



NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 3

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EVIDENCE

Witness 6: Ted Kuntz

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[00:00:00]

Shawn Buckley

So our next witness is Mr. Ted Kuntz. Ted, can you state your full name for the record, spelling your first and last name?

Ted Kuntz

My name is Theodore Joseph Kuntz. Theodore's T-H-E-O-D-O-R-E. Joseph is J-O-S-E-P-H. And Kuntz is K-U-N-T-Z.

Shawn Buckley

And Ted, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Ted Kuntz

I do.

Shawn Buckley

Now my understanding is that you are the parent of a vaccine-injured child.

Ted Kuntz

That's correct.

Shawn Buckley

And that you're also now president of Vaccine Choice Canada.

Ted Kuntz

Yes.

Shawn Buckley

Can you share with us briefly what Vaccine Choice Canada is?

Ted Kuntz

Vaccine Choice Canada is an association of parents, primarily parents of vaccine-injured children. It's a group that came together in Ontario in 1982 when the government of Ontario instituted new legislation that removed the right to informed consent.

The Ontario government introduced legislation that made it mandatory for children to be fully vaccinated in order to attend public school. The original legislation did not have provision for personal belief or religious exemptions, and so a group of parents lobbied the government for two years. And in 1984 they were successful in having those exemptions included in new legislation.

And so that group of parents represent those that firmly believe in the right to informed consent and the right to dissent. But it's also a group of parents that experienced vaccine injury and knew that we had to protect children from the harms that vaccines can cause.

And so I'd just like to add,

Shawn Buckley

You can take a minute.

Ted Kuntz

that I am one father sitting here. But I want you to know that behind me are thousands of parents of vaccine-injured children, and I feel like I'm speaking on their behalf. I just want to add that we heard James Kitchen this morning talk about contempt for the unvaccinated. And we also have contempt for the vaccine-injured. And so I have to say that it feels very emotional to be here today because our voices have been censored and silenced for over 40 years.

Shawn Buckley

And that's why you're coming here today, is actually to share with us that much of what we're experiencing is not new by any stretch of the imagination. But that there's been similar efforts in the past.

Ted Kuntz

Yes, and so my testimony would be different than the testimony that I've heard over the last number of days. I'm not speaking about what happened in the last three years. I'm speaking about what's happened prior. And my position is that, while what we're experiencing in the last three years is more intense, it's not new. And so I'd like to walk the commissioners through an understanding of how what we're experiencing is actually a continuation of practices and policies that we've seen in this country for 40 years.

So the first point I'd like to make is—so what's happening here today is not new. If I can move on to my next slide. I just want to make clear that Vaccine Choice Canada is about choice: it's about protecting the right to informed consent. The media would have you believe that we're anti-vaxxers—and I have worked very hard trying to correct that misunderstanding. And they don't seem able to recognize the distinction between being an anti-vaxxer and being somebody who is pro informed consent.

So I want to start at something fairly basic. You've heard the language of informed consent many times in the days that I've been here. And what I want to suggest to you is that the lack of informed consent is not new. So let's begin with what informed consent is. And this slide—if you look at the second paragraph of the slide—actually comes from the Canadian Medical Protective Association

[00:05:00]

in their guidance to physicians in Canada. And this is their words: "According to the Canadian Medical Protective Association for consent to serve as a defence against allegations of either negligence or assault and battery, the consent must have been voluntary, meaning, free of coercion or any threats of reprisal. Also, the patient must have the capacity to consent, and the patient must have been properly informed on the purported benefits, significant risks and alternative treatment options."

Now, given the testimony that we've heard about what's happened over the last three years, I don't think anyone would disagree that no one in this country gave informed consent to the COVID vaccination. And the reason I say that is that the significant risks were not known and that alternative treatment options were not permitted. But I would suggest to you that, in this country, that the number of parents who actually gave informed consent to any of the childhood vaccinations was probably very few, if any.

And just to give you why I think that to be true. Any of you that have gone to your pharmacy for a prescription will get a product that has a product information insert in it. And I brought one to give you an example of what one looks like. This here is a product information insert for a sleep aid. Do you have any idea what the product information insert for a vaccine looks like? Let me show you.

This is a slide that shows the product information insert for the HPV vaccine that is given to our adolescent boys and girls in this country. In my experience, unless a parent is absolutely committed to getting the product information insert, it is denied them. And so the number of medical consumers, the number of patients who've actually read the information that outlines the ingredients, what the vaccine is indicated for, what it's contraindicated for, the recognized adverse events, is very few, if any.

And so what most people don't understand is that vaccines are treated very different from pharmaceutical products. They undergo a different level of safety testing. And the lack of informed consent, I would suggest, is part of the systemic way that we respond to vaccination in this country.

We're in a very strange time where, with this product, the way we determine safety is by giving the vaccine. So this is a slide that has the words of Dr. Eric Rubin, who's with the Vaccines and Related Biological Products Advisory Committee. And he said, "We are never going to learn about how safe a vaccine is unless we start giving it."

The reality is that the amount of safety testing that is done to a vaccine before it is licensed for use is diminishing small. It would appear that the agenda of our governments and our health industry is not safety: it's about vaccination. And I provide this slide as an example of the perspective that is being held by governments. This is a slide that comes from the *Federal Register*, which is the official journal of the U.S. government that contains agency rules and public notices. And this statement was delivered in 1984 in response to increasing concerns about the safety of the polio vaccine. And the response of the government was this, "Any possible doubts, whether or not well-founded, about the safety of the vaccine cannot be allowed to exist in view of the need to ensure that the vaccine will continue to be used to the maximum extent consistent with the nation's public health objectives." How I read that is, "It's our goal to vaccinate everybody. Safety be damned."

Shawn Buckley

Ted, if I might interrupt you. I think that it's somewhat apposite that the date, the year of that is 1984.

[00:10:00]

The same year as George Orwell's book, novel.

Ted Kuntz

Yes, and the same year that my son was injured.

There are a number of concerns about vaccine safety, and these are just a few. First of all, none of the vaccines on Health Canada's recommended childhood vaccination schedule were tested against a neutral placebo.

Shawn Buckley

Just wait a second. Did you just say that none, not a single vaccine in Canada's childhood vaccine schedule, has been tested against a placebo?

Ted Kuntz

Yes. The only exception to that was there was a very small cohort in the testing of the HPV vaccine. And just like they did with COVID, they very quickly moved that into a vaccinated population and so the data from there got lost. All of the other vaccines, none of them were tested against a neutral placebo.

Shawn Buckley

How many childhood vaccines are in the Canadian vaccine schedule?

Ted Kuntz

Seventeen different vaccines.

Shawn Buckley

Okay. So there's 17 different vaccines. And we've learned from medical experts that really the only way to understand both safety and efficacy is a sizable, double-blind clinical trial where the intervention—in this case a vaccine—is being tested against a placebo.

Ted Kuntz

That's correct.

Shawn Buckley

But you're telling us that for 16 out of the 17 vaccines that are injected into our children, there's actually never been a sizable, or any type of double-blind clinical trial, let alone a sizable one that would be statistically significant.

Ted Kuntz

That's correct. So their claims that the vaccine is safe are unproven. And again, the way they determine safety is by the amount of adverse events that are reported after vaccination. And I wonder if parents in this country know that. So to me that's the most egregious violation of what we would understand is robust safety testing.

The second is that childhood vaccines are actively monitored for safety for only a few days, or at most a few weeks, before they are licensed for use. As a matter of fact, the range of active monitoring is between 48 hours and four weeks. And I have a chart that will explain that in more detail.

Shawn Buckley

Right, but you just told us that they're not subject to double-blind clinical trials, which would reveal safety concerns. That the only way we're testing for safety is we're putting them on the market and looking for safety signals. And now you're telling us that we're only looking for safety signals for a short period of time, up to four weeks?

Ted Kuntz

At the longest, yes. And some for as short as 48 hours.

Shawn Buckley

Okay, I'm sorry, continue.

Ted Kuntz

And then finally—and there's many more, but these are the key ones—there's not enough time to show whether a vaccine causes autoimmune, neurological, or developmental conditions and other chronic conditions.

So this is a chart that's taken from Richard Moskowitz's book *Vaccinations: A Reappraisal* [sic] [*Vaccines: A Reappraisal*]. And if you look at this chart—I don't know, the writing is small—but let me just read it to you. This lists a number of the childhood vaccines and the active monitoring period. So for Hep B [Merck], it was actively monitored for five days and included 147 participants. DTaP for eight days, polio for three days, pneumococcus for

seven days, meningococcal for seven days, MMR for 42 days, Hepatitis B [GSK] for four days, Hib for three days, rotavirus for eight days, and influenza for four days.

Shawn Buckley

So just so that I understand, and I'll just speak to the first one. So can you put that slide back up for a second, David? So for hepatitis B. So first of all, hepatitis, my understanding is—and correct me if I'm wrong—tends to be a disease that one obtains through having sex with somebody who's infected. Or sharing an intravenous needle—so if you were a drug user—with somebody who is infected. Is that correct?

Ted Kuntz

Yes.

Shawn Buckley

And that children by and large don't fit into that category. They tend not to be, especially prepubescent, having sex. And they're not sharing, as a group, dirty needles.

Ted Kuntz

That's correct.

Shawn Buckley

Okay. I just raise that because one questions why

[00:15:00]

that vaccine wouldn't just be available to adults. But you're saying they didn't run a double-blind clinical trial for safety and efficacy. Is that correct?

Ted Kuntz

That's correct.

Shawn Buckley

And as far as for measuring for safety, they only measured for five days.

Ted Kuntz

Actively monitored for five days.

Shawn Buckley

And what do you mean by actively monitored?

Ted Kuntz

They contact the person who has received the vaccine and ask if they've had any adverse effects.

Shawn Buckley

Okay, so the passive monitoring system, people can still—or medical professionals—can still file an adverse reaction report.

Ted Kuntz

Theoretically.

Shawn Buckley

But the active—and the number of that, I think it was just 147 participants.

Ted Kuntz

Yes.

Shawn Buckley

So a sample size that would be statistically meaningless.

Ted Kuntz

Yes. And if I can just add to your question about Hep B and understanding what it's indicated for. The Hep B is given to our babies on their first day of life.

Shawn Buckley

I'm sorry. I thought you must have misspoke. You said that the hepatitis B vaccine is given to children on their first day of life, for babies.

Ted Kuntz

That's correct.

Shawn Buckley

Okay. We're learning new things. Please continue.

Ted Kuntz

So I want to continue on with some of the safety concerns. If you read the vaccine safety insert—the monograph—it clearly says that vaccines have not been tested for the following conditions: their ability to cause cancer; damage to an organism; damage to genetic information within a cell, to change the genetic information of an organism; to impair fertility; or for long-term adverse events. That's what the product information insert says.

Shawn Buckley

Which vaccine is that for?

Ted Kuntz

All of them.

Shawn Buckley

All of them. Meaning, the 17 on the childhood schedule.

Ted Kuntz

Correct. So then as we talked about, there's a voluntary reporting period after that which relies upon physicians to report an adverse event to a vaccination. And in my experience, what I've learned is that physicians are not trained to recognize vaccine injury. They're discouraged from reporting vaccine injury. They believe that vaccines are safe. The reporting is voluntary and there's no accountability when professionals fail to report a vaccine injury.

When parents like myself report a vaccine injury this is what we're told: It's just a coincidence. This is normal. It would have happened anyways. You have poor genes. You're looking for somebody to blame. It couldn't have been the vaccine. And I know this because all of these excuses were given to me when I insisted that my son was vaccine-injured.

To me, if Health Canada was very concerned about vaccine safety, they would have conducted vaccinated versus unvaccinated studies. And the testimony that we heard yesterday from Alan Cassels talked about how we actually have digital medical records and if they put in the proper conditions, they could have the results of those records literally within 24 hours. But the government refuses to do so in spite of many efforts to request that they conduct vaccinated versus unvaccinated studies. Their response is that it would be unethical to have an unvaccinated population. And my response, and many others, is that there already is an unvaccinated population. You simply have to look for that data. But the government refused to do so.

But there has been two studies that have been done in recent years that compare vaccinated versus unvaccinated. So this chart shows the results of a study that was conducted looking at vax versus unvaccinated 12- to 17-year-olds in the United States. It was conducted by the Children's Medical Safety Research Institute, and the size of the figures indicates their likelihood of having a chronic medical condition: So the littlest person that's on the left is an unvaccinated population. The next one is chronic illness; so 2.4 times the likelihood of a chronic illness if you're vaccinated. Eczema, 2.9 times. Neurological disorders, 3.7 times. Autism, 4.2 times,

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and I would suggest it's much higher now. ADHD, 4.2 times. Learning disabilities, 5.2 times. And allergic rhinitis—which we often call hay fever—is 30 times. So this gives you some representation of the increased likelihood of having a chronic condition if you're vaccinated.

Shawn Buckley

Can I ask you, what is the measurement of vaccination there? So how many vaccines would the participants typically have had, just so that we have some measure of the meaning of that chart.

Ted Kuntz

Well, I'll show you a chart that shows the shift of the change in the number of recommended vaccines from 1950 until the present. What I can tell you is that the

recommended schedule in Canada today, before the age of 18, would be 72 vaccines, not including COVID. And if you add COVID to that schedule and assume that they are receiving one or two vaccines a year, we could have well over 100 vaccines in our children before the age of 18.

Shawn Buckley

Right. No, all I'm asking is this study is done in the United States?

Ted Kuntz

Yes.

Shawn Buckley

Do you recall how many vaccines the average child had that was participating in study?

Ted Kuntz

I don't know that number. But the vaccine schedule in the United States is almost identical to what we have in Canada.

Shawn Buckley

Okay, and so you're telling us that in Canada—because you had said on the vaccine schedule earlier for children it's 17—but by the time basically someone is a teenager in Canada, if they're getting all the vaccines that they're supposed to, they're getting a full 72?

Ted Kuntz

Yes, so the way you get to 72 is there are 17 different vaccines. But you have to understand that some of those vaccines have three and four vaccines in one shot. So the MMR is actually three. DPT is three. So when you factor in all of those, you're actually getting 72.

Shawn Buckley

Not including the COVID vaccine.

Ted Kuntz

Not including COVID.

So this next chart comes out of the safety studies that were conducted by Dr. Paul Thomas, who's a pediatrician in Oregon in the United States. And Dr. Thomas shares the testimony that he was a typical family physician—pediatrician—giving vaccinations to virtually all of his patients. Until he began to recognize that some of his patients were being harmed by the vaccines, particularly regressing into autism. And so he began to do homework he said he should have done before. He began to recognize that vaccines are not as safe as he was led to believe. He started taking informed consent seriously with his patients.

And, as a result of that, he ended up having the largest unvaccinated and partially vaccinated population of children in America. The Oregon Public Health got wind of the fact that he was not fully vaccinating most of his patients. And they challenged him and said,

“What makes you think that your recommendations to your patients are better than the CDC’s?” And he said, “Well, first of all, they’re not my recommendations. I simply give parents information, and many choose to opt out of some or all of them.” But he said, “I’m willing to take up the challenge.” And so he hired a statistician to go over his patient files and compare that to the standards in America.

This is what the chart looks like. This is just a sampling of the chronic conditions. And so the blue line is the unvaccinated population, and the red line is the vaccinated population. And this is the number of office visits for the various medical conditions over a length of time. So the bottom axis is length of time, and the vertical axis is the number of office visits. And you’ll see that the vaccinated population has significantly more need for medical services than the unvaccinated population. So the point of what I’ve just shared with you is that inadequate safety testing of vaccines is not new.

I’d like to just move on to the next topic. That the censorship that we experience today is not new. And I’d like to continue on with Dr. Thomas’s story. When he came out with the data that showed that an unvaccinated population was significantly healthier than a vaccinated population, the Oregon Board of Health had an emergency meeting two days after the release of his data and they took away his medical licence.

The reason I’m showing this slide is that Vaccine Choice Canada in 2019 contracted with a billboard company in Toronto, Ontario,

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to put up some billboards. This is one of them and this is the second one. We actually had four billboards and they basically asked very basic questions, and we were contracted to put them up for 30 days. Within four days the Ontario government forced the billboards to come down.

Another example of censorship is that I was with an organization called Health Action Network Society. I was actually president of the board. In 2018, there was increasing concern about vaccine hesitancy. And this is when the measles outbreak was in Disneyland, and it was being blamed on misinformation and vaccine hesitancy. And so I wrote an article that I’ve submitted as part of my testimony about how to reduce vaccine hesitancy [Exhibit VA-5]. And it had very basic information: do good science, be transparent, give informed consent, be independent, monitoring, accountability. And as a result of that article that was published in our *Health Action Network* journal, a CBC reporter did quite an attack on the organization and then lobbied the government to have the charitable gaming funding removed from the organization. And she was successful in that endeavor and the organization was forced to close because they had no money.

Shawn Buckley

And my understanding is that the Health Action Network Society had been around for decades, like 30 plus years.

Ted Kuntz

Since 1982.

Shawn Buckley

Right, and had really been instrumental in basically providing health information on a wide range of subjects to people in the lower mainland. And they had a library people could visit and that their mandate was to educate.

Ted Kuntz

That's right, and they were involved in everything from fluoridation of water to mercury levels in water, to pesticide use and herbicide use in school playgrounds, et cetera. And an illustrious organization with more than three decades of service was shut down within six months because of this one article that I wrote.

Shawn Buckley

And just so that everyone is aware, this article will be made an exhibit in these proceedings so the public and the commissioners can review it.

Ted Kuntz

So I'd like to move on—that the efforts to vaccinate children without parental consent is not new. If you go online, you will see articles like this: "How to Get Vaccinated Without Parental Consent." And if I can read the words to you there, it says, "There's a lot of misinformation about vaccines online, and sometimes well-meaning parents fall into rabbit holes of conspiracy theories and made-up 'facts.' While they often intend to protect their children, not vaccinating has the opposite effect, and leaves kids more vulnerable to dangerous and even deadly diseases."

There are significant efforts to undermine a parent's, what I would say is their right and their responsibility to make medical decisions for their children. We witnessed that over the last couple of years. What I can tell you is that every province in Canada has either what's called a mature minor doctrine or an *Infants Act* that allows medical authorities to dispense medical treatments to young people without the knowledge or the consent of the parents. That legislation was initially brought in to allow the giving of birth control and abortion services to teenagers without the parent knowledge and has been extended to vaccinations. And so we see now where they're putting vaccine clinics in schools and they will—I can tell you that this is what happens—is that they will say, "All Grade 7s, please report to the gym." And by the very fact that you report to the gym and you stand in line, and when they ask you to roll up your sleeve and you roll up your sleeve, they deem that informed consent. Even though the parent doesn't know.

Shawn Buckley

And the Grade 7 kids, not knowing what's going on, are just going to generally do what they're told, and then there's the peer pressure. They wouldn't even know whether or not they should be asking questions.

Ted Kuntz

Exactly. They don't know their family history of vaccinations. They don't know the medical history. They don't know the complications that might have been there for other family members. We hear reports over and over again of children coming home from school and saying, "Mom I got two needles today." "What was that for?" "I don't know, we just did it."

Shawn Buckley

So you know what's interesting about that—at what age are kids able to consent?

Ted Kuntz

Well, some of the provinces have a set age. It's been getting lower and lower, in some provinces, like British Columbia—

Shawn Buckley

Can you give us some examples?

Ted Kuntz

Most provinces, it's 12 years of age.

Shawn Buckley

Okay, so 12 years of age.

[00:30:00]

So the interesting thing there is that, for adults, we're aware that in some cases, we can get the right to make medical decisions for other people. So I had, at one point, the right to make medical decisions for one of my family members. Could any of us imagine giving a 12-year-old the right to make medical decisions for another person? And even just me saying that sounds so ridiculous. And yet we have provinces in Canada giving 12-year-olds the right to make medical decisions for themselves. That's basically what you're telling us.

Ted Kuntz

That's exactly what I'm telling you. And in provinces like British Columbia, there is no designated age of consent of what they call a mature minor. And I am aware of children as young as nine being deemed to be mature enough to make a medical decision about vaccination. Now, I also want to point out—

Shawn Buckley

These are children whose parents are available to make the decisions for them. This isn't like an emergency situation where the parents can't be reached, and yet they're asking the child for the child's consent.

Ted Kuntz

That's correct. The other twist to this, that I'll point out, is that it's been deemed that a child as young as nine has the maturity to consent to a vaccine but doesn't have the maturity to refuse a vaccine.

Shawn Buckley

Well, that's interesting, isn't it? Because that's completely, inconsistent logically.

Ted Kuntz

So this is the situation we're in today. And I just want to point out that Pfizer in particular, but others, are marketing to our children. And so this is children's cartoons that are being sponsored by Pfizer and BioNTech.

I want to talk about vaccine coercion. And that's not new either. And so let me point out that Ontario, as I said, introduced legislation in 1982 to make vaccines mandatory. The other provinces—there's only two provinces in Canada with vaccine legislation. The other one is New Brunswick. And New Brunswick in 2019, though they had legislation that allowed for personal belief and religious exemption, in 2019 introduced legislation to remove personal belief and religious exemption, allowing only for medical exemption. Which in our experience is exceedingly difficult to secure.

Ontario, in 2019, introduced new policies that said if a parent did not fully vaccinate with every available recommended vaccine, that they were required to take an education session. And then, if they still insisted on not receiving every available vaccine, that they had to sign an affidavit saying that they are knowingly putting their child's life at risk.

Shawn Buckley

So basically, knowingly signing an affidavit that they could be criminally liable for failing to provide the necessities of life—assuming that a court would accept that vaccines are safe and effective.

Ted Kuntz

That's right. And let me just point out, when New Brunswick introduced their legislation in 2019, they formed a subcommittee to hear testimony over three days. Vaccine Choice Canada attended that subcommittee and made testimony. And we also secured international experts to fly to New Brunswick to also give testimony. And the experience I had—because I testified on behalf of Vaccine Choice Canada—that this felt like an exercise in making it appear to do the right thing. Because it seemed like no matter what the expert said, the legislators didn't seem to be moved by the testimony. Until the last day.

And on the last day, the public health officer was asked to testify. And they asked her why she was bringing in this legislation, and she said, "Well, we have to bring it in because there's been 11 cases of measles in the last year." And so the astute legislator said, "Okay, and of those 11 children that got measles, how many of them were vaccinated?" And the public health officer said, "I refuse to give you that information." And the legislator said, "I'm not looking for the names of the children. I'm looking for a number between zero and 11. How many of those 11 cases were vaccinated?" And the public health officer refused to answer. And I would suggest that's when the committee shifted its energy, and they realized that they were being misled by the public health officer, and that bill was defeated.

We did a Freedom of Information request. We did a Freedom of Information request, and we learned—it took a year to get the results—that nine of the 11 were fully vaccinated, one was partially vaccinated, and only one was unvaccinated.

[00:35:00]

That government, three months later, reintroduced the legislation that had failed, but this time they included the notwithstanding clause that basically declared that they knew they were violating the *Charter of Rights and Freedoms*, but they were going to do it anyways.

Shawn Buckley

And just so that people listening to your evidence understand that section 33 of the *Constitution Act, 1982*—which includes our *Charter of Rights and Freedoms*—permits a government to pass a law that violates a list of freedoms that are set out in the Charter, providing they put a clause in the bill saying, “notwithstanding the Charter, we’re passing this law.” So we know we’re deliberately violating your Charter rights. And the safety valve is that law only lasts for five years, and they would have to repass it and do it again. So just so that you understand what Mr. Kuntz is speaking about.

Ted Kuntz

And the reason they introduced that legislation—that addition to the legislation—is when I gave my testimony, I used all 30 minutes to talk about safety concerns, much of what I’ve shared here. And when it came time for questions, they didn’t ask me about safety. The question they asked me was, “If we pass this bill, will Vaccine Choice Canada take us to the Supreme Court of Canada?” And I said “Yes.”

The other deception that I want to speak to—which is part of the coercion—is this idea that those that are unvaccinated are a danger to the public health. And the impression that most people have is that all vaccines prevent infection and transmission. And what we learned around the COVID vaccine is it doesn’t do that. Well, there are five vaccines that actually don’t prevent infection or transmission. They’re not designed to. They’re designed to reduce the severity of symptoms. And those vaccines are the polio vaccine, diphtheria, influenza, pertussis, and tetanus. The public doesn’t understand that these vaccines aren’t all designed to prevent infection or transmission.

Shawn Buckley

In fact, if I can stop you. I probably speak for most Canadians in saying that, prior to COVID—where this is called a vaccine—but prior to the COVID experience, my expectation would be that literally 100 per cent of Canadians would believe, because of the word vaccine, that a vaccine is something that gives you immunity

Ted Kuntz

That’s correct.

Shawn Buckley

from a disease, that prevents a disease. But you’re indicating to us that for five vaccines—or what are called vaccines—that they don’t give us immunity. That the indication is to reduce symptoms.

Ted Kuntz

That’s correct.

Shawn Buckley

And these would be vaccines—I presume based on your earlier testimony—in which there has not been a double-blind clinical trial to determine whether or not they even reduce symptoms compared to a placebo.

Ted Kuntz

That's correct.

And let me just give an example of some of that coercion. When they were promoting the DPT shot—which is pertussis, which is whooping cough. Some people here may remember that there were commercials on TV that showed a grandmother and a grandfather greeting a newborn grandchild. And then the head of the parent would turn into a wolf. And what was being said was, is that you could be passing on pertussis to your grandchild—get the vaccine. So that was the advertisement. The truth is that the pertussis vaccine does not prevent infection or transmission. It reduces symptoms. And so the grandparent, it would not stop infection or transmission. But by being vaccinated, your symptoms might be reduced sufficiently that you didn't even know you had pertussis. And so you could possibly be visiting your grandchild and have pertussis, but not know because the vaccine prevented symptoms. And so what I'm suggesting is that the truth is actually the opposite. That the vaccine could actually get in the way of your efforts to keep your grandchild safe.

The slide that I've got up here is a slide that talks about mortality rates that have declined significantly over the last century. And the vaccine industry would like to take credit for that. And what this slide shows is the arrows indicate where vaccines were introduced. And it also shows two conditions, scarlet fever and typhoid that declined at the same time without vaccines. And what you'll see is there's a significant decline in mortality over the last century. And it's not due to vaccination. It's due to sanitation measures like clean drinking water, closed sewage sanitation, better nutrition, refrigeration. Those kinds of conditions, better housing.

[00:40:00]

There's been studies that have been done that have suggested that the benefits of vaccination to the reduction in mortality rates is between one and 3 per cent. But that's not what the public is led to believe.

I want to talk a little bit here about the lack of accountability. And I'm sorry I'm taking so long. Vaccines are the only product—medical or otherwise—where a manufacturer is not legally responsible for injury or death caused by their products. What this means is that no one is held responsible for vaccine injury. So there's no legal or financial incentive for a vaccine manufacturer to make their product safer, even when there's clear evidence that vaccines can be made safer. I think it's very dangerous to have an industry that they're not held accountable when their products cause injury.

Shawn Buckley

So I just want to make sure that we're clear. To your understanding, vaccines are the only drugs where we don't have sizable double-blind clinical trials—let alone double-blind clinical trials that are not sizable—and yet they're the only drugs that also are exempted from liability.

Ted Kuntz

For harm caused by their products. So this came about in 1986 in the United States under the *National Childhood Vaccine [Injury] Act*. And the reason that this was enacted is that by 1985, vaccine manufacturers in the United States had difficulty obtaining liability insurance because there were so many claims against the vaccine industry for injury. And so the purpose—and this is what I actually pulled off the internet today—the purpose of the

National Childhood Vaccine [Injury] Act was to eliminate the potential financial liability of vaccine manufacturers due to vaccine injury claims, to ensure a stable market supply of vaccines. So again, my reading of it is, “We want to have the vaccines. We’re not concerned if they’re not safe.”

Shawn Buckley

I mean, indeed, one could argue that the life insurance companies are basically the world experts in assessing product risk because their existence depends on getting that right. And so they’re not willing to insure pharmaceutical companies for vaccines and so, the government’s action is to exempt them from liability.

Ted Kuntz

That’s correct. I know I’m running out of time, so let me just quickly run through these slides, and then I’ll take some questions.

So this is a chart that we developed at Vaccine Choice Canada that shows the growth of recommended vaccines from 1950 to 2022. And the significant increase, again, was after 1983. That legislation in 1986, which exempted liability to manufacturers, really opened up the opportunity for them to produce products that didn’t need to be safe.

This is the new childhood condition in America, and the numbers are very similar to Canada: So one in three is overweight. One in six has learning disabilities. One in nine has asthma. One in 10 has ADHD. One in 12 has food allergies. One in 20 has seizures. One in 54 males has autism—that is actually closer to one in 30 now today—one in 54 males have autism, and one in 88 has autism. So we have a condition. Fifty-four per cent of American children have a lifelong chronic condition. And it seems like we’re more concerned about acute illnesses that have a very short impact on children, and instead, we have a chronic condition of chronic disease in Canada and America. So I would suggest the science is not settled, as we’ve been led to believe.

So I want to go back to my opening statement about what we’re seeing is not new. And my concluding comments are that I believe that if we had vigilantly upheld the right to informed consent back in 1982, we wouldn’t be in the place that we’re in today. Thank you.

Shawn Buckley

And I’ll ask the commissioners if they have any questions.

Commissioner Massie

Thank you very much for your presentation. I have a couple of questions concerning the clinical trials that are done in order to assess a new vaccine. I suppose that if, in those clinical trials, the placebo arm is not inactive—is not saline, let’s say—then the goal of this particular vaccine would be—of this trial—would be to say the new vaccine we’re trying to put in the market is equally safe as this other vaccine that is already in the market.

Ted Kuntz

That’s correct.

Commissioner Massie

And I know that in cancer treatment,

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it's a common practice when you come up with a new treatment to compare it very often to what we call the standard of care. Because it's considered unethical to not treat the other patients that are affected with cancer with the placebo. So in this case, they take the best possible drug or treatment and compare the new one to see whether it's better, basically. So they're using the same kind of approach for the vaccine. Is that what you're saying?

Ted Kuntz

That's true. They're often, the control group for a new vaccine— All of the vaccines that were given when I was a child are no longer on the market; they've been replaced. But they were all deemed to be safe and effective when they were marketed initially. But yes, what happens is the new vaccine, in many cases, is compared to an old vaccine, and they will say that it is as safe as the old vaccine. The problem is the old vaccine was not compared with a placebo. The old vaccine was often compared to another vaccine or the ingredients in the vaccine minus the antigen: So it still had mercury. It still had aluminum in it. It still had polysorbate-80. It had a number of other ingredients. And the bottom line is that none of the vaccines on the childhood schedule were initially tested against a neutral placebo.

The other thing is, it's different when you're talking about cancer treatment and you're looking at somebody who's at late-stage cancer and without treatment, they have a high possibility of mortality. We're dealing with healthy children at the beginning stages of life. And the standard of safety testing ought to be significantly higher for that population.

Commissioner Massie

So in terms of safety, efficacy evaluation of these— Because some of them are not replacements of old vaccine, they're totally new vaccines. So in terms of assessing the efficiency, are most of those new vaccines that are coming on the market tested in animals or systems with surrogate markers that would actually be a direct indication of safety? Because we've heard from some of the witnesses that using—in the case of the COVID vaccines—antibody levels, it was specifying on the FDA website that this is not enough to indicate the efficiency of the vaccines, and you need something else in order to confirm the efficiency. So is it the same sort of approach that is used for the other vaccines? They would just run clinical trials in humans and look for antibody levels and assume that this is a surrogate marker for protection?

Ted Kuntz

That's right. You're absolutely correct there. They use a surrogate marker for effectiveness, for efficacy, and it's antibody levels. And as you heard from Alan Cassels yesterday, that's a very poor indicator of the actual performance of the product.

Commissioner Massie

So just one last question on HPV, which is a vaccine that in theory would protect against cancer that will come tens of years down the line.

Ted Kuntz

That's right.

Commissioner Massie

So how do you actually demonstrate

Ted Kuntz

Efficacy.

Commissioner Massie

the efficiency of such a vaccine. What's the kind of model you use to show that?

Ted Kuntz

So that's a good question. Because you're right, that they're putting out a product that the benefit may not be known for 30 or 40 years. And so how do you test whether it's actually efficacious? And so they pick a marker. The question is, have they picked a marker that has integrity?

Commissioner Massie

And how do you then measure the risk-benefit

Ted Kuntz

Yes.

Commissioner Massie

of such a vaccine? Is there any consideration for that?

Ted Kuntz

You're asking the right question.

Commissioner Massie

So my last question in terms of the vaccine schedule and the school system. Does it vary quite a bit from province to province?

Ted Kuntz

No, the provinces are very similar, and Canada is very similar to the United States. But what most people don't know is that our vaccine schedule is the highest level of vaccination in the world. And when you look at what the schedules are in places like Norway and Scandinavian countries, in Japan, it is a half to a third of what we give to our children.

Commissioner Massie

And if you don't follow the schedule, you're not allowed to enter school, or is it something that is mandatory?

Ted Kuntz

Are you talking about in Canada?

Commissioner Massie

Yeah, in Canada, yeah.

Ted Kuntz

Well, the truth is, in Canada, all vaccines are voluntary.

Commissioner Massie

Okay.

Ted Kuntz

But if you ask, if you were to survey the parent population

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in Canada about whether vaccines are required to go to school, I would suggest that more than 90 per cent are of the understanding that they have to have their child vaccinated to go to school. And the government and the media—I've worked very hard to get the media to be honest about this—and they prefer that people have that misunderstanding.

Commissioner Massie

Thank you.

Commissioner Kaikkonen

There's an increasing number of children being identified in the school systems as special needs and needing individual education plans to follow them from kindergarten all the way through to Grade 12. I'm just wondering, when you say that our babies are being injected with Hep B on their first day of life, when did that start? And is there a correlation between what is happening in the school systems to what is that date that they would start being injected?

Ted Kuntz

Yeah. I don't know the exact date when that policy came in as a standard of practice to start to give the Hep B shot. I would say it's two to three years ago that happened. But the question you're asking is a good question about, what is the correlation between the increase in vaccination rate of our children and the increase in— Well, you see all of those neurological conditions: ADHD, autism, behavioural disorders. You know, our schools are very different places now than they were 30 years ago. And if you speak to an educator

who's been in the school system that long, they'll tell you the number of children whose ability to learn is compromised is significant.

Commissioner Kaikkonen

And my second question is, a lot of people don't understand what coercion is, but they do understand the analogy of the bully in the schoolyard. Who is the bully, in your opinion, in the schoolyard?

Ted Kuntz

Boy, that's a good question. I would say the bully is our medical system, right down to our family physicians. When I made a decision after my son was injured— He was injured by his very first vaccine, it's the DPT shot. And I was continually being harassed to have him vaccinated with further vaccines. And so there's a complete lack of understanding that our children can be injured. But the messaging put out by our government and public health is that parents who don't fully vaccinate their children are a danger to society. And that's bullying.

Commissioner Kaikkonen

Thank you very much.

Shawn Buckley

Mr. Kuntz, when you were describing Vaccine Choice Canada earlier, you referred specifically to the fact that the media refers to your organization as anti-vaxxer. And that term just keeps coming up, where we have witness after witness who have experienced awful vaccine injuries will say, well, they're "not anti-vaxxer." Or we'll have even representatives of organizations say, "We're not anti-vaxxer." And so it's interesting because the information that you've just shown us would be, you know, considered anti-vaxxer information. This is strictly forbidden information. This is the type of thing that the government doesn't want you to read.

Now, my understanding is there's a couple of books, and you and I haven't spoken about this. I'm guessing you'll be aware of them, written by esteemed doctors or scientists basically outlining research behind vaccination. Could you share those with us? Even though, it's forbidden knowledge, it's forbidden for us to even have a discussion on this. I think it would be helpful for the record for you to share some resources.

Ted Kuntz

Well, Mr. Buckley, I can tell you that I've got a wall of books in my home of vaccine books. I mean, the number of materials, the number of resources out there are considerable. But you're right. I would suggest the book that I find the most clear in going through all of the vaccines and the disease conditions and evaluating benefit and risk is, as I said, Richard Moskowitz's book. He's a pediatrician. He's in his 80s, 50 years of clinical practice. It's called *Vaccines: A Reappraisal*.

A recent book that came out is called *Turtles All the Way Down*. And that book specifically looks at the fact that none of the vaccines on the childhood schedule were tested against a neutral placebo and it goes into each vaccine in detail and exposes that reality. It's a very compelling book. It just came out last year.

Dr. Chris Shaw that you've had on as a guest on our first day—or as a witness on our first day—completed a mammoth investigation

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into vaccines called *Dispatches from the Vaccine Wars*. It's very well-researched. I think over a thousand references in his book.

Shawn Buckley

And just before we take the break— Because this is, I think, one of the most important points that we can recognize. I've spoken in some of my openings about how, when these labels are put on us, they are to close your mind, right? So Holocaust denier—there's nobody wants to be termed as a Holocaust denier because then you're some whack job; I'm not saying there's any truth or not to that. And anti-vax is one, a climate denier: these are just labels that are coming to my mind. And none of us want a label because then we're not part of the tribe; we're a kook that is not to be taken seriously.

But I would just wonder, is there any area, is there any area in society where we should insist on having an open mind, where we should actually get angry if there's any labels, other than childhood health and medication, including vaccines? Because here's our most precious resource, our most vulnerable population, and yet the government and the media throw this anti-vax label, which closes our mind. You see, if you are part of the mainstream culture, as soon as somebody's labeled as an anti-vaxxer, you are conditioned to turn your mind off, to close your mind so that you don't listen to the information that they have. And that prevents you from actually having an open dialogue and changing your mind.

And so I just, before we take the lunch break, just wanted to emphasize that the most dangerous area for us to have a closed mind is any health discussion for children. And yet we're experiencing in this Commission that we as a population have been conditioned to refuse to have an open and honest discussion about childhood vaccination. Full stop. We can't deny it. It's part of the evidence that's coming out on the record, although we don't have a single witness stating it.

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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