

Parents, our children are precious. They are the future.



There are many unanswered questions about children's health and Covid vaccination that you should be free to ask. If you want to learn more, or have unaddressed concerns, I invite you to question. Following are many resources. Please watch, read, share, and be empowered.

“Anything that’s human is mentionable, and anything that is mentionable can be more manageable.”—Fred Rogers

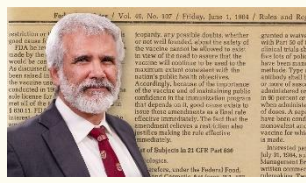
Facts

- The survival rate for Covid-19 in children 0-17 years is **estimated to be 99.998%**.
- Vaccinated individuals can still be **infected** and **transmit** SARS-COV-2, and the current vaccine is for an old strain.
- Myocarditis risk, **from VAERS data, increased with 2nd dose** and is **higher than expected (see page 7)**.
- It's estimated that many children have **natural immunity** to Covid. Natural immunity is **robust** and **persistent**.
- If vaccines in children **wane quickly, as with adults, boosters** will impact risk/benefit.
- The Pfizer children's trial and post-surveillance myocarditis studies will be **completed in 2023 and 2024-2027**.
- This is an ongoing trial that has **no long-term data**. It is a **gamble** to **mass-vaccinate children** before trial's end.
- Replacing a child's natural, broad immunity with spike-specific antibodies may be **deleterious** long-term.
- The important potential risk of Vaccine-Associated Enhanced Disease (VAED), **page 25**, should be explained.
- There currently may be **early treatment options available**.
- Vaccination during a pandemic with a non-sterilizing vaccine may increase **selection pressure** on a virus to become more pathogenic, just like overuse of antibiotics creates superbugs.
- A new ingredient (tromethamine buffer, per **page 3, FDA letter to Pfizer**) was recently added to the children's Pfizer BioNTech vaccine and it is unclear if it was tested in the children's trial as now formulated.

Videos



Doctor panel discussing treatment and concerns about vaccinating children (child info starts at 14-minute mark)



Dr. Robert Malone – Perspectives and brief analysis of data gaps and misconceptions around current Covid vaccines. .



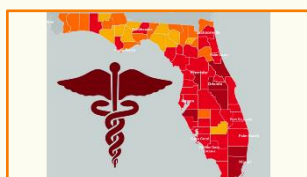
Episode 5, Brian Hooker, PhD, with Dr. Liz Mumper – *Doctors & Scientists*, Covid vaccine and children.



U.S. Sen. Ron Johnson – Panel discussion in D.C., with doctors, medical researchers and testimony from the vaccine-injured.



Geert Vanden Bosche and Robert Malone – A discussion of selection pressure, leaky vaccines, and pandemic strategies.



Dr. Heather Gessling on protecting children and a lack of pharmaceutical liability.



Dr. Soumya Swaminathan, Chief Scientist WHO – Footage of WHO ad and 2019 Vaccine Safety Summit discussion.



Dr. Heidi Larson, Director of the Vaccine Confidence Project – Who is lying to you? – thehighwire.com

Questions

Because most **children seem to handle** Covid-19 infection **better than adults**, they **may get less benefit from the vaccine**, but do appear to have increased risk of **myocarditis**. Since the vaccine may not stop infection, vaccinating them would not protect adults, who **appear to spread Covid more** than children. Even if they did, we should not use our children as shields. Additionally, the short vaccine trials were overlapped, **some serious injuries in the trials are not fully accounted for**, and there is no long-term data. Therefore, consider the following questions: Is it ethical to ask healthy young people with much lower risk from serious Covid-adverse events to risk their future to a potential life-long adverse event or even death from a vaccine? If we allow the government to mandate this vaccine, are we prepared to commit our children to ongoing boosters with a waning, experimental product from liability-free companies at the whim of current officials, knowing each booster increases their risk of an adverse event? Should multiple medical treatments dictated by officials become the criteria for determining participation in society, school attendance, and employment?

Articles

Applying brakes on ‘Warp Speed’ COVID-19 vaccinations for children – Cancer drug and vaccine physician-researchers believe there are urgent reasons to put the brakes on the mass vaccine mandates for children.

Thousands of physicians and scientists reach consensus on vaccinating children and natural immunity – List of studies documenting the risk/benefit for children.

FDA buries data on seriously injured child in Pfizer’s Covid-19 clinical trial – A paralyzed and severely injured child from the Pfizer clinical trial is listed as having minimal symptoms (e.g., stomach ache) in the trial report.

Vaccinating people who have had Covid-19: Why doesn’t natural immunity count in the US? – British Medical Journal editorial clarifying research around natural versus vaccine immunity and discussing why high antibody count does not guarantee high immunity and can be harmful in some cases.

FDA grants emergency use of Pfizer vaccine for kids 5 to 11, as reports of injuries after COVID vaccines near 840,000 – A discussion of injuries and statistics related to Covid vaccination.

Study “destroys” justification for vaccine mandates – CDC and state health department scientists find similar or higher viral load of Covid-19 among the vaccinated as compared to the unvaccinated.

Stabilizing the code – Overview of studies showing that mRNA vaccines lower the function of Toll-like receptors, which are a vital part of the immune system’s defense against infection and cancer.

A review and autopsy of two COVID immunity studies – A scientist examines a discrepancy between studies from the CDC and Israel that are supposed to answer the same question on immunity.

Rolling up the sleeve – A mother’s view of vaccine history and how we got here (includes over 300 references).

The CDC only tracks a fraction of breakthrough COVID-19 infections, even as cases surge – CDC vaccine breakthrough tracking left the nation with a muddled understanding of COVID-19’s impact on the vaccinated.

How the definition of “fully vaccinated” misleads people on COVID-19 vaccine safety & efficacy – A scientific explanation of how data on some “unvaccinated” individuals may be miscategorized.

Resources

Front Line COVID-19 Critical Care Alliance, Prevention & Treatment Protocols for COVID <https://covid19criticalcare.com/>

Dr. Robert Malone <https://globalcovidsummit.org/>, <https://twitter.com/RWMaloneMD>

Children’s Health Defense <https://childrenshealthdefense.org/>

Informed Consent Action Network <https://www.icandecide.org/>

Informed Choice Washington <https://informedchoicewa.org/>

Brownstone Institute <https://brownstone.org/>

Open VAERS <https://openvaers.com/index.php> (As of November 5, 2021, nearly a million people have reported a Covid vaccine adverse event, including 88,910 hospitalizations and 18,078 deaths.)

Notable Quotes

- “**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 assure the vaccine will continue to be used to the maximum extent, consistent with the nation’s public health policy.” 1984, The U.S. Department of Health and Human Services (HHS)
- “**No vaccine manufacturer shall be liable** in a civil action for damages arising from a vaccine-related injury or death: (1) resulting from unavoidable side effects; or (2) solely due to the manufacturer's failure to provide direct warnings.” National Childhood Vaccine Injury Act of 1986
- “The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the Secretary of Health and Human Services (HHS) **to limit legal liability** for losses relating to the administration of medical countermeasures such as diagnostics, treatments, and vaccines.” 2005, The PREP Act. “Under the HHS Declaration and its amendments, covered persons are **generally immune from legal liability** (i.e., they cannot be sued for money damages in court) for losses relating to the administration or use of covered countermeasures against COVID-19.” 2020 update
- “**Lack of adequate data** regarding many of the [vaccine] adverse events under study was a major concern.” “Studies designed to determine the long-term effects of the cumulative number of vaccines or other aspects of the immunization schedule have not been conducted.” 1994, 2011, The Institute of Medicine (IOM, now renamed the National Academy of Medicine).
- “Adverse events from vaccines are common but underreported, with **less than one percent** reported to the Food and Drug Administration (FDA). Low reporting rates preclude or delay the identification of ‘problem’ vaccines, potentially endangering the health of the public. New surveillance methods for drug and vaccine adverse effects are needed.” 2010, Electronic Support for Public Health - Vaccine Adverse Event Reporting System (ESP:VAERS) (Massachusetts).
- “**Waiver of informed consent** for certain FDA-regulated minimal risk clinical investigations [is permitted] ... when the IRB [Institutional Review Board] finds and documents that:
 1. The clinical investigation involves no more than minimal risk (as defined in 21 CFR 50.3(k) or 56.102(i)) to the subjects;
 2. The waiver or alteration will not adversely affect the rights and welfare of the subjects;
 3. The clinical investigation could not practicably be carried out without the waiver or alteration; and
 4. Whenever appropriate, the subjects will be provided with additional pertinent information after participation.” 2017, FDA_IRB Waiver or Alteration of Informed Consent for Clinical Investigations Involving No More Than Minimal Risk to Human Subjects
- “So, just to sort of put this in context of other vaccines, **whilst pre-clinical studies were not done using these vaccines simultaneously, our general approach to immunizations is that ... they can be given at the same time in different, um, limbs.**” 2018, Amanda Cohen, Advisory Committee in Immunization Practices (ACIP)
- “I spend a lot of time talking with tech companies ... They have a lot of fingers pointing at them to fix the misinformation problem, but it’s not so simple. One, the biggest problem is, a lot of **it’s not misinformation** ... we’re in a unique position in human history where **we’ve shifted the human population to ... dependence on vaccine-induced immunity.** And that’s on the great assumption that populations would cooperate. And for many years, people lined up ...” 2019, Dr. Heidi Larson, Director of the Vaccine Confidence Project, at the WHO Vaccine Safety Summit, while a screen behind her projected, “**When it’s not misinformation, but seeding doubt.**”

Bold type in above quotes added for emphasis.

While these quotes may be hard to hear, knowing where to find additional scientific analysis will enable us to see the big picture, and create the change that will lead to a better future for our kids.

Be encouraged – Healthy children are incredibly resilient, and their natural immune system is miraculous.

Be brave – Your child’s rights and freedom are worth fighting for.

Be empowered – Know the full story and do your due diligence. Our children are depending on us.

Nothing here is intended as medical or legal advice. These materials are for informational purposes only.