Canada that utilized a neutral placebo to prove the safety of the vaccine products administered in Canada.

5. Decline in Reporting of Adverse Effects

In your letter you state - *"Health Canada and the Public Health Agency of Canada (PHAC), with the provinces and territories monitor the safety of vaccines. Canada's comprehensive vaccine safety monitoring system helps to alert public health authorities to trends in reported adverse events and in previously unreported unusual adverse events."*

A recent review of the 2018 CAEFISS Summary Report completed by Nelle Maxey, [1] addressing four years of post-market surveillance of adverse events following vaccination reveals a marked *reduction* in the number of reported adverse reactions to vaccines in Canada. This trend is at odds with countries with similar recommended vaccine schedules as Canada's. Both the USA and the Australian adverse events reporting show an *increase* in the reported numbers of adverse reactions commensurate with the increases in numbers of vaccines included in the recommended schedules and with population growth.

Is Canada's reduction in the number of reported adverse reactions a result of efforts undertaken by Health Canada to screen for mitochondrial dysfunction and other contra-indications to vaccination in order to reduce adverse vaccine events in vulnerable populations? If so, will you provide me with evidence of the pre-vaccination screening methods currently being employed by Health Canada.

Or might this reduction in the number of reported adverse reactions reflect a less than robust system of reporting of vaccine injuries given that Canadian doctors are not trained to diagnose vaccine injury, vaccine reporting is voluntary in Canada, and the acknowledged rate of vaccine injury reporting is less than 1%? If so, can this voluntary safety monitoring system be trusted to determine if vaccine products are safe?

6. Lack of a National Vaccine Injury Compensation Plan

I also understand that Canada is the only G7 Nation without a vaccine injury compensation program. Will you provide the rationale of Health Canada as to why Canada is the outlier here, and why victims of vaccine injury and death in Canada are less deserving of compensation than citizens of the other westernized nations?

I look forward to your considered response.

Sincerely,

[1] https://vaccinechoicecanada.com/in-the-news/review-of-the-2018-caefiss-summary-report

Ted Kuntz