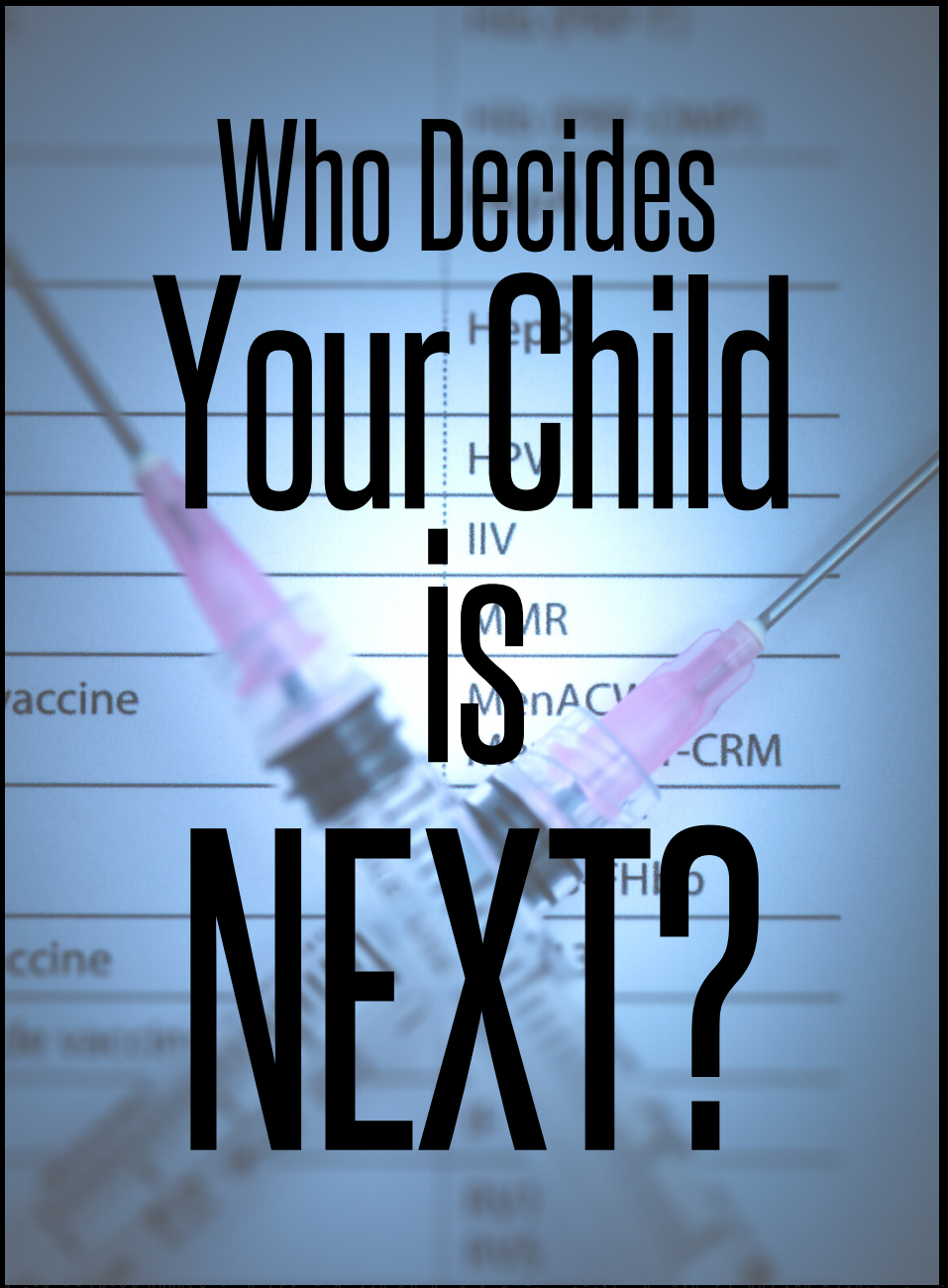


COVID REVEALED

On October 27, 2021
The FDA Vaccines and Related Biological Products Advisory Committee
voted 17 to 0
with one abstention
to recommend COVID vaccination for children ages 5-11.

Committee Member Eric Rubin stated:

"We're never going to learn about how safe this vaccine is unless we start giving it."

The alarm has been sounded...

Introduction

Vioxx, Zantac, Thalidomide… What do they all have in common? All three were products of our pharmaceutical industry that were tested and approved for use, and later removed from the market when it was determined they were unsafe. They are just three of many prescription drugs that harmed people, not to mention numerous over-the-counter concoctions that have injured countless thousands - all with the FDA's stamp of approval.

And now the American public is asked to trust the pharmaceutical industry and the FDA yet again. But this time the stakes are higher.

Not only are these vaccines under an emergency authorization or hastily approved — meaning they have not undergone years of rigorous testing and review – they also employ experimental technology. They purport to provide protection for a class of viruses that we've never successfully vaccinated for in the past.

COVID -19
CORONAVIRUS

What could possibly go wrong? As these vaccines are disseminated more widely among the general public, a chilling list of deaths and adverse side effects mounts. There's only one possible way that this could get worse: pressure on parents to give these vaccines to their precious children.

As if children have not been traumatized enough by widespread fear-mongering, shutdowns, masking, and social distancing, they are now facing coercion to receive a therapeutic that under the best of circumstances, is simply unnecessary. We are potentially approaching the point that without this jab, children may not be able to attend school or enjoy public events that we expect to be part of a normal childhood in a free country.

But what if the worst-case scenario plays out and children are injured by these jabs? It's difficult to speculate what the extent of this may be because there is no long-term data on the effects of the vaccines on children. In fact, children were not part of the shockingly brief pre-market testing phase… so there is scant short-term data.

The bottom line is that we are being asked to trust the health of our children to three pharmaceutical companies with dubious track records. Just consider that Pfizer's top product ever to come to market is a treatment for erectile dysfunction, Johnson and Johnson is the company that gave us asbestos-ridden baby powder for decades, and Moderna never previously had a successful product reach the market.

If you are a parent, a grandparent, or a citizen concerned for the future of our country, this is an issue of urgent importance to you. And if you are a champion of civil liberties, you worry that we are taking yet another step down a dangerous path from which it may be difficult to return.

Defending our Children

From a letter addressed to Dr. Arnold Monto, chairman of the FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC), committee members and all FDA staff:

"CHD [Children's Health Defense] will seek to hold you accountable for recklessly endangering this population with a product that has little efficacy but which may put them, without warning, at risk of many adverse health consequences, including heart damage, stroke, and other thrombotic events and reproductive harms."

Signed:

Robert F. Kennedy, Jr., CHD chairman and chief legal counsel
Dr. Meryl Nass, member of the CHD Scientific Advisory Committee

The FDA is a feature of government bureaucracy that has enjoyed unprecedented power to shape public policy in recent years. These unelected individuals have stepped far beyond the bounds of their policy advisory roles to play a key part in the government overreach that now weighs heavily on the citizens of our nation. And now it appears that our children are their next focus.

In a classic David vs. Goliath scenario, individuals and organizations are pushing back on the many mandates that have spun off from our government and health officials. We're tired of the harmful impact on our lifestyles and livelihoods, but without question, going after our children is the proverbial straw that broke the camel's back.

For anyone wishing to push back, it is crucial to be armed with accurate information, talking points, and data to combat any narrative that our children and society are "safer" with mandated Covid-19 vaccinations for this young age group.

It's also essential to be reminded of the rights we are meant to enjoy as free citizens and free-thinking individuals, and the powers we have as parents that must not be infringed by entities that do not have our best interests at heart.

Now is the time to arm ourselves with facts for our own peace of mind and resolve, as well as that of our friends and loved ones. In decisions regarding the medicating of your children, your "NO" should be more than enough, but we know that the times we live in do not afford us this basic level of respect.

Given that reality, let's enumerate the points that support those who push back against the vaccination of our nation's youngest and most vulnerable.

Children ages 5-11 have an extremely low risk of death, hospitalization, or complications from Covid.

When news of an impending pandemic first came to national attention, one of the greatest worries was the vulnerability of the youngest and most innocent in our nation. Thankfully, those fears did not pan out, and children are remarkably resilient to Covid. Often they have only mild symptoms - if any at all.

On October 6, 2021 The New York Times published an article that grossly overstated Covid hospitalizations among children by citing a figure of nearly 900,000. The news caught on like wildfire, giving fuel to the fire of fear-stoking media.

This was later corrected to a more accurate 63,000. When a publication claims to be the nation's paper of record yet misses the target so spectacularly, it is fair to question whether it can be trusted at all.

Here's what we know about the potential danger of Covid in children ages 5-11.

So, What Are The Facts?

- The CDC reports 94 deaths "**with**" or "**involving**" Covid among the 5-11 age group since January of 2020. The choice of the words "with" and "involving" is theirs - they do not say "from."
- A review of pediatric deaths has shown an 86% rate of comorbidities such as obesity, developmental and neurological conditions.
- In nations that carefully quantify deaths "with" Covid vs. deaths "from" Covid, child mortality is extremely low. The UK, for example, has 60 million people, and 30 child deaths "from" Covid.
- Hospitalizations are negligible within this age group, and reports of a spike in hospitalizations were greatly exaggerated. The Defender explains it this way: (continued)

"The reason CDC could claim steep increases in pediatric hospitalizations was because even a handful of additional hospitalizations caused a marked increase in the rate, and because it included hospitalizations in which COVID was an incidental finding." - The Defender

So given that children are at only slight or negligible risk for various bad Covid outcomes, why not go ahead and vaccinate them "just in case," and perhaps more importantly, to protect higher risk populations? As we will see, this is not only a problematic but a potentially dangerous approach.

Based on existing data in the 12-16 year old age group, we can expect that some children will die or be permanently injured by these vaccines.

Perhaps the most concerning find among the 12-16 year old age group is myocarditis, an inflammation of the heart. This condition is stressful for the heart, and may lead to chronic or long-term issues.

So, What Are The Facts?

- The pediatric clinical trials were too small to be able to determine the real risk of myocarditis. The FDA stated, "We have determined that an analysis of spontaneous post-marketing adverse events reported under section 505(k)(1) of the FDCA will not be sufficient to assess known serious risks of myocarditis and pericarditis and identify an unexpected serious risk of subclinical myocarditis."
- Pfizer's final report regarding myocarditis risk is projected to be available no earlier than 2024.
- The Vaccine Adverse Event Reporting System (VAERS) shows that within one week of receiving the vaccine, the risk of

myocarditis among the 12-17 year old age group is 100 times greater than among those over 65.

- One study showed that the rate of myocarditis among military servicemen under 20 is over 100 cases per million.
- There is no way at this point to know the sub-clinical rates of myocarditis, nor is there any way to determine the potential long-term effects of the cases that have flown under the radar.
- As of August 2021, the VAERS database lists 18 deaths of children in the 12-17 age group. There are 432 reports of clinical pericarditis and myocarditis, and 86 cases of blood clotting disorders. It should be noted that the VAERS database is generally considered to represent an underreporting of events and that it is currently experiencing a backlog of unpublished events.

The Question of Herd Immunity

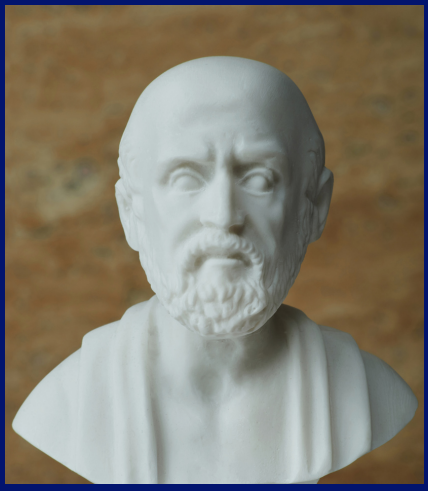
It has often been suggested that vaccinating children will bring us to herd immunity sooner, and that this will provide protection to older and more vulnerable age demographics. Yet, given the rate at which vaccine immunity wanes, and the apparent need for booster shots, it appears that herd immunity can not be achieved by means of vaccines.

Further, asking that children assume risk in order to protect another age group is patently unethical. Children are also unable to give informed consent. Adding to the ethical dilemma is the fact that the long-term risks of these injections are unknown.

The lack of long-term data and the fact that these vaccines are still in the data-gathering stage of their development means that they are still investigational and experimental. As such, other serious ethical questions remain.

Further Ethical Considerations

Of foremost importance is the Hippocratic Oath, an oath of ethics taken by physicians. It is most well-known for its admonition to physicians to "first, do no harm."



It states in part, "I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism. "

Physicians are further admonished to not "play God" with matters of life or death, admit when they don't know something, and to consider the individual needs of each patient.

The Nuremberg Code is also factored into this ethical conversation. Established in 1947, it originated as a judgment by a war crimes tribunal. It has since become an accepted standard worldwide of guidelines physicians must observe when conducting experiments upon human subjects.

The first provision of the code states in part:

"The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision."

No discussion of the ethics and experimental nature of Covid-19 vaccines is complete without a consideration of the FDA approval process for new drugs and pharmaceutical therapies.

For an in-depth look at this process, see the FDA website.

Here is a basic overview of the process, which takes on average 12-16 years:

- **Drug discovery and preclinical research** - This is the phase in which animal testing is done. *Animal research on vaccines for SARS-CoV-2 (Covid) is still relatively new and ongoing.* An overview can be found here. Only 1 in 1000 formulations make it past this point.
- Once sufficient data is gathered from animal testing to screen for toxicity and harm in human subjects, the Pharmaceutical company seeks an **Investigational New Drug (IND) Application** from the FDA. The FDA reviews this application and grants permission to proceed to human trials if deemed appropriate.

- The experimental drug then moves on to **three phases of human clinical trials**, a process that takes on average 6 years. Each phase involves a larger group of test subjects as the drug is continuously monitored for safety and efficacy, and it is determined whether there is sufficient evidence to move it along to the next phase. *This timeline was dramatically compressed in the case of Covid-19 vaccines, and they are technically in Phase 3 clinical trials now.*
- Many drugs that go to human clinical trials are washed out during the process. Those that make it past the third phase are then presented to the FDA and a **New Drug Application** is filed. The process of FDA review can be quite lengthy, although expedited and accelerated approval processes are possible. *Covid vaccines have been granted Emergency Use Authorization, and have skipped over extensive trials and reviews.*
- Even approved drugs continue to undergo testing and review. It is all too common that one is recalled or removed from the market because of long-term dangers that have been identified over time.

Do Covid-19 vaccinations as they currently stand hold up to the ethical scrutiny of the Hippocratic Oath, The Nuremberg Code and the standard and customary FDA approval process for new therapeutics? For a growing number of people who've taken a closer look, the answer is "NO."

So is there even a case to be made that the vaccines effectively prevent the spread of Covid and is there merit to the push to approve and potentially even mandate their use in children as young as 5? Again, the answer appears to be "NO."

Why rush these shots for use in children?

We are currently in the midst of the largest ever rollout of experimental and rubber-stamped vaccines. Numerous concerns have surfaced, and the case for adding children in the 5-11-year-old age group to this experiment is flimsy at best.

It would be one thing if the vaccines were delivering on their promises, but investigative journalist Max Blumenthal characterizes the push as a "bait and switch" by the ruling medical establishment.

Blumenthal makes a compelling case:

"They first told the American people that [the COVID vaccines] largely prevent viral transmission and infection, then it was proven to fail at preventing viral transmission when we saw the case of Barnstable County in Massachusetts, where 74% of COVID cases were in the fully vaccinated...

We were also told the COVID vaccine would effectively prevent hospitalizations, but now we're seeing enormous hospitalization rates in countries that are highly vaccinated, like Ireland, which is the most vaccinated country in Europe, 93% of people over the age of 12 have been vaccinated yet they're seeing more hospitalizations now compared to before the vaccine was even introduced...

So in children, a lot of people believe that if they just give the kids a COVID shot … the kids will be prevented from transmitting and infecting others like most of the vaccines in the [Centers for Disease Control and Prevention] vaccine schedule, and it's just simply not true."

Blumenthal adds that the definition of "fully vaccinated" is a moving target, with many parts of the world already on a third booster. Even CDC Director Dr. Rochelle Walensky has said that “We may need to update our definition of fully vaccinated.”

That signals the potential for countless boosters for our children over the years, a prospect that many consider dangerous and unsustainable.

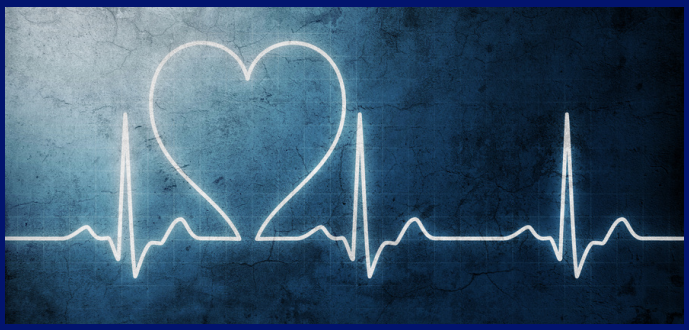
Insufficient Long-Term Data

Covid-19 vaccination proponents often make the false equivalency between Covid shots and other routine vaccines that most children receive. While these other vaccines are problematic, they are worlds different in a crucial respect: long-term data.

Four Scandinavian countries have suspended the use of the Moderna vaccine in minors over concerns about myocarditis. This led to the FDA pausing its review of the Moderna vaccine for the same age group. Because Pfizer has also shown risk of this heart condition, should we hold off on pushing it for younger children until we've gathered more data?

VAERS (Vaccine Adverse Event Reporting System) data is troubling and indicates that there are concerns for which we lack sufficient data to support the purported safety of Covid jabs.

The Defender asks, "How can it be that adverse event reports input to VAERS are greater, since the COVID vaccines were rolled out, than all cumulative adverse event reports to VAERS for the prior thirty years? Death reports for 2021 are also greater than cumulative deaths reported to VAERS over the preceding 30 years. Why has no public health official explained this?"



The truth is that while long-term data is lacking for these concerns, short-term data is also scant at best. And while we've highlighted the concerns about myocarditis, data on numerous other conditions is coming in, and we have no idea how it will play out.

Again, The Defender asks, "How can anyone possibly justify vaccinating children with vaccines for which the world's public health professionals have failed to collect and analyze the most rudimentary data on safety during the largest rollout of (mostly experimental) vaccines in the history of the world?"

Not only are children less likely to die from Covid, it turns out that they may have super-immunity

The risk of children dying from Covid? Almost zero - "nil" in statistical terms. In fact, they appear to have a powerful super-immunity to Covid and it's worst effects.

So, What Are the Facts?

- The Covid virus uses ACE2 receptors to gain access to the host cells that they infect. Children have fewer ACE2 receptors in the tissues of their nose and pharynx. This not only means that they are less likely to get sick, but that they are less likely to spread the illness.

- Children have a greater preactivated immunity innate in their upper respiratory system. This assures them a stronger early antiviral response than an adult would experience.
- All the sniffles and colds that kids get along the way have produced strong memory B cells that effectively bind to invading Covid viruses.
- Children possess immune T cells that are still "naive" and are more nimble at adapting to fight novel viruses than the T cells of adults.

"Since the earliest days of the COVID-19 outbreak, scientists have observed that children infected with the virus tend to fare much better than adults … researchers reported that levels of two immune system molecules — interleukin 17A (IL-17A), which helps mobilize immune system response during early infection, and interferon gamma (INF-g), which combats viral replication — were strongly linked to the age of the patients. The younger the patient, the higher the levels of IL-17A and INF-g, the analysis showed … these two molecules are part of the innate immune system, a more primitive, non-specific type of response activated early after infection." - Yale News

(Children's innate immunity) " … normally/ naturally largely protects them and provides a kind of herd immunity in that it dilutes infectious Co-V pressure at the level of the population, whereas mass vaccination turns them into shedders of more infectious variants.

"Children who get the disease mostly develop mild to moderate disease and as a result continue to contribute to herd immunity by developing broad and long-lived immunity."

- Dr. Geert Vanden Bossche

"...leave our children alone. Let them go to school and live largely unfettered lives. Let their immune systems breathe and be taxed and tuned up daily again. We are playing a dangerous game and are weakening formerly healthy robust immune systems. Stop the insanity with the focus on the low-risk children in this disease and focus on the high-risk groups where the focus should be."
-Paul Elias Alexander, Ph.D. The Defender

The Injured Speak Out

Sixteen-year-old Everest Romney is a junior at Corner Canyon High School in Draper, Utah, just south of Salt Lake City. The teen has always been active and athletic, and was a top basketball player at his high school.

Like so many other families, the Romneys heralded the arrival of Covid vaccines as good news - a breakthrough - and vaccinated family members when the opportunity presented itself. After all, vaccines are a miracle of modern medicine, and responsible people trust the science and get them, right?

Immediately after receiving his first Pfizer dose, the teen experienced swelling in his neck. And within a few days, he was unable to move his head. His pediatrician assured his mother that this was temporary and would soon pass.

Instead, Everest's symptoms worsened, and he experienced two blood clots in his brain and one in his jugular vein, landing him in the hospital and lucky to be alive, but facing an uncertain future.

His mother Cherie shares his story in a video on the C19 Vax Reactions site, where a long list of videos, testimonials, and medical observations have been collected.

Everest's case, and that of many other vaccine-injured young people, was brought before the FDA advisory panel before their fateful vote to recommend the Pfizer jab for the 5-11-year-old age group.

The Romneys and many others like them have felt like their situations have been ignored and dismissed by not only their own physicians, but the FDA and CDC as well.

Families like theirs were given the opportunity to speak before the panel prior to its deliberations that led to the October 27, 2021 vote in favor of vaccinating younger children.

Speaking before the panel on behalf of the Romneys was Utah chemist Dr. Brian Dressen, Ph.D. Dressen spoke not just as a scientist knowledgeable about how research and the data it produces are analyzed, but as the husband of a woman whose life was changed for the worse by a Covid vaccine.

Dressen's wife Brianna was a part of the US trials for the AstraZeneca vaccine in 2020 and suffered severe neurological injuries as a result. She withdrew from the trial after her first shot, and because of that, her case and that of other similarly injured individuals is not listed in the injury and adverse reporting data from the trial.

The Dressens and other families went on to create the C19 Vax Reactions organization and pool their forces to get the word out about risks. As well, they have become a potent voice against the approval of these vaccines for children at this time.

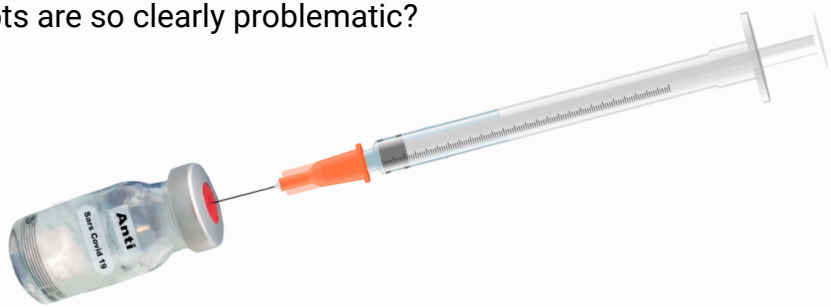
Dr. Dressen's words to the panel were poignant and powerful:

"My wife was severely neurologically injured by a single COVID vaccine in a clinical trial here in the United States last November. Because study protocol requires two doses, she was dropped from the trial, her access to the study app deleted. Her reaction is not described in the recently released clinical trial report. 266 participants are described as having an AE leading to discontinuation, 56 neurological reactions are tallied.

My family's life has changed forever. The clinical trials are not appropriately evaluating the data, the FDA, CDC and drug companies continue to deflect the persistent and repeated cries for help and acknowledgment, leaving the injured as collateral damage."

He went on to admonish the panel that their "decision is being rushed, based on incomplete data from underpowered trials, insufficient to predict rates of severe and long-lasting adverse reactions."

He makes a point that demands a genuine response: Why would we push forward with the vaccination of children when these shots are so clearly problematic?



Is There a Hidden Agenda?

Critics of the FDA Vaccines and Related Biological Products Advisory Committee point out a concerning data point... The Biden administration put in an order with Pfizer for 65 million pediatric vaccine doses prior to the panel's vote on the matter.

At the same time, the administration advised states to get a plan in place for widespread pediatric vaccination by early November of 2021.

"In anticipation of the FDA green light, the administration has begun planning for the vaccination effort with states, pharmacies and medical groups. The administration told providers in a planning document last week that the vaccine for children will be delivered to thousands of sites within a week of FDA authorization." - NBCNews.com

Even more concerning, the American Academy of Pediatrics started pushing for the vaccination of children under 12 weeks before the panel's October meeting.

Not all pediatricians are on board, however. Dr. Elizabeth Mumper, pediatric physician and CEO of the Rimland Center for Integrative Medicine stated, “It is distressing to hear that the Biden administration has already purchased 65 million doses of pediatric COVID vaccines. Vaccinating children is not the way out of the pandemic.”

Dr. Mumper adds that data is now clear that Covid vaccinations do not reduce the transmission of the disease, and that the vaccinated are catching and spreading Covid. She reiterates the golden rule of the medical community: First do no harm.

Yet the FDA panel met and voted, offering what seems to be a rubber-stamp endorsement of a foregone conclusion. Any critically thinking individual rightly questions whether the members of the panel were voting and acting independently.

The White House took its actions without waiting for the advice and guidance of the committee and seemed poised to go forward regardless of the final decision. The Children's Health Defense Team challenged the committee members, "If the

administration is unprepared to wait for your advice, let alone heed it, you should signify your disapproval on behalf of the country the FDA is meant to protect."

The Defender goes on to point out disturbing conflicts of interest among voting panel members:

"Eric Rubin, editor-in-chief of the NEJM, has published all the Pfizer clinical trials, and the NEJM will have earned a considerable sum for reprints and advertising from Pfizer.

Drs. Amanda Cohn and Melinda Wharton are both career CDC employees. Were either of them to vote against a vaccine authorization or approval it could have severe consequences for their careers.

Both Rubin and Wharton are temporary members. We are dismayed that conflicted temporary members were selected to replace conflicted permanent members on the VRBPAC."

The Challenge and Call to Action

First, our leaders mandated lockdowns. Who can forget "15 days to flatten the curve"? Then they mandated masks, and these rules still hold firm in many places in our country.

Next, the vaccine mandates started rolling in. Healthcare providers, first-responders, teachers, airline employees, and millions of others have faced the choice of rolling up their sleeves or losing their jobs over what should be a personal choice. In parts of our country, vaccine passports are now required in order to participate in once routine activities of daily life.

Given this track record, how can we possibly believe that vaccines won't be mandated for children?

We strongly urge you to contact your legislators and voice your concerns about the dangerous slippery slope we are on. Support both federal and local officials, as well as health care workers and organizations that are speaking out and standing against mandatory vaccinations for all and for the vaccination of children.

Use all the tools at your disposal to inform yourself and share important facts with friends and loved ones so that they too wake up to the crisis we are facing.

Who decides if children should be vaccinated? Are you ready to give over the right to make that choice?