

Subject: This is a Warning

From: Tom Radcliffe <tj@tjradcliffe.com>

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To: premier@gov.bc.ca, HLTH.Minister@gov.bc.ca, Sheila.Malcolmson.mla@leg.bc.ca, Tamara.Kronis@parl.gc.ca

They say every horror movie begins with a scientist being ignored.

I am an award-winning [0] scientist with an eclectic background that includes pathogen detection and various other areas of physics and medicine. One of my areas of expertise is dynamical modeling, which includes modeling of pandemics.

BC is headed into a measles pandemic. This measles pandemic will kill children.

This is a warning.

Children will die if you do not heed this warning.

I know that none of you care, and I know that none of you will do anything to prevent those children from dying, except possibly for completely self-interested reasons. But I want to know that you have been warned, that when you let those children die you will be doing so in full knowledge of what was going to happen. I want to know that you will not be able to lie in a year's time that "No one could have predicted this", because I am predicting it, today, in your hearing.

Children will die in the growing measles pandemic in BC if you do not heed this warning.

Here are the facts:

1) Vaccination rates in BC are abysmally low. Here are the numbers for 7-year-olds from BC CDC as of 2024 [1]: "coverage for DTaP, DTaP-IPV, polio, **MEASLES**, mumps, and varicella ranged from 68.1% to 69.9%" (emphasis added). That is, **the measles vaccination rate among children in BC is LESS THAN 70%.**

2) **A vaccination rate of OVER 95% is required to control a measles outbreak** [2]:

"Maximum population immunity through routine vaccination against measles, including maintenance of high measles vaccination coverage rates (e.g., >95%), is the best tool to mitigate the size of measles outbreaks and reduce the need for measles post-exposure prophylaxis."

While the whole-population vaccination rate is still relatively high, school-age children form a distinct sub-population within which diseases spread freely [3]: "By August 2022, at least 70-80% of children ≤ 19 years, 60-70% of adults 20-59 years, but $\sim 40\%$ of adults ≥ 60 years had been infected [by covid]". That is, aerosol-spread diseases like covid and measles spread

preferentially in school environments. It would be physically impossible for them to do otherwise, as anyone who has ever been in a classroom knows, particularly given your failure to mandate ASHRAE 241 clean air standards for schools. This means that **the dynamically relevant vaccination rate is that of the school-age population**, many of whom have younger siblings at home.

3) **BC has no plans to make measles immunization a requirement for attending school** [4]:

"Despite the spread of the disease B.C. [under the Eby NDP] is not considering making measles immunization mandatory for attending school, as it is in Ontario [under the Ford Conservatives] and New Brunswick [under the Holt Liberals], the Health Ministry told The Tyee in an emailed statement.

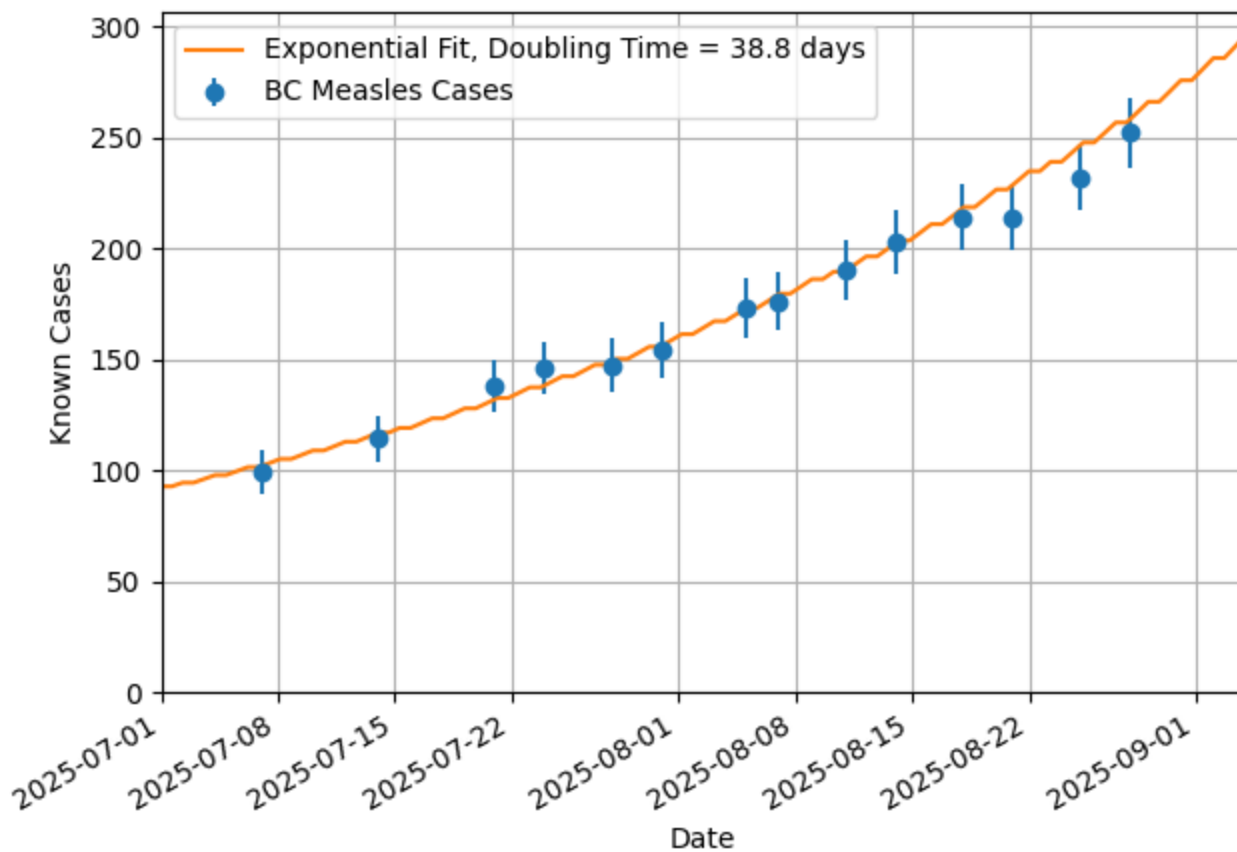
'There is no requirement from the province for students to be vaccinated to attend school, or that students' immunization records be provided as part of school registration,' the ministry said.

Instead its strategy is mostly a reactive one, where it will use data to respond to outbreaks and exposures. B.C. will also encourage people to get vaccinated and will open [school-based immunization clinics](#) in some areas with low vaccination rates."

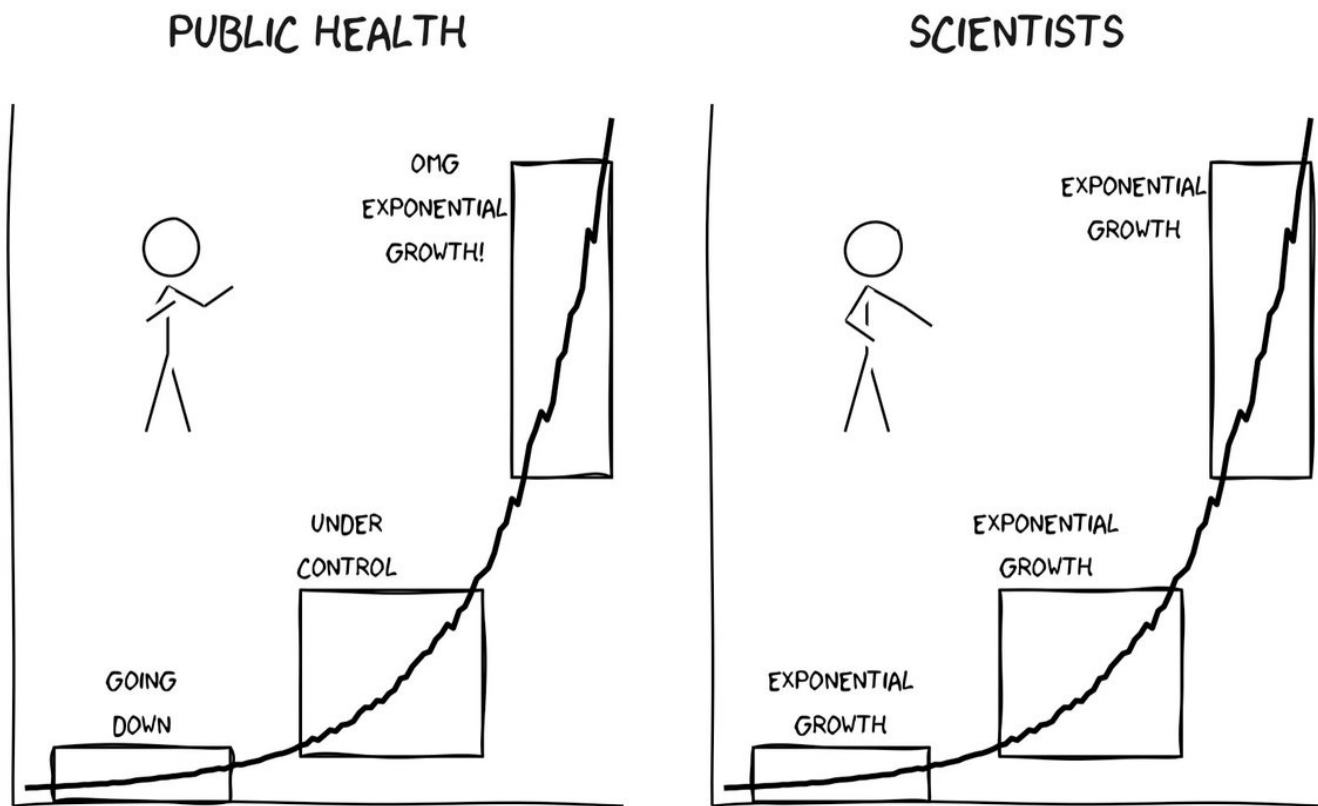
4) **Encouragement is not enough.** I know this. You know this. You know how many people masked when they were "encouraged" to do so: maybe 5%. You know how many people masked when they were "required" to do so: 95% or more. You know this because you all were able to LOOK AROUND YOU during the first waves of the ongoing covid pandemic. When mask mandates were on, almost everyone masked. When there was no mandate, but people were "encouraged" to mask, hardly anyone did. Do not lie that you did not notice this, because literally everyone noticed it. It's why mandates worked. It's why you rightfully imposed them: because mandates change behaviour in a way that "encouragement" does not.

We also know that **vaccine refusal is not the problem here**. From the BC CDC [1]: "At the health authority level, refusal rates ranged from 0.8-1.9%". So **VACCINE REFUSAL IS NOT THE CAUSE OF LOW VACCINATION RATES**. If it was, we'd be at 98% coverage and laughing at measles. We are not. Because **lack of mandates, not vaccine refusal** is the problem. **And you have the power of mandates in your hands**. Using it will save children's lives. Not using it will kill children. The choice is yours. So are the consequences.

5) **Measles in BC is growing exponentially** TODAY, with a doubling time of about 39 days. Here is my graph and fit of data from the BC CDC [5]:



The fit is exponential, which means that the rate of change increases in proportion to the number of cases. The more cases there are, the faster the number of cases grows, because every infected person infects more people. This fools stupid people into thinking that there is no problem in the early days, because when the number of cases is low, the rate of growth is slow. But by understanding the dynamics we can project from the limited data of today into the future, and avoid looking like "public health experts" ... which is to say, idiots [6]:



6) **BC has almost a quarter million children under the age of 10**, and 111,000 under the age of 5 [7]. With 30% unvaccinated, that is at least 30,000 children under the age of 5 who are unprotected from measles [1, Figure 2]. According to [3] "at least 70-80%" will get measles in the next year or two if you continue to allow the current measles pandemic in BC to proceed unchecked. Let's be conservative (in a good way) and take the 70% infection number. That's still **23,000 unvaccinated children with measles**. And measles has a fatality rate of 1-2 per thousand cases [8], with most of those fatalities occurring in **children under 5**.

I know: math is hard, and you went into politics to avoid it, along with responsibility. What these numbers mean is that at **least 23 children**--and plausibly two or three times that number, as well as a non-trivial number of adults--**will die** in the next few years in BC as the predicted and preventable measles epidemic rips through the population while our idiot public health authorities do nothing but uselessly "watch closely and carefully". **THIS WILL ALSO COST MONEY**: every measles case drains economic resources [8] so even if you are only crassly interested in the GDP or the health care budget, you should care about preventing this measles pandemic. But to my mind, **the preventable deaths of children matter more**.

You will be responsible for those deaths. **You** will have killed those children by inaction, inertia, ignorance, idiocy, and ideology. Because you have the power to set policy **today** that will save their lives.

MAKE VACCINATION MANDATORY FOR SCHOOL ATTENDANCE.

Yes, it's late in the day. Yes, it will be disruptive. Yes, it will be unpopular with the ignorant and the evil.

But **it will save a full classroom--or more--of children's lives.**

Stop now and think. Focus your mind. You were once a child. Imagine your classroom in grade 1. Now imagine it empty, because your whole class is dead. That is what you can prevent by making vaccination mandatory rather than "encouraged". Because you have seen how effective "encouraging" people to mask is compared to mandating it. That is why you mandated it, even though your cowardice meant you left it until far too late.

Those are the facts.

Every horror movie begins with a scientist being ignored.

I am a scientist.

Feel free to ignore me.

If you do, the first child in BC will die of measles within the next year. Probably within the next few months.

And just like a horror movie, what happens after that will be terrifying, like a classroom full of empty desks, where once children were eager to learn and grow.

--Thomas J Radcliffe, Ph.D.

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[0: 2016 Breakthrough Prize in Fundamental Physics, as part of the SNO Collaboration]

[1: http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Immunization/Coverage/7yo_imms_coverage_2016_birth_cohort.pdf]

[2: <https://www.canada.ca/en/public-health/services/diseases/measles/health-professionals-measles/guidance-management-measles-cases-contacts-outbreaks-canada.html>]

[3: <https://www.straight.com/ovid-19-pandemic/living/study-coauthored-by-dr-bonnie-henry-documents-colossal-increase-in-covid-19-in-metro>

and: <https://www.medrxiv.org/content/10.1101/2022.09.09.22279751v1.full>]

[4: <https://thetyee.ca/News/2025/05/29/BC-Measles-Vaccination-Schools/>]

[5: <http://www.bccdc.ca/health-info/diseases-conditions/measles>]

[6: Image credit, Jens von Bergman: https://x.com/vb_jens/status/1372251931444350976]

[7: https://en.wikipedia.org/wiki/Demographics_of_British_Columbia]

[8: <https://www.cdc.gov/measles/downloads/measlesdataandstatsslideset.pdf>]