Should Children Receive mRNA Injectable Products Known as COVID-19 Vaccinations?

THESIS

This paper is written to show that COVID-19 injections should not be given to healthy children as these children are not at risk for severe disease. It will also establish that these products are neither safe nor effective for any patients of any age. Moreover, since these therapeutics cannot be considered classic vaccines, we shall refer to them as injectables, or COVID-19 injections, or injectable products.

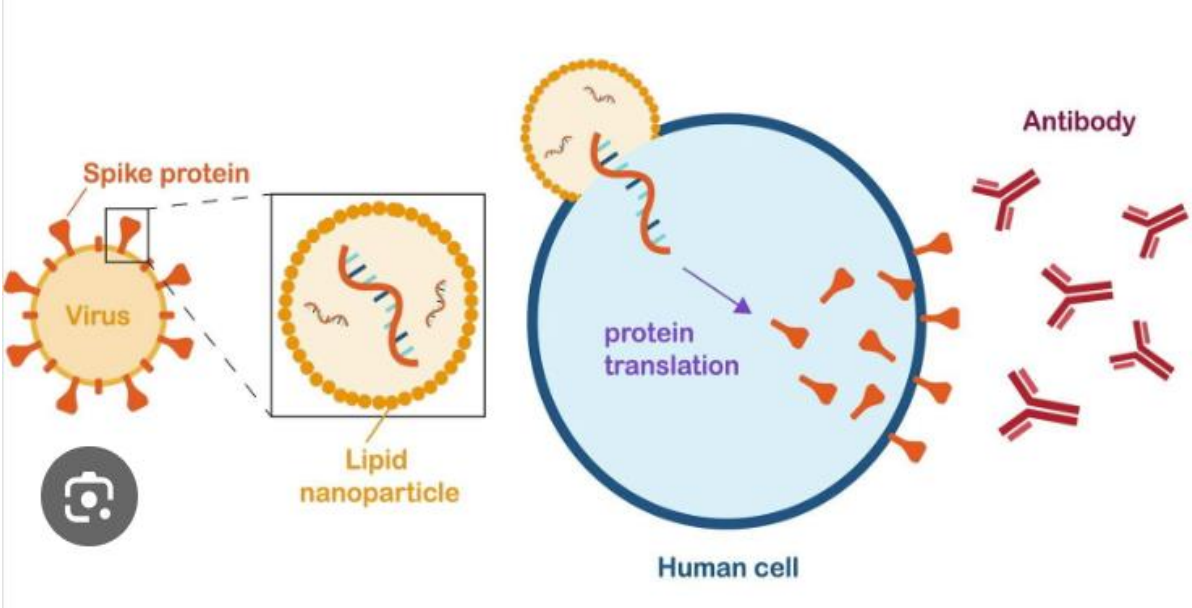
BACKGROUND

Not a Vaccine: Classic vaccines are made from weakened or killed viruses, pieces of viruses, or toxins. Once injected they remain at the injection site, classic vaccines produce a discrete immune response, and by traditional definition of a vaccine, lasting immunity. Other nations did create COVID19 “vaccines” made in this traditional manner using the entire sequence of SARS COV2—the virus which causes the illness referred to as COVID19.

In contrast, the revolutionary COVID-19 injectable products are built using synthetically manufactured mRNA (messenger RNA), which is foreign to the human body. When injected, this mRNA gives body cells specific instructions to begin to manufacture the spike protein portion of the SARS-COV2 pathogen—the most lethal portion of SARS-COV2. Body cells have

many defenses against accepting foreign substances like these. To bypass the cell's defenses, the mRNA is packaged inside tiny fat particles called lipid nanoparticles or LNPs. These LNPs fool the cell membrane into accepting the mRNA. Once inside, the mRNA overtakes the machinery of the cell, directing it to become a mini-spike-protein factory within the body. The COVID-19 injectables remain not in the arm but circulate throughout the body, can persist for several months, and confer no lasting immunity.

While the exact amount of spike protein produced after injection is unknown from person to person, the amount of spike protein produced in the body can number in the billions, this variable response means, in effect, *that the dose of the biologically active substance is unknown.* Nurses, physicians, and pharmacists are all expected to know the dose of a substance they administer to a patient. But in this case, when mRNA is injected, no healthcare provider can tell a patient what dose of spike protein will be produced within the patient's body. A parent can verify this reality by asking any pharmacist: "What dose of spike protein will my child generate in response to receiving a COVID19 injection?" Expect to get an answer of 30 mcg. Do not be fooled: this is the dose of mRNA, not the spike protein.



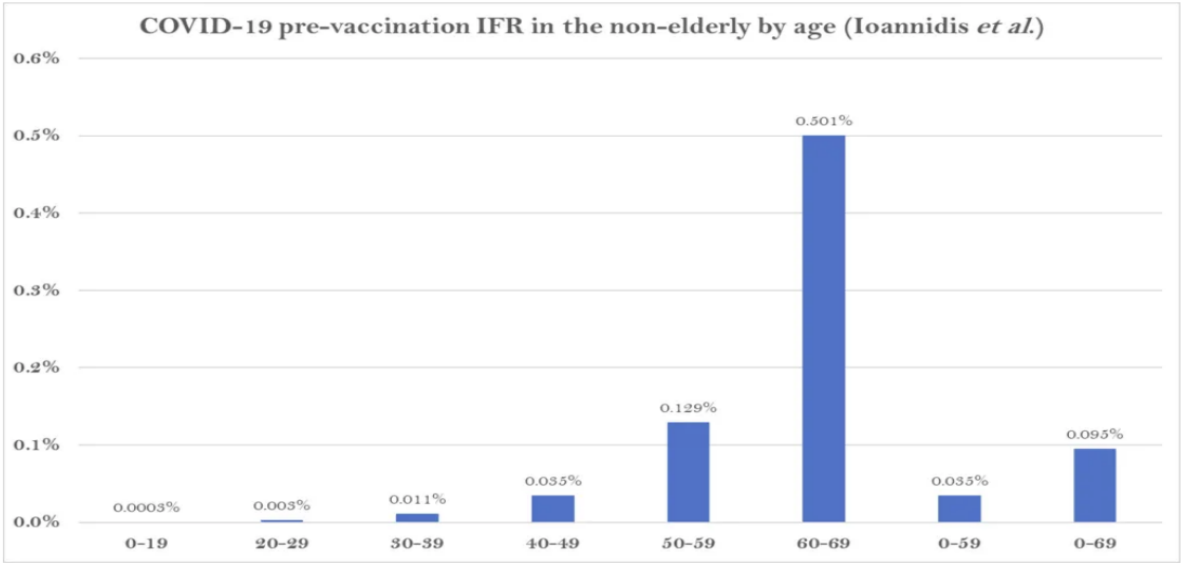
Messenger RNA technologies have been investigated for decades, primarily as tools for gene or cancer therapy. But when used in animal models for the prevention of viral infections, they have not been shown to be safe. These products meet the FDA's definition of gene therapy and should be recognized as novel and experimental.[1] Calling these products "vaccines" leads the public to view them as classical vaccines, and, by inference, safe.

COVID-19 Origins: Despite government-sponsored stories of SARS-COV-2 arising from bats in the Huanan Seafood Wholesale Market in Wuhan, China, the origins of SARS-COV-2 have been traced back to gain of function research that began as early as 1998.[2,3] Gain of function research is defined as research designed to increase the transmission, lethality, immune system resistance, or vaccine resistance of a pathogen. In 2015, Dr. Ralph Baric and Dr. Shi Zhengli (Wuhan Institute of Virology) (WIV) collaborated and perfected the technique of making a bat coronavirus infectious to human beings.[4] Several innovations in the spike protein's genetic code serve as smoking gun evidence of human design, including an engineered genetic sequence which enhances viral infectivity (US Patent # 9,587,003 Moderna, 2016), which later shows up

in the 2020 virus.[5] The probability of this sequence occuring by chance is 3.21 in 100,000,000,000.[6] From 2007 to 2020, over 61 million dollars in funding from a variety of federal agencies, including the Department of Defense (DOD) and the National Institute of Health (NIH), to conduct research on the coronavirus and other viruses, including gain of function research.[7]

NEGLIGIBLE RISK FOR SEVERE COVID-19 DISEASE

Death Rate from Infection: Consolidated data from 31 studies has shown that the death rate from COVID-19 in 0-19-year-old normal children from the earlier COVID-19 virus variants was only .0003% or 3/1,000,000.[8,9] Unlike these early variants that caused pneumonia, the later COVID-19 variants create primarily in an upper respiratory illness, making the risk of severe disease in children even less,[10] and making the actual mortality for normal children infected by these later variants statistically zero.



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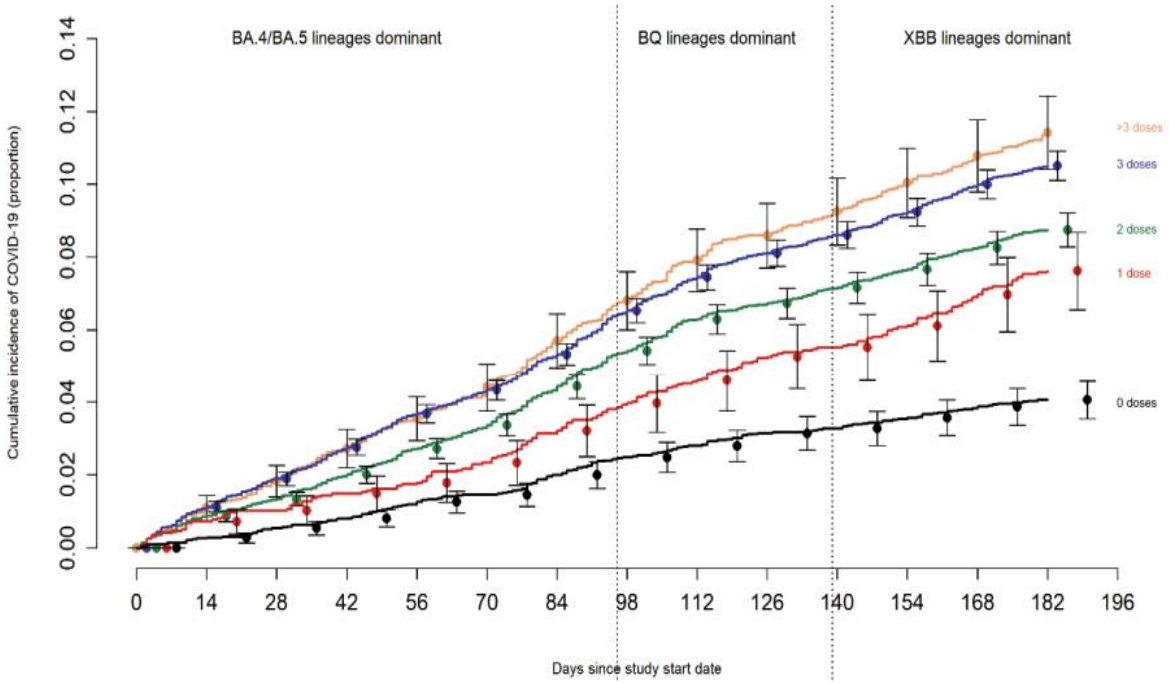
Natural Immunity: Moreover, 89% of all children have achieved immunity naturally by exposure to the virus. This group of children, therefore, does not need to be vaccinated. A systematic review of 65 studies from 19 different countries has shown that natural immunity protection against severe disease remained high at over 88.9% even 40 weeks after natural infection had occurred.[11]

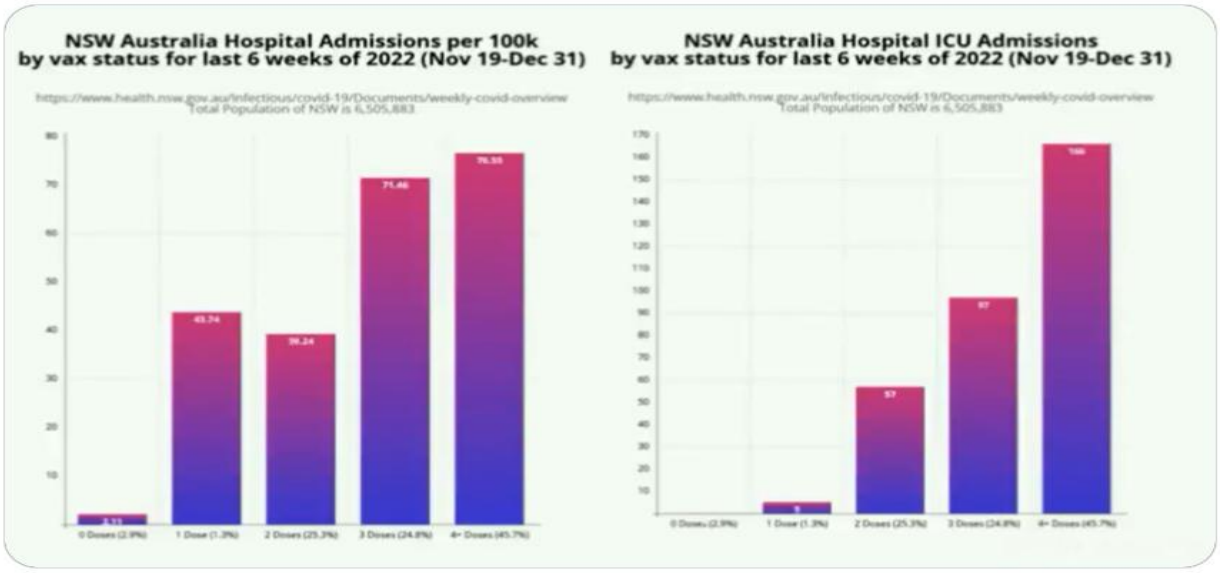
EFFICACY

No studies have shown that the use of the COVID-19 injectable products reduce disease transmission, severity, hospitalization, or death in children against the current variants, despite claims being made in media and other publications. In fact, studies now show that the COVID-19 injectable products increase the risk of both disease acquisition and contagion.

Cleveland Clinic Data: A study using data from 51,017 working-aged Cleveland Clinic employees, showed that when more COVID-19 injections were given the rate of COVID-19 infection increased.[12] To say this as plainly as possible: the more jabs, the more COVID-19.



Australian Data: Hospital data from Australia shows that with an increase in the number of doses of the C-19 products there was a progressive increase in hospitalizations and ICU admissions:[13]



SAFETY OF COVID-19 INJECTIONS

Several lines of evidence show that COVID-19 injectables cause harm, including errors in design and manufacturing, clinical evidence of injury, and all-cause mortality data.

ERRORS IN DESIGN

The spike protein on the surface of the SARS-CoV-2 virus is what causes most of the COVID-19 disease [Lei, et al, 2021],[14] and yet, inexplicably, *the vaccine was designed to create the spike protein*. This was a terrible error and was inexcusable, as it was warned against in 2005.[15] Also, instead of staying in the arm after injection as most people would expect, the spike protein circulates for up to 6 months,[16,17] thereby creating damage in multiple organs. And since the spike protein can cross the blood/brain barrier, it can also cause brain damage.

The COVID-19 injectables use a synthetic form of mRNA as the template to create the spike protein, which, unlike natural mRNA, can persist for at least 2 months.[18] As a result, the cell can now become a spike protein factory, generating substantial amounts of the toxic spike protein over an extended period. This un-natural mRNA can also generate mutated proteins (called frameshift mutations[19]) that are potentially cancer causing.

The Lipid Nanoparticles (LNPs) that wrap the mRNA contain lipids (fats) are known to be toxic.[20] These LNPs circulate throughout the body, concentrating in multiple organs, especially the ovaries and bone marrow.[21,22]

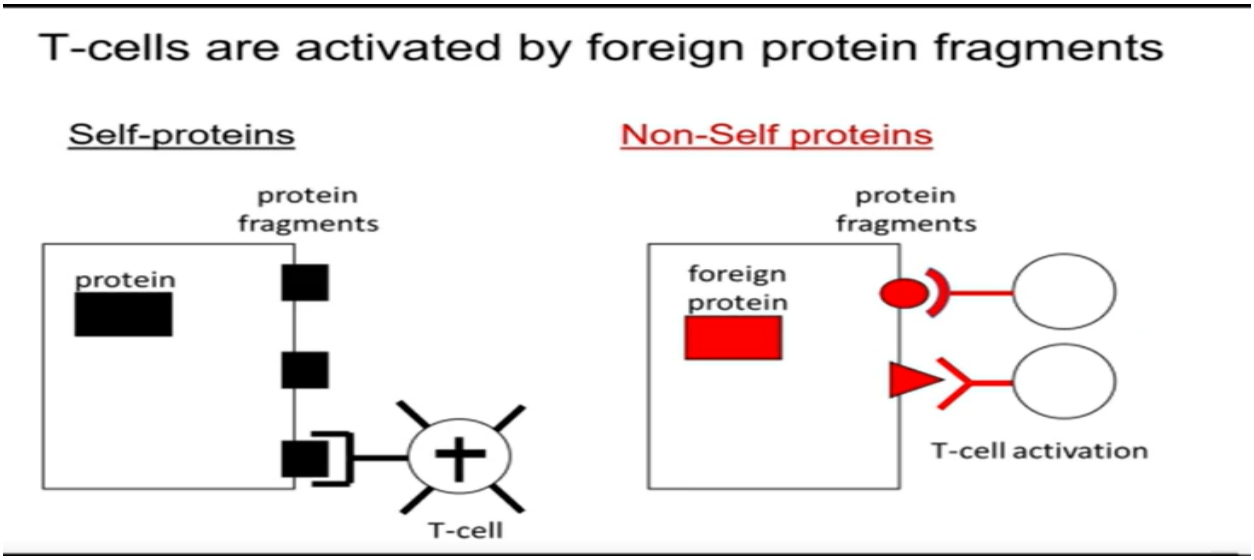
When evaluated in liver cell lines, mRNA was converted into our genetic material, DNA, creating the potential for corrupting human chromosomes.[23,24] If this same genetic transfer occurs in human egg or sperm, these mutations could propagate to multiple generations, corrupting the human genome.[25]

CORRUPTED MANUFACTURING

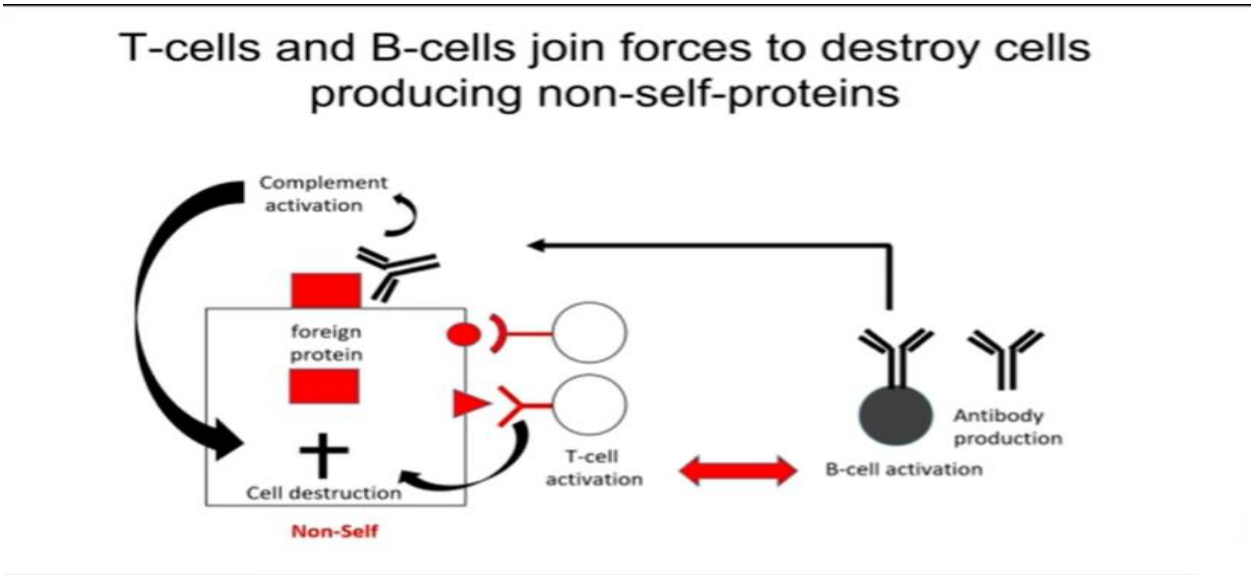
Moreover, the manufacturing process used to create the mRNA used in the mass roll-out was not the same as the process used to create the product used for the clinical trials.[26] This mass-rollout product was created using special DNA in the E.coli bacteria, known as DNA plasmids, as templates. The mRNA thus created, however, was not adequately purified, and bacterial DNA and bacterial cell wall contaminants (known as endotoxins) were left behind. This DNA can cause cancer, and the endotoxin can cause toxic shock or death.[27,28,29]

HOW DOES THE SPIKE PROTIEN CAUSE DAMAGE

The mRNA genetic material is delivered to the patient's cells in lipid nanoparticles, and from this the cells produce the spike protein. Because the spike protein is a foreign protein, the immune system is activated to destroy the cells that are producing these proteins. Foreign proteins that are non-self, like the spike protein, are broken down inside the cells and their fragments are transported to the cell surface causing activation of immune destroyer cells called T-cells (Figure below[30]).

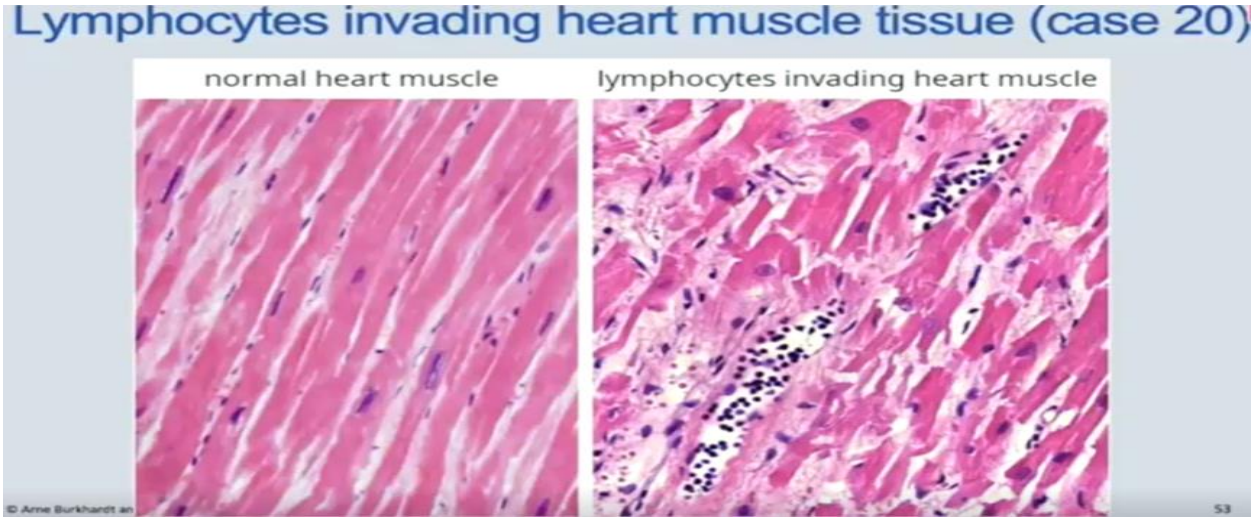


Activated T cells then directly, or indirectly, destroy the cells (Figure below[31]).



This destructive process can occur in any cell that the mRNA enters. Cells that line the inner walls of arteries and veins are called endothelial cells. If the endothelial cell is then destroyed, blood clots and inflammation can occur, causing strokes, heart attacks, organ damage, clots to the lungs, cardiac rhythm disturbances, artery rupture, and even death.

One example of spike protein damage is myocarditis (inflammation in heart muscle), illustrated in the photo below. This picture shows areas of inflammation that can result in irreversible scar tissue damage or deadly cardiac arrythmias.[32,33,34]



Another example of spike protein toxicity is the bizarre clotting that can occur in arteries or veins, resulting in long and fatal clots of unusual composition and rubber band like-consistency. These clots are not normal clots and are highly unusual, as shown below.[35,36,37]

MYOCARDITIS

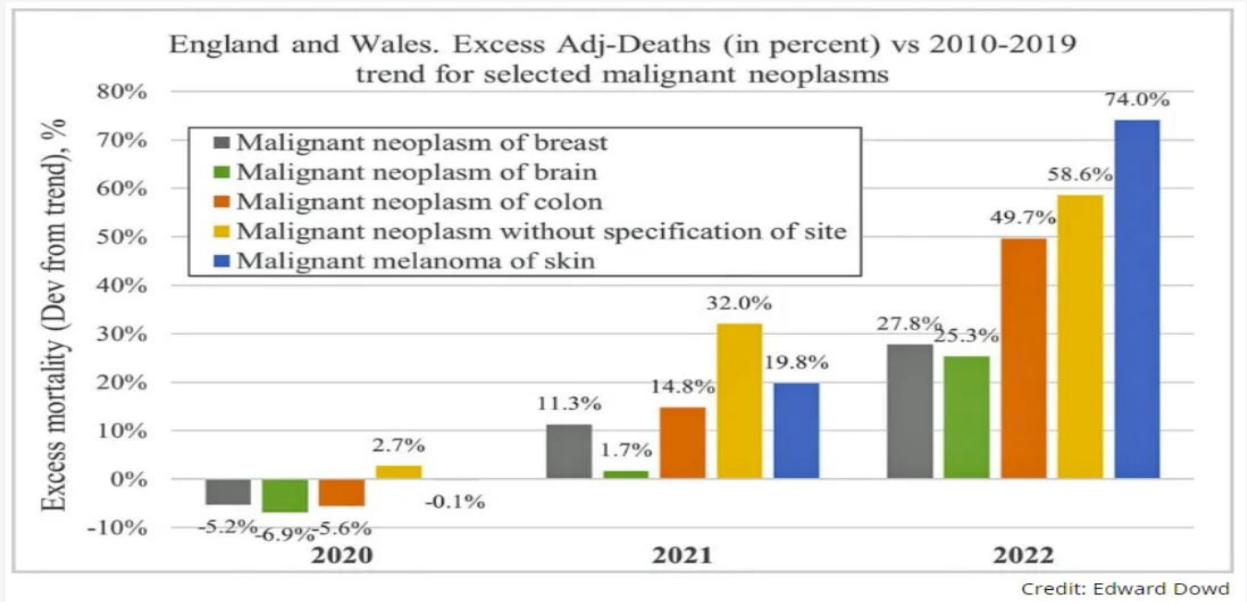
The CDC claims that cases of myocarditis (inflammation of the heart muscle) are mild and rare. This claim is not supported by the evidence. In a study published in August 2022 in the journal *Tropical Medicine and infectious Disease*, a heart muscle blood test called troponins was used to detect heart damage after the COVID-19 injection. This test showed that even without symptoms, the rate of heart muscle injury (subclinical myocarditis) **in teenage boys was an astounding 3.5% (1 in 30 teenage boys)**.[38] Another study looking at the effects of COVID-19 injections showed comparable results **with 3.7% of women and 0.8% of men demonstrating subclinical myocarditis** as measured by high sensitivity troponins (Buergin, 2023).[39]

As of November 3, 2023, 5,097 cases of myopericarditis for all ages combined have been reported to VAERS (Vaccine Adverse Event Reporting System). Since myocarditis can result in irreversible scarring (as heart muscle tissue does not regenerate), all forms of myocarditis in children should be regarded as very significant and not classified as “mild.” This problem can also persist and may not reveal itself with heart symptoms. In a study of 40 adolescent boys (average age 15) with MRI confirmed myocarditis from the COVID-19 vaccine, 73% were asymptomatic, 18% had evidence initially of reduced heart contractility, and 56% had ongoing MRI confirmed evidence of cardiac damage one year after initial diagnosis.[40]

IMMUNE SUPPRESSION AND CANCER RISK

A study published in July 2021 in the *NEJM* showed that those vaccinated were, at 10 days post-infection, 5 times more likely (31% rate) to continue to carry live virus compared to the unvaccinated (6% rate).[41] This increased risk in contagion disease acquisition with progressive vaccination (like that shown in the Cleveland Clinic study above) can be explained by the immunosuppressive effects of the COVID-19 injectables.

Prominent oncologists and epidemiologists have now shown an alarming increase in bizarrely behaving cancers in 15- to 45-year-olds appearing in 2021-2023. Called “turbo cancers” due to their rapid progression and resistance to traditional cancer therapies (Mercola, November 2023),[42] they often appear in an advanced stage within young people without family history or other risk. Data from the UK, CDC, American Cancer Society, and VAERS [43,44,45] show a correlation with the appearance of these cancers and the onset of COVID-19 injection use. Below is an example of UK data from Phinance Technologies showing the up-tick of certain cancer cases in 2021 coincident with the COVID-19 injection mandates/roll-out.[46,47]



Just because there is a correlation in time with the onset of COVID-19 injections and an increase in certain cancers, this does not mean definitively that the COVID-19 shots are causing cancer. However, a variety of mechanisms for cancer formation from the COVID-19 injections have been supported by lab and/or clinical observations, making the theory of cancer formation from the injections a plausible one deserving thoughtful consideration. The immune system can become suppressed by the injections (at least 6 mechanisms have been proposed[48,49,50,51,52,53]), which then allows precancerous cells (dormant or nascent) to proliferate.[54] In addition, there are molecular mechanisms induced by the injection that promote cancer cell formation (at least 10 mechanisms have been proposed).[55,56,57,58,59] When multiple mechanisms are engaged simultaneously (multi-hit hypothesis), cancer formation can outpace the immune system, resulting in cancer growth.[60]

FETAL DEMISE

The Nuremberg code requires that medical experiments on humans be preceded by animal studies to assess safety. Animal studies by Moderna submitted to the European regulators before the vaccine rollout showed evidence of birth defects, and neuro-muscular side-effects in the study animals.[61] No clinical trials were done on pregnant women before the release of these products.

When studied using a protocol agreed to by the CDC to evaluate adverse COVID-19 vaccination events (this method, called the proportional reporting ratio [PRR], is the ratio of COVID-19 adverse events divided by the influenza vaccine adverse events by person vaccinated) shows that: abnormal menses increased by a factor of 145, miscarriage increased 6-fold, fetal malformations doubled, fetal cardiac disorders increased 6-fold, and still birth increased 5-fold.[62] This staggering data has been corroborated by whistleblower data taken

directly from five healthcare workers at Lions Gate Hospital in British Columbia, Canada, which showed a miscarriage rate of 160/1000 (US baseline rate for miscarriage is 5.84/1000 pregnancies).[63]

"The Pfizer registry summarizing the first two and a half months of widespread use of LNP/mRNA identified the statistically significant warning signal of increased adverse events and adverse events of special interest after LNP/mRNA therapy in women, and this warning signal was not publicized."[64,65] Both the UK government and the WHO now recommend against the use of these products in pregnancy. In contrast, despite their clear abortifacient nature, the COVID-19 injection is recommended in pregnancy by the American College of Obstetrics and Gynecology, the Society for Maternal Fetal Medicine,[66] and the American Academy of Family Physicians.[67]

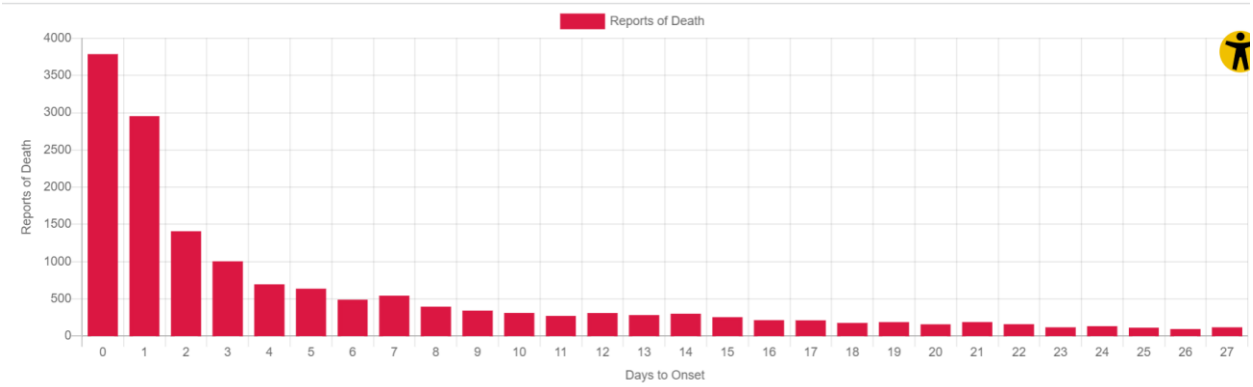
THE VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS)

The limitations of VAERS as a reporting system are well known: (1) it is a *passive* reporting system; and (2) it does not readily allow for an assessment of causality. VAERS is a *Passive reporting system* because the recorded events are obtained voluntarily as reports submitted by those who have observed injury which they believe is related to the injection. This creates a problem of under-reporting, meaning that the number of adverse events reported is lower than the actual number of events.[68] It has now been estimated that the number of VAERS adverse events are at least 5 to 20 times greater than the reported number.[69] Adding to this under-reporting is evidence that thousands of adverse events have been deleted from VAERS.[70]

Concerning the issue of Causality:

A visit to the **OPENVAERS** website https://www.openvaers.com/covid-data shows a staggering "safety signal" of domestic events as of November 3, 2023: **18,382 deaths; 88,472 hospitalizations; 117,818 urgent care visits; 9,171 myocardial infarctions; 5,097 cases of myo/pericarditis; 17,647 permanent neurologic disabilities; and 14,838 life-threatening events.**

This website also shows that eighty percent of all deaths occurred within the first week after vaccination: **(**https://openvaers.com/covid-data**)**



Some might argue that this pattern of death over time shows an association between the injections and death but does not show that the injections directly caused death. Scott McLachlan (University of London, 2021), however, has shown in his analysis of the VAERS data that 86% of the deaths had no explanation other than the vaccine.[71]

Also, another method to establish causality is to apply Brandon Hill's rules of causality, which the WHO has established as a valid tool to assess causality. This system uses 10 criteria (Strength, Consistency, Specificity, Temporality, Biological Gradient, Plausibility, Coherence, Experimental, Analogy, Reversibility) and when applied shows a causal relationship between

vaccination and death, hospital admissions, urgent care visits, cardiovascular events, and severe neurologic (permanent disability) events has been established.[72] Parenthetically, it was by using Brandon Hill's rules that the US Surgeon General established a causal link between smoking and lung cancer in 1964.

An illustration of one of the Brandon Hill criteria, Temporality, is shown below. Temporality describes the association in time between one event and another, and in this case shows a close association in time between the vaccination and the adverse events (Figures 8.1, 8.2, 8.3, 9.1, and 9.2, all from VAERS database). The orange line is a plot of the event rate following injection of death, hospitalization, emergency room visits, adverse cardiovascular events, and adverse neurological events, and is much higher than the expected rate shown by the yellow line.[73]

Figure 8.1 Time series plot — Percentage of reported deaths by time elapsed between the injection date and the reported adverse event

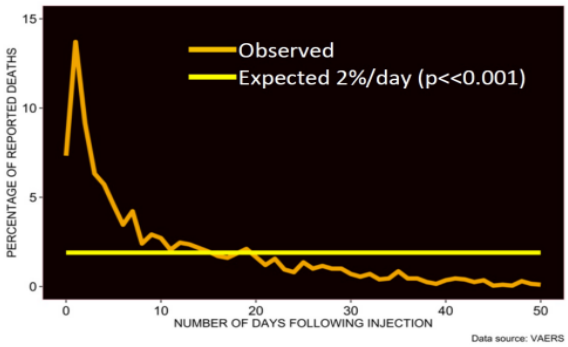


Figure 8.2 Time series plot — Percentage of reported hospitalizations by time elapsed between injection date and adverse event

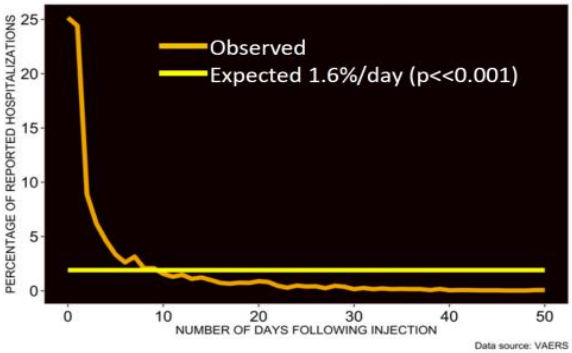


Figure 8.3 Time series plot — Percentage of reported emergency doctor visits by time elapsed between injection and adverse event

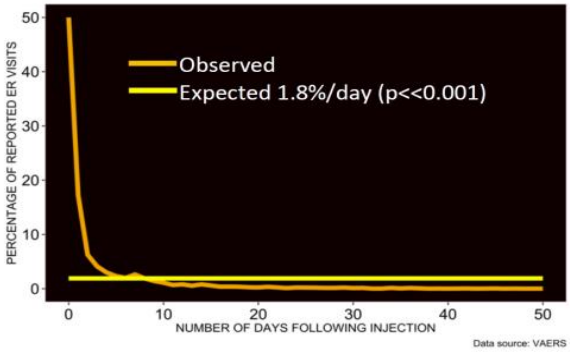


Figure 9.1 Time series plot — Percentage of reported cardiovascular AEs by time elapsed between injection date and adverse event

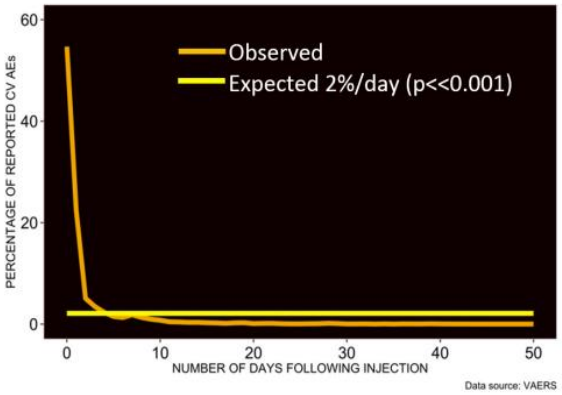
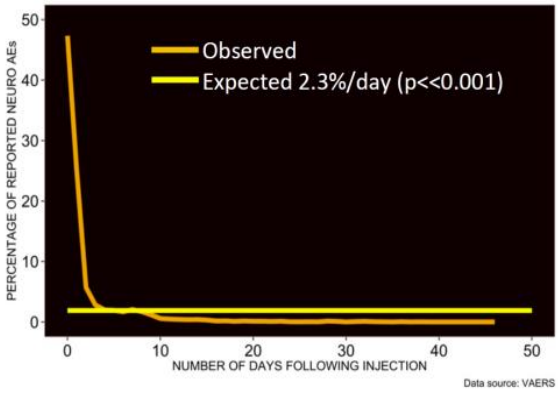


Figure 9.2 Time series plot — Percentage of reported neurological AEs by time elapsed between injection date and adverse event



DEFENSE MEDICAL EPIDEMIOLOGY DATABASE (DMED)

On February 1, 2022, thanks to the work of three military whistle blowers, DMED data was reported to Congress, showing a dramatic increase from 2020 to 2021, coincident with the military vaccine mandate rollout, of serious conditions, including: Hypertension—2,181% increase • Diseases of the nervous system—1,048% increase • Malignant neoplasms of esophagus—894% increase • Multiple sclerosis—680% increase • Malignant neoplasms of digestive organs—624% increase • Guillain-Barre syndrome—551% increase • Breast cancer—487% increase • Demyelinating—487% increase • Malignant neoplasms of thyroid and other endocrine glands—474% increase • Female infertility—472% increase • Pulmonary embolism—468% increase • Migraines—452% increase • Ovarian dysfunction—437% increase • Testicular cancer—369% increase • Tachycardia—302% increase.[74]

CDC DATA ANALYSIS (David Wiseman) USING NER

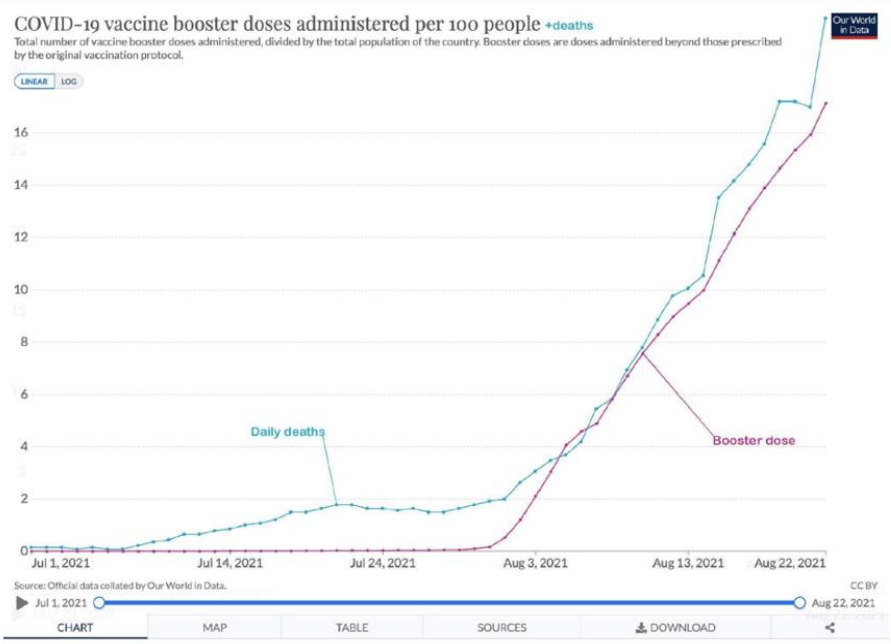
To establish numerically the magnitude of adverse events created by the COVID-19 injection, David Wiseman, PhD (research scientist in pharmacy, pharmacology, and experimental pathology) used a tool commonly used by CDC and FDA scientists call the Normalizing Event Ratio (NER). These data show that the COVID-19 injected had an up to 7 times greater rate of Guillain-Barre syndrome, an up to 34 greater rate of serious events, an up to 370 times greater rate of coagulopathies, an up to 98 times greater rate of death, and an up to 403 times greater rate of myocardial infarction (heart attack) when compared with those who received the flu shot.[75] The Wiseman NER data analysis is significant, as it, like the DMED data, confirms the validity of the VAERS signal.

SAE REQUIRING AMBULANCE OR ADMISSION

Serious Adverse Events (SAE) after COVID-19 injection are unfortunately common in children. A retrospective, multi-institution German/Swiss study examined 7806 children under age 5 for 91.4 days after at least one dose of the Pfizer injection was given and found that “1 in every 99 children aged 5 and under required emergency care (ambulatory) or hospitalization (inpatient) following Covid-19 vaccination.”[76]

DEATH RATE FOLLOWING COVID BOOSTER SHOT

For countries with no incidence of covid cases for more than a year after the initial outbreak in late 2019, the death rate rose sharply within a few weeks of the vaccine booster rollout. [77]



[Kirsh, Rose, Crawford 2021] https://www.skirsch.com/covid/Deaths.pdf

ALL CAUSE MORTALITY

Multiple data sets show an increase in all-cause mortality due to the COVID-19 injection. "All-cause mortality by time is the most reliable data for detecting and epidemiologically characterizing events causing death, and for gauging the population-level impact of any surge or collapse in deaths from any cause. Such data can be collected by jurisdiction or geographical region, by age group, by sex, and so on; and it is not susceptible to reporting bias or to any bias in attributing causes of death in the mortality itself."[78]

In a paper entitled **"COVID-19 Vaccine—Associated Mortality in the Southern Hemisphere"** published in *Correlation*, September 2023, Denis Rancourt, PhD, et al., have established a causal link between vaccination and all-cause mortality (ACM). This study comprised data from 17 countries representing 9.10% of the world's population and 10.3% of the world's vaccinated population. When these data were extrapolated to the global population, it showed **the vaccine killed 17.0 ± 0.5 million people worldwide**, or "0.213 ± 0.006% of the world population (1 death per 470 living persons) in less than 3 years and did not measurably prevent any deaths." When extrapolated to the United States population, which is roughly 4.2% of the world's population, this means that **approximately 714,000 Americans died from the COVID-19 shots.** The data showed that a peak in deaths closely followed the vaccine rollout in the countries studied which "allows this firm conclusion regarding causality, and accurate quantification of COVID-19-vaccine toxicity." Contrary to the view that vaccines should be given for older people due to their higher death rates from COVID-19, the vaccine was shown to be highly deadly in older adults, **with a fatality rate of up to 5% in the 90+ year age group**.[79] This compares with a fatality rate from COVID-19 of less than 2% with even the more deadly, and now extinct variants.[80]

Forensic analysis of the Pfizer Randomized Control Trial showed 21 deaths in the vaccinated group and 17 in the placebo group (Michels, et al., 2023). It turns out that “79% of relevant deaths were not recorded in time to be included in Pfizer’s regulatory paperwork.” By not including relevant subject deaths in the case report, Pfizer obscured cardiac adverse event signal, allowing the Emergency Use Authorization to proceed unchallenged.[81]

Data gathered from the Office of National Statistics (ONS) for England from January to May 2022 show that for all age groups singly and doubly vaccinated had greater all-cause mortality than unvaccinated for all months.[82,83]

This chart shows using UK data from the Office of National Statistics (ONS) the death rate from all causes is higher for those who had a least one vaccination (shown to the left of the red line) compared to those who are unvaccinated (shown to the right of the red line).[84]

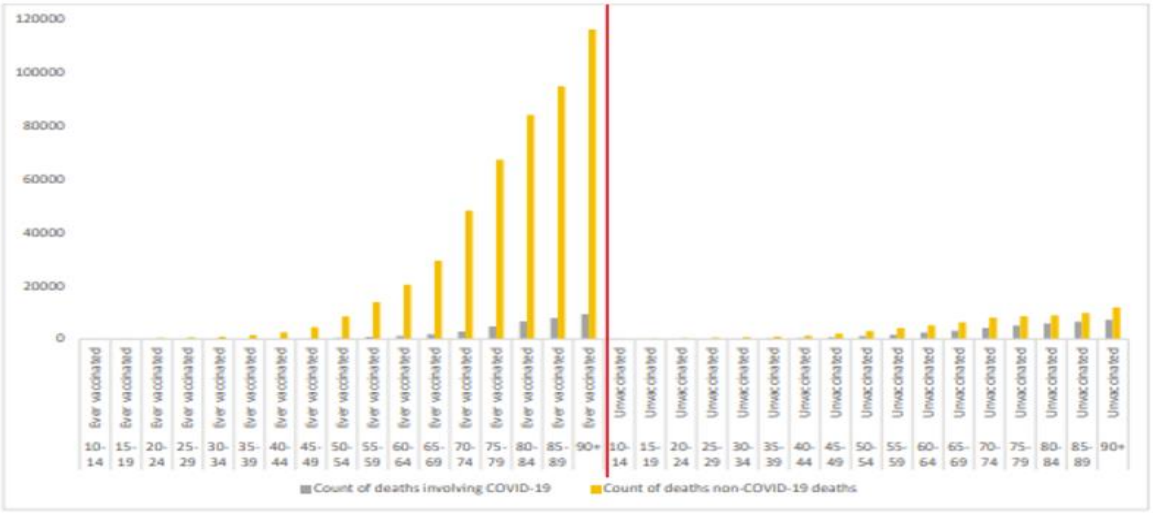
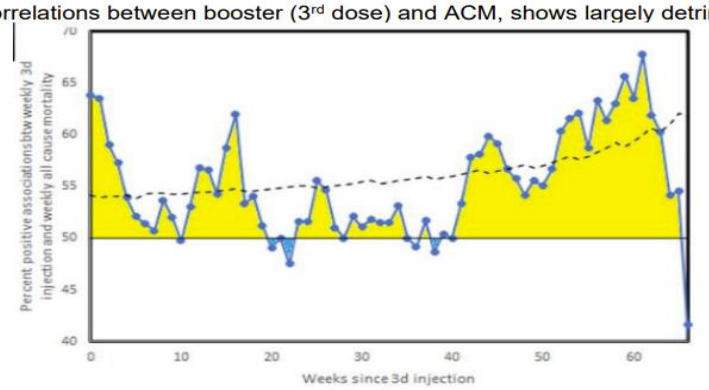


Figure 4: Death rate due to COVID and other causes comparing the vaccinated (at least one vaccination) and unvaccinated in each age group. The data of deaths occurring was for the period of the 1st of January 2021 to 31st of May 2022 in England (https://www.ons.gov.uk/)

In his book *Cause Unknown: The Epidemic of Sudden Deaths in 2021 and 2022*, Ed Doud cites data that corroborate CDC data from the Society of Actuaries**,** showing a 15% increase in group life insurance related mortality for 25–64-year-olds from 2020 to 2021, with a dramatic uptick in Quarter 3 of 2021 coincident with the timing of vaccine mandates.[85,86,87]

In his analysis of data from 23 European countries, Dr. David Wiseman and Dr. H. Seligmann noted a detrimental association between post third booster vaccination events and all-cause mortality, illustrated below by the yellow shaded areas. Blue areas show an improved mortality rate associated with vaccination.[88]

The following analysis of correlations between booster (3rd dose) and ACM, shows largely detrimental associations.



The graph below shows the increase in excess mortality (as a percentage) in Germany in 2021 and 2022 coincident with the onset of COVID-19 vaccinations.[89]

Figure 1 illustrates that the deviation of the observed mortality from the expected mortality is not uniform over the different age groups and that the pattern across the age groups changes from 2020 to 2021 and 2022.

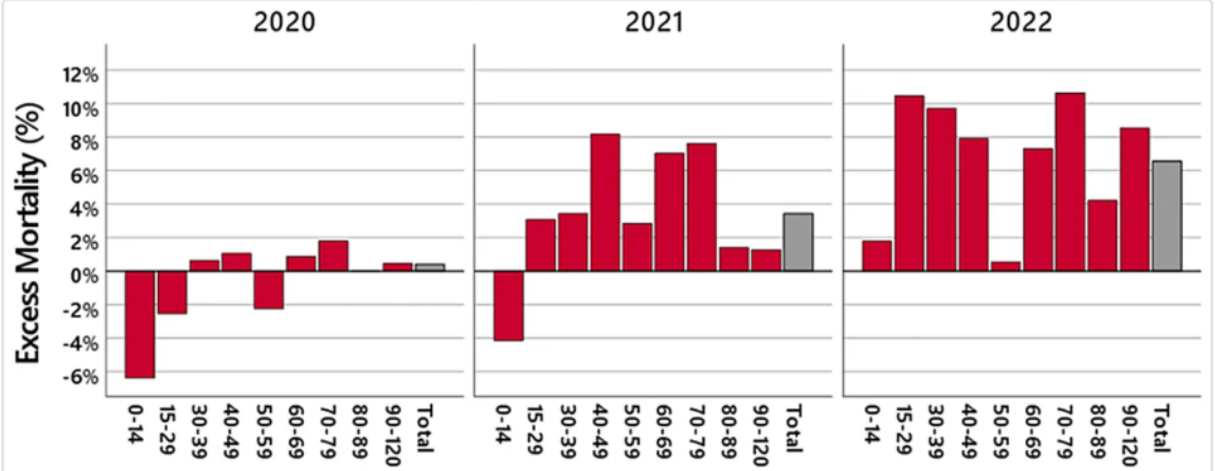


Figure 1: Yearly excess mortality.
The red bars show the excess mortality in 2020 (left panel), 2021 (middle panel), and 2022 (right panel) in different age groups. The gray bars are the total excess mortality.

RISK BENEFIT ANALYSIS

Fraiman Paper: In September 2022 Fraiman, et al., showed that "the excess risk of serious adverse events caused by the vaccine … surpassed the benefit of reduced hospitalization" by the Moderna or Pfizer products, pointing out the alarmingly high level of Serious Adverse Events (SAE) following mRNA COVID-19 vaccination of 1/800 (1/990 for Pfizer, 1/662 for Moderna).[90] The definition of SAE is anything that results in death, life-threatening events at the time of vaccination, in-patient hospitalization or hospital prolongation, significant disability, congenital anomaly of birth defect, or medically important events.

UK Health Security Agency (UKHSA) Data: On March 17, 2022, MP Mr. Andrew Bridgen gave testimony in the UK Parliament about the efficacy of the COVID-19 vaccinations. [91] In this presentation, he cited United Kingdom data presented on January 25, 2023, by the UK Health

Security Agency to the Joint Commission on Vaccines and Immunizations (JCVI),[92] which showed that in the age **50-59** group, 43,600 vaccinations were needed to prevent 1 hospitalization with a resultant number of 55 dying or having SAE from the jab. In the age **40-49** age group, 92,500 vaccinations were needed to prevent 1 hospitalization with a resultant number of 116 dying or having SAE from the jab. In the age **30-39** age group, 210,400 vaccinations were needed to prevent 1 hospitalization with a resultant number of 263 dying or having SAE from the jab. The highest risk group, the over 70 with comorbidity, 800 vaccinations were needed to prevent 1 hospitalization. These numbers amount to swapping the risk of one COVID-19 hospitalization for the risk of one booster-induced hospitalization, and this does not consider the suffering noted in many people during the immediate post-injection period of several days, suggesting that even here, we are not merely swapping one cause of death for another, and so the impact is still overall a negative one.[93,94]

SAFETY: LONG-TERM AND ONGOING RISK

There is no long-term safety data to assess the safety of these products. Because these products have now been enshrined into the pediatrics vaccination schedule, they pose an ongoing risk to children. The long-term safety issues of these mRNA products will not be known for years and may be irreversible. Recurrent vaccination with these products will amplify their risk and may create significant immune suppression, increasing infection and cancer risk. Insertion of foreign DNA into human sperm and egg cells might also place the global human genome at risk for unpredictable alteration. Yet the “need” for these injections continues to be pushed relentlessly in advertisements run in the US media (and without any warnings regarding side-effects; warnings that are required of all other therapeutics when advertised).

CONCLUDING REMARKS

In science, expert opinion is considered the lowest level of evidence, and yet many healthcare providers and parents have relied on such opinion in supporting the use of these products. In relation to these injections, it would appear that evidence-based medicine has been replaced by "eminence-based medicine." There is no longer a COVID-19 emergency state, and as such we should make every effort to investigate the development of classic vaccines that might be safe, as well as therapeutics that have been shown to be effective for those at risk of severe disease-outcomes (which does not include normal children).

Children's immune systems are already equipped for adequate defense against SARS-COV-2. Injecting children with products currently labeled as COVID-19 vaccines subjects them to significant risk of harm, and even death, to prevent something from which they do not fall risk of death to. **It is all risk and no benefit.** Ironically, even the FDA has recognized that the Pfizer data do not show efficacy in children against COVID-19, yet the FDA continues—for reasons that beggar the mind—to still recommend these injectable products.

The US is an outlier in its broad recommendation for boosters. Multiple countries (England, Sweden, Italy, France, Germany, Denmark, Portugal, New Zeeland) recommend against the use of these products in healthy children.[95] The European CDC, and European Countries do not recommend these products for healthy children.[96]

Both the FDA and the CDC have failed to provide proper oversight in the evaluation of mRNA products. Due to faulty manufacturing processes, COVID-19 injectable products are contaminated and contain DNA fragments and molecules that increase DNA entry into the cell nucleus, allowing for the expression of foreign genes and increasing cancer risk. In addition, bacterial endotoxin (which can cause toxic shock and death) has been found in these vials. The COVID-19 injections should be removed immediately from the CDC pediatrics vaccine schedule, and current efforts to use the mRNA technology as a platform for development of other vaccines should be stopped. **It should also be abundantly clear that the COVID-19 injectable products should not be used for people of <u>any</u> age.** This is the current recommendation of the Surgeon General of Florida.[97]

Although the pandemic is over, the risk of these injectable products is ongoing. Because they have been enshrined into the pediatrics vaccination schedule, they pose an ongoing risk to children. The mRNA technology will serve as a platform for the development of future influenza and other vaccines, creating other venues for mRNA toxicity. The “need” for these injections continues to be pushed relentlessly in advertisements run in the US media (and without any warnings regarding side-effects; warnings that are required of all other therapeutics when advertised). Recurrent vaccination with these products will amplify their risk and may create significant immune system suppression, increasing the risk of other infections and cancer.

The nature of scientific inquiry requires open and thoughtful debate as well as a measure of humility as new data present themselves. If you are convinced these products should be given to children, this paper invites you to show the supporting data. This paper welcomes disagreement and revision and asks that criticism be directed at the methods and analysis of the data presented, and not at the character or motives of the authors promoting either point of

view. But you should also recognize that it is not up to those critical of the injections to prove that they are unsafe. When it comes to approvals of novel therapeutics, these agents are considered unsafe and ineffective until proven otherwise—a reverse onus, as it were. But as is clear from the data discussed above, we already have enough data to demonstrate that the injections are unsafe and largely ineffective.

We all have a special obligation to shed light on the truth and protect life. In reckoning with these grave realities, people of faith are well to remember the words of the prophet Isaiah: "Woe to those who call evil good and good evil, who put darkness for light and light for darkness, who put bitter for sweet and sweet for bitter" (Isaiah 5:20).

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