International Journal of Vaccine Theory, Practice, and Research
IJVTPR

"COVID-19 Vaccines" for Children in the UK: A Tale of Establishment Corruption

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ABSTRACT

How and why has it come to pass that children as young as 12 in the UK are being injected with a novel form of mRNA technology that is unlicensed, has no long-term safety data, and remains in clinical trials until May 2023? This article traces the path by which the unthinkable became an alarming reality between October 2020 and September 2021 and also follows developments since then. Working chronologically, the actions and claims of the manufacturers, the regulators, politicians, and in particular the establishment media in promoting "COVID-19 vaccination" for children are examined. The actions taken by policy makers are juxtaposed to scientific evidence available showing that there has never been any rational justification for the mass rollout of "COVID-19 vaccines" to children. The rollout has been predicated on shifting narratives, obfuscations, faux justifications, outright lies, regulatory capture of supposed guardians of the public interest, and mass propaganda. Evidence of actual and potential injuries to children has accumulated from before the beginning of the rollout, in spite of repeated attempts to cover it up, and yet, the under-12s are now also in the crosshairs and children are being targeted for "booster shots." A clear picture emerges of collusion and corruption at the highest levels in forcing through an agenda that runs contrary to public health, democracy, and freedom. It is becoming clear that the rollout to children has nothing to do with "SARS-CoV-2" and everything to do with ongoing efforts to refashion the international monetary system in the image of central bank digital currencies and biometric IDs. In pursuit of that agenda, the transnational ruling class has revealed that it is willing to maim and kill children knowingly, creating enormous potential for a backlash as the public becomes aware of what is being done.

Keywords: *biometric IDs, COVID-19, digital currencies, mRNA-therapy, SARS-CoV-2, rollout to children, "vaccines" redefined, vaccine damage*

1. Introduction

Children as young as 12 in the UK are being injected with a novel form of mRNA technology that is unlicensed, has no long-term safety data, and remains in clinical trials until May 2023 — despite the fact that

children are at virtually no risk from "COVID-19."[1] This article traces the path by which the unthinkable became an alarming reality within the space of 12 short months between October 2020 and September 2021. I also deal with developments since then. My paper highlights the collusion and corruption of the medical establishment, the political establishment, and the establishment media in seeking to force through a "vaccination" agenda that runs contrary to public health, democracy, and medical freedom.

The term "vaccination" appears in inverted commas/scare quotes, because the "COVID-19 vaccines" do not meet the traditional definition of a "vaccine":

> a preparation of killed microorganisms, living attenuated organisms, or living fully virulent organisms that is administered to produce or artificially increase immunity to a particular disease

— this definition being quoted from the *Merriam-Webster Dictionary* 2019. With conventional vaccines "protein antigens will be exposed on the surface of the vaccine particles, which can be recognized by antibodies once antibodies have been formed"; the "COVID-19 vaccines" in contrast "are not protein antigens but the genetic blueprint for the SARS-CoV-2 spike protein antigen" (Doctors 4 COVID Ethics, 2021). Therefore, the mRNA "vaccines" do not elicit an immune response; rather, protein produced by the body's own cellular systems working with the mRNA instructions from the "vaccine" produces the immune response. This is much like auto-immune disease, with cells producing proteins to which an immune response is mounted. It therefore comes as no surprise that the mRNA "vaccines" have been linked to a host of auto-immune disease reactions (Seneff & Nigh, 2021; Sangaletti, et. al., 2021).

Because of this problem the CDC in 2021 changed its definition of "vaccination." Before the change "vaccination" was defined as "the act of introducing a vaccine into the body to produce immunity to a specific disease." Now, it is defined as "the act of introducing a vaccine into the body to produce protection from a specific disease." Thus, a "vaccine" no longer has to confer "immunity," only "protection." The CDC's definition of "immunity" remains unchanged: "If you are immune to a disease, you can be exposed to it without becoming infected." All that is now required is some specific immune response to the targeted disease agent. *Merriam-Webster* engaged in similar hedging also changed its definition of a "vaccine" from the one above to "a preparation that is administered (as by injection) to stimulate the body's immune response against a specific infectious agent or disease." As Iain Davis points out, however, this "says nothing about how effective or safe that immune response is. Inflammation is an immune response and it is potentially lethal" (Davis, 2021b). Therefore, by these modified definitions, to qualify as a "vaccine," the medical procedure known as vaccination does not have to prevent anyone from becoming infected by any particular disease agent, which traditionally was the whole point of vaccination.

The United States Patent and Trademark Office noted the following in 2004, when rejecting Anthony Fauci's application to patent an HIV "vaccine":

> The immune response by a vaccine must be more than merely some immune response but must be protective. (Martin, 2021a, 6)

The "COVID-19 vaccines," in contrast, guarantee neither protection against infection nor reduced transmission needed to confer a public health benefit; they are merely meant to alleviate symptoms. In that respect, they are at best treatments or drugs. At worst, they confer no measurable benefit but, rather, proven toxicity (Schmidt-Kruger, 2021). The use of the term "vaccine" does allow US manufacturers, however, to "enjoy the protection of a century or more of legal decisions and laws that support their efforts to mandate

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[1] I place the term "COVID-19" in inverted commas/scare quotes, because I regard it as part of a psychological warfare operation in which certain terms are weaponized. They should not be used without an indication of critical distance. Risk to children from "COVID-19" is discussed below.

what they want to do," including indemnification against liability for harms caused, with monetary damages instead being paid out by taxpayer-funded compensation schemes (Fitts, 2020).

In the argument to follow, the approach is chronological from October 2020, when the issue of giving "COVID-19 vaccines" to children first assumed salience in the UK, to the present. The actions and claims of the manufacturers, the regulators, politicians, and in particular the establishment media in promoting "vaccination" for children are critically examined. Those actions and claims are juxtaposed to scientific evidence available at the time the claims were being made. The record shows that there has never been a sound scientific justification for the mass rollout of "COVID-19 vaccines" to children — or for that matter to anyone else (Fleming, 2021; Kennedy, 2021; Shaw, 2021). Rather, the case for that rollout has been built on shifting narratives, obfuscations, faux justifications, outright lies, regulatory capture of the supposed guardians of the public interest, and nefarious propaganda (cf. Broudy & Arakaki, 2020; Broudy & Hoop, 2021; Broudy, 2021).

The argument begins by examining denials that children will be "vaccinated," then discusses the narrative shift to children being "vaccinated" after all. It highlights early warning signs from the United States concerning "COVID-19 vaccines" and young people, as well as warnings that were issued before the mass injection of children got underway in the UK and how those warnings were ignored. It explores the transformation of schools into mass "vaccination" sites and the question of "Gillick competence" (see the explanation below on page 218), as well as the compromised role of the Joint Committee on Vaccination and Immunisation (JCVI) in recommending "vaccination" for children. Accumulating evidence of "vaccine" damage to children and young adults is discussed, as are multiple attempts to cover it up. Notwithstanding that evidence, the "vaccination" rollout in the UK now has the under-12s, and even the under-5s, in its crosshairs, while resistance to injecting children intensifies. It is proposed that the real agenda behind the "vaccine" rollout has nothing to do with a virus but everything to do with attempts to refashion the international monetary system in the image of central bank digital currencies and biometric IDs. In pursuit of that agenda, the transnational ruling class has revealed that it is willing to maim and kill children knowingly, creating enormous potential for a backlash as the public wakes up to that fact.

2. Initial Denials that Children Will Be "Vaccinated"

In the beginning, British MPs explicitly ruled out "vaccinating" children. On 5 October 2020, the head of the UK's "vaccine task force", Kate Bingham claimed: "There's going to be no vaccination of people under 18. It's an adult-only vaccine, for people over 50, focusing on health workers and care home workers and the vulnerable" (cited in Ackerman, 2020). The Health Secretary confirmed in November:

> This vaccine will not be used for children. It hasn't been tested on children. And the reason is that the likelihood of children having significant detriment if they catch COVID-19 is very, very low. So, this is an adult vaccine, for the adult population. (cited in McGinnity, 2021)

UK public health agencies also ruled out "vaccinating" children. The MHRA's Regulation 174 temporary authorization document for recipients of the Pfizer-BioNTech "vaccine" originally stated "not recommended for children under 16 years" (MHRA, 2020). The same document for the AstraZeneca "vaccine" states "not recommended for children aged below 18 years. No data are currently available on the use of COVID-19 Vaccine AstraZeneca in children and adolescents younger than 18 years of age" (MHRA, 2022). According to Public Health England on 27 November:

> SARS-CoV-2 vaccine trials have only just begun in children and therefore, there are very limited data on safety and immunogenicity in this group. Children and young people have a very low risk of COVID-19, severe disease or death due to SARS-CoV-2 compared to adults and so COVID-19 vaccines are not routinely recommended for children and young people under 16 years of age. (Public Health England, 2020)

In December 2020, the JCVI recommended that

> only those children at very high risk of exposure and serious outcomes, such as older children with severe neuro-disabilities that require residential care, should be offered vaccination with either the Pfizer-BioNTech or the AstraZeneca vaccine. (JCVI, 2020)

The JCVI withdrew its advice for the AstraZeneca "vaccine" to be offered to the under-30s on 8 April following reports of blood clots.

For the whole of 2020, "COVID-19" appears on the death certificates of just *twenty* people aged 19 or under in England and Wales (Office for National Statistics, 2021a). The true number is likely to be lower, because the appearance of "COVID-19" on the death certificate does not necessarily mean that "COVID-19" was the cause of death. A *Lancet* study finds that from March 2020,

> In the USA, UK, Italy, Germany, Spain, France, and South Korea, deaths from COVID-19 in children remained rare up to February, 2021, at 0.17 per 100,000 population, comprising 0.48% of the estimated total mortality from all causes in a normal year. (Bhopal et al. 2021)

In Sweden between 1 March and 30 June 2020 "no child with COVID-19 died" (Ludvigsson et al. 2021, p. 669). In Germany, the case fatality rate in children is 0.9 per 100,000 and zero in children aged 5-11 without comorbidities (Sorg et al. 2021). Therefore, there has never been any credible case that "vaccinating" children is necessary to prevent them from dying from "COVID-19."

3. The Narrative Changes: Children to Be "Vaccinated" After All

Pfizer's Protocol C4591001 includes children as young as 12 in the Phase 2/3 trial, which seems hard to explain unless the plan all along were to inject children. Indeed, on 10 February 2021, Deputy Chief Medical Officer Jonathan Van-Tam claimed it was "perfectly possible" that the UK would be giving "coronavirus vaccines to children by the end of the year" (cited in Boyd, 2021). This was three days before the Oxford Vaccine Group announced it was recruiting for a "COVID-19 vaccine" trial for children aged 6-17. Funded by AstraZeneca and the National Institute of Health Research, the Oxford study enrolled 300 volunteers, which in the view of former Vice President and Chief Scientific Officer of Pfizer, Mike Yeadon, is "miniscule for a useful trial" and statistically underpowered (Yeadon, 2021, 27 minutes). The trial's principal investigator, Andrew Pollard, justified the trial as follows:

> While most children are relatively unaffected by coronavirus and are unlikely to become unwell with the infection, it is important to establish the safety and immune response to the vaccine in children and young people as some children may benefit from vaccination. (University of Oxford, 2021)

Pollard's statement makes it sound as though "vaccination" is intended for just a small minority of children.

The narrative changed again in March 2021, when Moderna began testing out its "COVID-19 vaccine" on babies as young as six months and upward through children aged 11 — an effective statement of intent that all age ranges are to be injected (BBC, 2021a). AstraZeneca and Johnson & Johnson also announced plans to run trials on children, and Pfizer began experimenting on under 5s in April (Budman, 2021). Now, the BBC claimed:

> The inoculation of children and young people is seen as critical to achieving the level of herd immunity necessary to halt the pandemic […and] while the risk of children becoming seriously ill from the virus is smaller than for adults, there is still a risk of transmission — especially among teenagers. (BBC, 2021a)

No evidence was provided for these claims. The logic of "vaccinating" children to attain herd immunity was simultaneously invoked by Anthony Fauci in the United States (Ellis, 2021). Such a claim implies that, far from being reserved for a relatively small number of children, the more children that get "vaccinated," the

better — all of which ignores the role of natural immunity, as per the WHO's redefinition of herd immunity in 2020 as exclusively a function of vaccination.[2] Given the low risk of children becoming seriously ill with the virus, it is unclear how that risk justifies "vaccinating" children on a large scale, or what transmission among teenagers has to do with running experiments on the under-12s.

Despite there being no evidence to justify "vaccinating" children, the *Telegraph* on 23 March 2021 "leaked" plans from unnamed sources (i.e. put out propaganda) that "children will start getting the COVID vaccine as early as August" (Riley-Smith, 2021). The *Mail* followed this up the next day by claiming: "Children 'will be vaccinated from August with up to 11 million under 18s inoculated by the start of the autumn term' as the government pushes for maximum immunity" (Ibbetson, 2021). The phrasing here hints at mandatory vaccination, subject only to the results from "a major child vaccine study by Oxford University," i.e. the statistically underpowered study mentioned above. The *Mail* article freely admits that the infection fatality risk for 5- to 9-year-olds is "just 0.1 per 100,000" (i.e. one in a million) according to Public Health England data. In order to make the case for "vaccinating" children, it instead cites the JCVI's Adam Finn on herd immunity:

> Children constitute close to a quarter of the population, so even if we could achieve 100 per cent uptake of vaccines across the adult population, it only gets you to 75 per cent coverage.

Again, there is no mention of natural and pre-existing immunity to "SARS-CoV-2." Propaganda like this is designed, not only to prime the public to accept the mass injection of children with experimental technologies, but also to measure likely compliance levels. The comments section for the article is almost universally hostile.

No later than 2 April, according to Irish Prime Minister Micheál Martin, the President of the European Commission, Ursula von der Leyen, informed him that the Commission was "looking at ordering vaccines to vaccinate teenagers and children [...T]hey're ordering millions of more vaccines for 2022 and 2023" (cited in Scallan, 2021). The agenda, it appears, was already set at the supra-national level, with national governments acting as mere implementers.

On 9 April 2021, Pfizer and BioNTech formally requested that emergency use authorization for their "vaccine" in the US be expanded to include the 12-15 age range, based on a "pivotal Phase 3 trial" allegedly demonstrating "100 percent efficacy and robust antibody response after vaccination with the COVID-19 vaccine" (Pfizer and BioNTech, 2021). This was based on a few months' data to 31 March 2021, with vague reassurances that "all participants in the trial will continue to be monitored for long-term protection and safety for an additional two years after their second dose." Potential "vaccine" damage manifesting three or more years after administration is excluded. Later in the month, the same request was made to the European Medicines Agency (RTE, 2021). On 10 May, the FDA granted Pfizer-BioNTech their wish, allowing "coronavirus vaccines" to be "offered" to 12-year-olds in the United States, and the EMA followed suit on 28 May. By the time former UK Health Secretary Jeremy Hunt asked Parliament on 24 May: "Is it time to look at vaccinating the over twelves, as they have done in the United States?" His question was mere political theatre. The MHRA granted Pfizer-BioNTech the same approval on 4 June, uncritically accepting all of Pfizer's trial data and later admitting that the trial is ongoing until May 2023 (MHRA, 2021b).

When the "vaccine" rollout was extended to 12- to 15-year-olds in the United States, the BBC reported the following reactions among US child recipients: "excited," "didn't hurt at all," "just a little prick," "I've been waiting for 400 something days," "I rushed [to make an appointment]," "I don't like getting stabbed, but it's a good thing and I'm still excited for it," "didn't hurt that much," "future me is going to be really happy"

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[2] Compare the WHO's 9 June 2020 and 13 November 2020 definitions of herd immunity to see the change in definition.

(BBC, 2021d). Amidst the immediate excitement that the injection itself is relatively painless, no consideration is paid here to potential short- and long-term serious adverse reactions. World Economic Forum Young Global Leader Devi Sridhar was allowed to lie on BBC Newsbeat (for children) on 9 June that the "vaccine" is "100 percent safe" (Hugo Talks, 2021a). In its later retraction of this claim, the BBC did not mention Sridhar by name.

A disturbing new "educational resource" appeared in April 2021, fully five months before the "vaccine" rollout began in earnest in British schools, ostensibly produced by Morpeth School (science teacher Edmund Stubbs) and QMUL (Professor Daniel Pennington) but bearing the mark of the Vaccine Confidence Project, the IDEAS Foundation, and the Stephen Hawking Foundation, on whose website it can be found. The resource itself contains a plethora of demonstrably false and deceptive mantras: the "COVID-19 vaccines" have passed "stringent safety tests" (not for children at that point); "overwhelming medical evidence shows negative side effects are rare and minor" (contradicted by MHRA Yellow Card data); the "vaccines" offer "up to 95% protection against COVID" (a relative ratio; the absolute figure is less than 1%); they "significantly reduce transmission" (were only designed to alleviate symptoms), and so on. Anything that challenges these lies is branded a "conspiracy theory" by the resource, which advertises that a "COVID vaccine" for children should be ready by the autumn. At the end, it gets children to demonstrate commitment in a peer-pressure situation by asking them to raise their hand if they want to get "vaccinated."

4 "Vaccine" Unsafety: Early Warning Signs from the United States

In the United States, evidence of potential myocarditis risks to under-30s from the Pfizer-BioNTech injection quickly accumulated. A *New York Times* headline of 26 May reads: "C.D.C. Is Investigating a Heart Problem in a Few Young Vaccine Recipients" (Mandavilli, 2021). On 10 June, a presentation by the CDC COVID-19 Vaccine Task Force found that for 16-17-year-olds, the observed number of cases of myocarditis/pericarditis (79) was over four times higher than the expected number (2-19); for 18-24-year-olds, the observed number (196) was at least twice the expected number and possibly 24 times higher (8-83). The CDC highlighted both discrepancies in red. On 11 June, the CDC announced it would convene an "emergency meeting" on 18 June — fully one week later — to address those discrepancies, which imply potential "vaccine" damage to young people. On 24 June, the FDA announced it would add a warning to Pfizer-BioNTech and Moderna "vaccines" regarding possible risk of heart inflammation in adolescents and young adults, citing CDC data that "a much-higher-than expected number [347 vs. <12] of young men between the ages of 12 and 24 have experienced heart inflammation after their second vaccine dose" (Guardian, 2021).

A search for "myocarditis" on Google Trends shows a dramatic surge in interest in the term from the spring of 2021 forward, corresponding to the start of "vaccination" uptake in young adults, then children. From 2004 until that point, notwithstanding one or two small blips, the level of interest in the term was consistently around five percent of the January 2022 level. If myocarditis was as prevalent before the "vaccine" rollout, as we are told, why was there comparatively so little interest in it?

On 28 June 2021, Senator Ron Johnson (R-WI) held a press conference with former Green Bay Packers player Ken Ruettgers, whose wife was seriously injured by the Moderna injection, for families who want to "be seen, heard and believed by the medical community" after suffering adverse reactions to COVID "vaccines" (Redshaw, 2021b). Of the five such families who spoke at the press conference, perhaps the most heart-wrenching case was that of Maddie de Garay, a previously healthy 12-year-old who, following "vaccination" as part of the Pfizer trial, experienced

> gastroparesis, nausea and vomiting, erratic blood pressure, memory loss, brain fog, headaches, dizziness, fainting, seizures, verbal and motor tics, menstrual cycle issues, lost feeling from the waist down, lost bowel and bladder control and had an nasogastric tube placed because she lost her ability to eat. (Redshaw, 2021b)

Pfizer took no responsibility for this case and removed de Garay from the trial claiming she had suffered "gastric distress" (stomach ache) only; doctors later told her she was imagining her symptoms.

Analysis of a single week's Vaccine Adverse Event Reporting System (VAERS) data by Children's Health Defense in late July notes the deaths of three 17-year-olds, three 16-year-olds, three 15-year-olds, and two 13-year-olds shortly after "vaccination." Additionally that week, there were 2,223 reports of anaphylaxis, 394 reports of myocarditis and pericarditis, and 72 reports of blood clots in 12- to 17-year-olds, nearly all following the Pfizer shot (Redshaw, 2021c). The extremely tight clustering of VAERS deaths in the hours and days following "vaccination" — based on data accumulating from March to August 2021— forms a steeply decelerating smooth curve away from t = 0, the time of the rollout of the COVID-19 "vaccines". If the deaths were coincidental, completely unrelated to the COVID-19 "vaccines", the line from t = 0 should be flat moving forward away from t = 0. Spelling it out, if the particular shots received by the deceased were not causing them to die, the VAERS data reporting deaths after vaccination should be unaffected by the time any COVID-19 "vaccine" was administered to anyone. The exponentially decelerating curve implicates causation by the "vaccine".

5. "Vaccine" Unsafety: Additional Warnings Against Injecting Children

There were multiple warnings from experts against administering "COVID-19 vaccines" to children well before the mass rollout to children began in the UK. In April, for example, 93 Israeli doctors cautioned in an open letter:

> Coronavirus disease does not endanger children, and the first rule in medicine is "first do not harm". [Moreover,] the increasingly prevalent opinion within the scientific community is that the vaccine cannot lead to herd immunity, therefore there is currently no "altruistic" justification for vaccinating children to protect at-risk populations. (Arutz Sheva, 2021)

The distinguished pathologist, Roger Hodkinson, warned:

> Vaccinating children is absolutely obscene — obscene. They are not a threat and you are putting them at risk. (Last American Vagabond, 2021)

Robert Malone, who pioneered mRNA therapies, cautioned that for children, the risk of "vaccination" overwhelmingly outweighs the benefits (Elijah, 2021).

The case against vaccinating children is expertly made in a thoroughly referenced *BMJ* opinion piece from 13 July (Abi-Jaoude et al. 2021). The key points can be summarized as follows:

First, the disease scarcely affects children:

- Despite talk of "long COVID," large studies in children show that prolonged symptoms are uncommon and less severe than for other respiratory illnesses.
- The infection fatality rate in children is only 20 per million.
- Hospitalization rates are "very low, and have likely been overestimated."
- At least 42 percent of US children had already been exposed to SARS-CoV-2 by March 2021, and this is known to induce a robust immune response in most people.

- In the Pfizer-BioNTech trial, only 16 of 1,000 12- to 15-year-olds given the placebo tested positive for "COVID-19" (i.e. just 1.6 percent), and even when "COVID-19" does occur in children it is generally mild or asymptomatic.

Second, the injections impact all children subjected to them and are apt to be more injurious:

- Three quarters of those "vaccinated" in the trial suffered fatigues and headaches, half had chills and muscle pain, and a fifth to a quarter experienced fever and joint pain.
- Whereas far more harm was done to the "vaccinated" group than to the placebo group, the benefits of the "vaccine" to children have not been demonstrated and remain hypothetical.
- The very low incidence rate of "COVID-19" in children means that very many children would have to be "vaccinated" to prevent just one severe case.
- Those children, themselves at miniscule risk of severe illness from "SARS-COV-2," would be exposed to known and yet to be determined risks from the "vaccine."
- Israeli reports of myocarditis following "vaccination" show an estimated incidence rate of 1 in every 3,000 to 6,000 males aged 16-24.[3]
- Other long-term effects from these novel gene-based "vaccine"/therapy platforms remain to be discovered.

Third, why should adults expect children to protect them?

- Most adults in Western countries have already been "vaccinated" at least once, so, in theory, those adults should already have whatever degree of protection, if any, is provided by the "vaccines" against SARS-CoV-2.
- It is unethical to put children at risk in order to protect a minority of vulnerable adults from disease: the onus should always be on adults to protect children.

6. Ignoring the Warning Signs

In a strikingly inappropriate choice of words given the emergent evidence of myocarditis in young people following the Pfizer "vaccine," Scottish First Minister Nicola Sturgeon claimed on 5 June 2021 that the MHRA's approval of that "vaccine" for 12- to 15-year-olds made her "heart sing" (Eden, 2021). It is hard not to construe this as a form of satanic mockery. NERVTAG's Peter Openshaw claimed on 12 June that there was "a very strong argument" for "vaccinating" children and that the "vaccine" was "safe for children" (Scully, 2021). In contrast, other figures from the British medical establishment, such as Susan Hopkins (Public Health England) and Carl Semple (SAGE), cautioned that there was a poor risk-reward ratio of "vaccinating" children (Pickover, 2021). Yet, like JCVI chair Andrew Pollard (recused vis-à-vis "COVID-19 vaccines"), they framed their primary objection to "vaccinating" children on the basis that limited supplies of "vaccines" should go first to at risk "unvaccinated" adults elsewhere in the world. According to Hopkins, in a curious turn of phrase, "we will not be through this pandemic until the whole world *has had an ability to get vaccinated*" (Pickover, 2021, my emphasis). This intimates not only that children will need to be

[3] Cf. the MHRA's concession in early May that young adults are susceptible to blood clots from the Oxford-AstraZeneca "vaccine" (Dalton, 2021).

"vaccinated" eventually, but also that "vaccination" is a privilege conferred by benevolent governments with the support of the pharmaceutical industry.

A BBC article from 18 June — "Should all children get a vaccine?" — reveals the propaganda technique (Gallagher, 2021). Three subheadings state: (i) "The risk of COVID in children is very low"; (ii) "Some countries may benefit from vaccinating children"; and (iii) "Is it morally acceptable?" The first two sections create the illusion of a balanced debate, as though the phoney "protect their grandparents" argument in (ii) can in any way counterbalance the risks of myocarditis and other serious injuries to younger and more vulnerable individuals (cf. Abi-Jaoude et al. 2021). The question then becomes the moral one in (iii). But there, the issue is not whether it can ever be right to expect children (the powerless) to protect adults (the powerful), or whether forcing them to do so can amount to anything other than pre-meditated child abuse, which in some cases results in the child's death (Redshaw, 2021c). Rather, it is all about the WHO's claim in May that "wealthy countries should postpone their plans to immunize children and donate [unused "vaccines"] to the rest of the world." The WHO/BBC moral case thus proves to be one-sided and leads back to injecting children in the long run.

As late as 22 June, the WHO website maintained:

> Children should not be vaccinated for the moment. There is not yet enough evidence on the use of vaccines against COVID-19 in children.

When this was pointed out by Children's Health Defense, the text was immediately changed:

> Children aged between 12 and 15 who are at high risk may be offered this vaccine alongside other priority groups for vaccination. (see Redshaw, 2021a)

On 19 July, the JCVI followed suit by recommending that children as young as 12 with "increased risk of serious coronavirus (COVID-19) disease" be offered a "vaccine" — further evidence of national policy following cues at a supranational level (Public Health England, 2021). On 1 September, the JCVI recommended a *third* dose for "individuals aged 12 years and over with severe immunosuppression" (Department of Health and Social Care, 2021a). That the clinically most vulnerable groups were prioritized for "vaccination" is deeply troubling in light of accumulating evidence of "vaccine" damage (see below) and may be attributable to the well-documented eugenics agenda of the WHO and the Bill and Melinda Gates Foundation (Kennedy, 2021, pp. 336-340) which has a long, deep, and sordid history (Webb and Loffredo 2020; Webb, 2021; Davis, 2021, Chapters 14-15).[4]

7. Schools Become "Vaccination" Sites with the Rule of "Gillick Competence"

Pressure to increase vaccination rates for schoolchildren was being applied by scholars and GPs before "COVID-19" appeared. In 2018, an article appeared in *Public Health Ethics* — "Influenza vaccination strategies should target children" — and in 2019 the flu nasal spray was offered to all primary school children in England (Bambery et al. 2018). In 2019, the case was made for "nudging immunity" by making vaccination at school the default option, with parents retaining the right to opt their children out (Giubilini et al. 2019). Four GPs wrote to the Health Secretary in September 2019, proposing that parents declining vaccinations for their children must register a conscientious objection (Campbell, 2019).

Health Secretary Hancock was already thinking in terms of *mandatory* vaccination for school children, something which in May 2019 he said he would not "rule out" (Mohdin, 2019). In September he claimed

[4] See also James Corbett's excellent work on the history of eugenics, in particular his documentary, *Who is Bill Gates?* (Corbett, 2020).

"there's a very strong argument for compulsory vaccination for children when they go to school [...] I have received advice inside government this week on how we might go about it and I am looking very seriously at it" (Walker, 2019). This was just one month after the Nuffield Council on Bioethics wrote to Hancock advising that there was "not sufficient justification in the UK for moving beyond the current voluntary system and implementing incentivised or quasi-mandatory policies for routine childhood vaccinations" (cited in Rough, 2021, 41). Given this background, it should come as no surprise that British schoolchildren have been targeted with the "COVID-19 vaccines."

A WHO report dated 13 April 2021 moots the possibility of "mandating vaccination as a condition of attending school" once clinical trial data show favourable safety and efficacy for children (World Health Organisation, 2021). The British media in the summer of 2021 foregrounded that very issue, at first critically ("Education should not be conditional on children having the jab"), but quickly changing in favour ("vaccinating children could reduce infections across society, help protect adults and the vulnerable who are most at risk, and keep schools open") (Kingsley, 2021; Roxby and Triggle, 2021). Then, they threatened that "students in higher and further education settings should face compulsory vaccination," citing a "raging" Prime Minister (Zeffman et al. 2021). In late July, hundreds of jobs were advertised for "school immunisation health professionals" across the whole of England, indicating clear intent of a mass "vaccination" campaign for school children regardless of regulatory approval (Hugo Talks, 2021b). Part of the role was to "undertake Gillick Competency Assessment for relevant pupils," a way of bypassing parental consent. The propaganda for this had already begun: Rosie Millard, chair of the BBC's Children in Need charity, told ITV's *Good Morning Britain* on 22 June: "You cannot have a quarter of the population not being vaccinated or it being up to parents." In normal circumstances, British schools will not administer cough medicine, hay fever medication or sunscreen without parental consent, yet now they serve as frontline injection sites for the unholy alliance of the state and the pharmaceutical industry.

The Gillick competence test goes back to the legal precedent set by *Gillick v West Norfolk and Wisbech Area Health Authority (AHA)* in 1986, in which Victoria Gillick, the mother of girls under 16, objected to the AHA giving them contraceptives without her consent (Gillick 1986). The complex outcomes of the case strongly affirm the provision of medical treatment to the child over any possible objections, scientific evidence, or documented injuries the treatment may be known to cause:

> Their Lordships held that a child under 16 had the legal competence to consent to medical examination and treatment [an affirmative outcome] if they had sufficient maturity and intelligence to understand the nature and implications of that treatment. […] Health professionals must be satisfied that the child understands:
>
> - The necessity for immunization and the reasons for it [implying the health professional is in favour, affirmative]; and
> - The risks, intended benefits and outcomes of the proposed immunization and alternatives to immunization, including the option of not having or delaying the immunization. […]
>
> Where a child is considered Gillick competent then the consent [affirmative] is as effective as that of an adult and cannot be overruled by a parent. […] If a Gillick competent child refuses medical examination or treatment then the law does allow a person with parental responsibility to consent in their place [again affirmative]. […] Where a health professional accepts the consent of a Gillick competent child it cannot be overruled by the child's parent [an affirmative decision rules]. […] Where a Gillick competent child refuses consent to immunization then a health professional may obtain consent from a person with parental responsibility instead [again, affirmation over-rules any objection]. (Griffith, 2015)

Thus, unless *both* the child and the parents refuse, medical examination or treatment *will* be given. Invoking Gillick competence therefore heavily skews the outcome in favour of medical treatment (in the contemporary context, "COVID-19 vaccination").

On 4 August, the JCVI announced its decision to offer "COVID-19 vaccines" to all 16- and 17-olds, only three weeks after claiming that only children with learning disabilities or chronic health conditions should be eligible; its chair Wei Shen Lim explained that 16- and 17-year-olds would not require parental consent (Borland et al. 2021). At the same press conference, Deputy Chief Medical Officer Jonathan Van-Tam claimed it was "more likely, rather than less likely," that the list of eligible 12 to 15-year-olds would be expanded beyond clinically vulnerable groups, a clear hint that the "vaccination" rollout would be extended to the whole of that age range. Health Secretary Sajid Javid in saying "we'll be working through the already existing schools vaccination programme" effectively makes schools the proper places for administering the "COVID-19 vaccines" to children (Borland et al. 2021).

The media then planted the idea in public consciousness that schools were *already* making plans to inject 12- to 15-year-olds. On 6 August, the *Telegraph* ran the following headline: "Schools scheduling children's COVID vaccinations before approval is given," claiming parents had been " 'shocked' to receive letters confirming plan to immunise students aged 12 to 15" (Turner & Heslop, 2021). The next day, the *Mail* identified John Ferneley College in Leicestershire as one such school: in a letter to parents, the school claimed the first dose would be administered in September and the second in January 2022 (Davies, 2021). Even if it is true that the occasional school made this mistake — and it is hard to believe anything in the establishment media anymore — the point of this coordinated "reporting" is to create an air of inevitability and to prime the public to accept the unacceptable.

On 26 August, the *Telegraph* pointed to NHS plans to "vaccinate" 12-year-olds from the first week schools go back, without requiring parental consent, using a Gillick competence form (Donnelly, 2021). According to NHS guidance, "Gillick competence" means, "children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment" (NHS, 2019). It is far from clear why "most" children in this age range should be deemed competent to make a potentially life-altering decision of this nature when even most adults have not been properly informed about the safety risks of the "vaccines." Nevertheless, the "vaccines minister," Nadhim Zahawi, told Times Radio on 5 September that people in that age range could override their parents' wishes "if they're deemed to be competent to make that decision, with all the information available" (Johnson, 2021). Zahawi became Education Secretary on 15 September, five days before the "vaccine" rollout for 12 to 15-year-olds began in schools.

Rachel Clarke, a journalist turned doctor who heavily promotes the official "COVID-19" narrative in the media and in a book, and who has almost a quarter of a million Twitter followers, tweeted on 13 September:

> Hey teens, If aged 12-15 you can now choose whether or not you wish to have a COVID vaccine. So please have a read of the risks and benefits here. I'm a doctor. The NHS info here is reliable, evidence-based & trustworthy.

The replies to this tweet show that readers detected the grooming aspect, trying to win children's trust and lure them away from parental protection. In reality, the NHS guidance referred to is anything but reliable and trustworthy, as it does not address legitimate safety concerns. Clarke relies only on false pronouncements about injuries being "very rare" and "extremely rare" (revealing a desperate attempt to persuade, but ironically arousing suspicion). No mention is made of Yellow Card data, the absence of any evidence of long-term safety data, the risk of the "vaccine" relative to that of the virus in children, etc.

The "Coronavirus vaccine consent form for children and young people," issued by the UK Health Security Agency and NHS at the start of the rollout to 12 to 15-year-olds on 20 September 2021, ends with a "Gillick guidelines checklist" that can presumably be used to override the "I don't want my child to receive the full course of coronavirus vaccine" option of the parent. Potential side effects listed include trivial symptoms such as a sore arm, tiredness, and headaches; there is no mention of the rigged clinical trials

(witness the Madeleine de Garay case discussed above), lack of long-term safety data, or well-documented risks of serious adverse reactions such as myocarditis, neurological disorders to follow, etc. Even when "vaccinated," the consent form ominously intones: "You should keep following the government's rules."

Intrahealth, a private contractor to the NHS, states on its website: "If your child is in [school] years 8 to 11 [i.e. is aged 12-15], they may be assessed by a nurse, and if deemed competent may self-consent to the flu vaccine." This text also appears on letters sent to parents in autumn 2021. Gillick competence for the flu vaccine sets a precedent for Gillick competence for the "COVID-19 vaccines."

A letter from Hounslow and Richmond Community Healthcare NHS Trust to parents dated 15 September 2021 begins: "The COVID-19 vaccine is being offered to your child aged 12-15. Your child will receive the vaccination and you may be notified about the second dose later." Even though the letter goes on to ask parents to complete an electronic consent form, the initial presumption of undeclared parental consent by the authorities is consistent with the aggressive coercion by which "COVID-19 vaccines" have been pushed upon the population.

The agenda to inject school children met with significant resistance from parents. Protests against the injections were held outside school gates, and leaflets were distributed highlighting "ethical concerns of unnecessary and unjustifiable risk." In response, the UK Health Security Agency — public health having been subsumed under the national security apparatus in 2021 — issued guidance to head teachers to call the police on the protesters (Roberts, 2021). The *Mail* sought to demonise the protesters with the headline: "EXPOSED: CRUEL ANTI-VAXXERS AT SCHOOL GATES" (Kelly & Dirnhuber, 2021). But despite these attempts to target the resistance, one month into the rollout for 12 to 15-year-olds, four out of five in that age range remained "unvaccinated"— indicating justifiable wariness on the part of parents (Mikhailova & Adams, 2021).

In response to the low "vaccine" uptake by 12- to 15-year-olds, the idea was floated of sending letters directly to those in that age range, signed by Zahawi, pleading with them to take the "vaccine" (Mikhailova & Adams, 2021). This did not happen in the end, but it illustrates how the media is used to gauge potential support for proposed measures. Zahawi did, however, send a letter to *parents* of 12-15-year-olds claiming that "it is important that as many young people as possible take up the offer" (Department for Education, 2021). He insinuated that "vaccination" was necessary to enable children to see grandparents during the Christmas holiday and to avoid catching "COVID-19" and consequently missing school and potentially spreading disease — a baseless attempt at coercing parents to comply.

A World Health Organisation document — "Considerations regarding consent in vaccinating children and adolescents between 6 and 17 years" — observes that "school or local welfare or other community authorities do not have the capacity to consent to medical interventions on behalf of the children in their care" (World Health Organisation 2014, p. 4). But the document also notes an "implied consent process" whereby

> parents are informed of imminent vaccination through social mobilization and communication, sometimes including letters directly addressed to the parents. Subsequently, the physical presence of the child or adolescent, with or without an accompanying parent at the vaccination session, is considered to imply consent. (WHO 2014, p. 3)

This is just one of three possibilities, alongside a formal, written consent process and a verbal consent process. However, it illustrates a potential direction of travel should the government try mandating "COVID-19 vaccination" for schoolchildren. A single letter from the government to parents informing them of this would mean that children's mere attendance at school would be deemed as informed consent. In that respect, it is to be hoped that Javid's letter to parents was not another precedent-setting exercise.

8. The Compromised and Uncertain Role of the JCVI

Incredibly, the "vaccine" rollout to 12 to 15-year-olds occurred without the approval of the JCVI, which on 3 September concluded: "[T]he margin of benefit is considered too small to support universal vaccination of healthy 12 to 15 year olds at this time" (Department of Health and Social Care, 2021b). The JCVI's Adam Finn expressed his doubts about the right course of action, noting "significant uncertainties around the safety of the vaccine that have not yet been clarified such that we can't be sure that the risk-benefit balance is sufficiently good in favour and to the benefit of those children to recommend it" (Morris, 2021).

Evidently, the JCVI's lack of clarity could not be allowed to stand in the way of the real agenda to inject as many people as possible. The "follow the science" mantra was instantly forgotten and the press told the public unambiguously what was going to happen. On 3 September itself, the *Independent* ran a piece titled: "Boris Johnson prepares to overrule JCVI and offer vaccinations to all teenagers" (Woodcock, 2021). The following morning, the *Guardian*, the *Independent*, and the *Times* produced the following front page headlines: "Ministers expected to defy advice on jabs for children"; "Prime Minister Boris Johnson is set to 'overrule experts' in moving forward on the teen vaccinations"; and "Children set to be jabbed from early next week." On 13 September, Chris Whitty, a man without children, formally overruled the JCVI's decision.

The JCVI in its 3 September report puts the "myocarditis risk per million" as between 3 and 17 after the first dose and between 12 and 34 after the second (Department of Health and Social Care, 2021e). By 14 November 2021, over one million 12-15-year-olds in England had been injected (Sky News, 2021a). This means that the government knowingly produced myocarditis in between 3 and 17 12-15-year-olds, and the number can only rise with the continued "vaccine" rollout. This, Sajid Javid implied, was justified by "a broader perspective" relating to children's education and pupil absences from school (Morton, 2021). Yet, there never was a good reason to close schools (Munro & Faust 2020; 2021). In Sweden, where school and preschools were kept open throughout the "pandemic," only 1 in 130,000 children aged between 1 and 16 were admitted to an intensive care unit with COVID-19 or multisystem inflammatory syndrome in children (MIS-C); none died (Ludvigsson et al. 2021, p. 669). Disruption to schooling in the UK was caused, not by the virus, which barely harms children and does not drive community transmission (Abi-Jaoude et al. 2021), but rather by ill-informed government policy that closed schools and made pupils "self-isolate" following a positive test result. The government threatened to disrupt children's education further when claiming that "unvaccinated" pupils could lose out on face-to-face lessons (Turner, 2021b). Nadhim Zahawi, who as Minister for COVID Vaccine Deployment had claimed on 30 May that he would "absolutely follow" the JCVI's recommendation regarding 12-15-year-olds, admitted on 8 October (having since become Secretary of State for Education) that he had "no idea" how many 12-to-15-year-olds had been "vaccinated" (Weale and Davis, 2021).

Either chastened by the government's decision to ignore it, or cynically willing to play its role in the unfolding political theatre, the JCVI fell into line on 15 November when recommending a second dose for 16- to 17-year-olds, contradicting its earlier position that only children with underlying health conditions should get "vaccinated" (UK Health Security Agency, 2021a). The public had been primed for this possibility in early July, when Rochdale Borough Council overstepped the mark by inviting all 16- and 17-year-olds to come forward for their first Pfizer injection (against JCVI guidance at the time), according to media reports (Gardner, 2021). Yet, by late September, an estimated 95 percent of 16 to 24-year-olds in the UK had antibodies to "SARS-CoV-2," according to the Office for National Statistics (2021b), implying immunity to "COVID-19." As for myocarditis following vaccination, the JCVI assures, this "usually resolves within a short time, most cases respond well to treatment and where information is available, no major complications have been identified in the medium term (months)" (UK Health Security Agency, 2021a). Their hedging ignores the long-term risks identified below.

On 29 November, the JCVI recommended a second dose for 12- to 15-year-olds, having failed to recommend a first dose on 3 September (UK Health Security Agency, 2021b). This illogical position, evidently driven by politics rather than science, was published on the same day as UK Health Security Agency guidance on the clinical management of myocarditis and pericarditis following "COVID-19 vaccination" — an admission that the "COVID vaccines" are causing those conditions (UK Health Security Agency, 2021c). That guidance seeks to downplay the risk of those conditions and is comprehensively dismantled by the Health Advisory and Recovery Team (HART, 2021a), which adds that the JCVI still has not provided a reason for ignoring naturally acquired immunity in children who consequently do not need, cannot benefit from, and may very well be harmed by a "COVID-19 vaccine" (Ludvigsson et al. 2021; Abi-Jaoude, et al. 2021; Seneff & Nigh, 2021).

9. Evidence of "Vaccine" Damage to Young People Accumulates

While corrupt regulators continued to nod through "COVID-19 vaccines" for children on immoral and unscientific grounds, evidence of serious harms to young people post-injection steadily accumulated.

9.1 Evidence from the US

The *Telegraph* reported on 9 September: "Teenage boys more at risk from vaccines than COVID. Young males are six times more likely to suffer from heart problems after being jabbed than be hospitalised from coronavirus, study finds" (Turner, 2021a). The study in question, from the University of California, finds that the post-injection risk of heart complications for boys aged 12-15 is 162.2 per million, the highest of all age groups examined, and 94 per million for boy aged 16-17, as opposed to a 26.7 per million risk of a healthy boy being hospitalized by "COVID-19" (Turner, 2021a). For girls aged 12-17, the risk is around 13 per million.

A peer-reviewed journal article published in September 2021, titled "Why are we vaccinating children against COVID-19?" notes that "COVID-19" death rates in children are "negligible", that clinical trials provide insufficient data relating to long-term effects most relevant to children, and that the VAERS reporting system for adverse reactions shows a high number of deaths in the "very short term" after vaccination (Kostoff et al. 2021). This means that deaths reported after vaccination are not merely accidental ("would have died anyway") but were likely caused by the vaccine.

Non-peer-reviewed analysis of VAERS data in early September 2021 finds that teenagers are at 7.75 times more risk of death, 50 times more risk of heart inflammation, 147 times greater risk of emergency room visits, 46 times more risk of hospitalization, and 5 times more risk of disability from the "COVID-19 vaccines" than all other FDA-approved vaccines for that age range combined (Shilhavy, 2021). The CDC admitted 817 of a reported 1,404 cases of myocarditis/pericarditis, claiming it would have to assess any possible relationship to the "vaccine," yet recommended the "vaccine" to 12-year-olds anyway (Shilhavy, 2021). "In June 2021," reflects renowned cardiologist Peter McCullough, the CDC said there were 200 cases of myocarditis. By October we had 10,304 cases. This number is shocking" (cited in Beck, 2021). Indeed, it represents a 5,000 percent increase in cases in just four months, coinciding with the "vaccine" rollout among young people.

In mid-October 2021, a peer-reviewed study using an informatics methodology compared "COVID-19 vaccines" to other types of vaccine (Hajjo et al. 2021). For the top ten vaccine types, it finds that "COVID-19 vaccines" account for 87 percent of myocarditis cases and 79 percent of pericarditis cases. Of 1,579 cases of myocarditis reported to VAERS at that time, some 400 cases (the largest group) occurred in 6- to 17-year-olds, followed by around 300 in the 18-29 age range. These are also the worst affected age ranges for

pericarditis, though with 18- to 29-year-olds being the worst affected. In contrast, these are the two least likely age ranges to account for deaths of/with "COVID-19," producing only 0.7 percent of the total.

9.2 Evidence from the UK

In mid-October, the HART group observed significant excess mortality among 15- to 19-year-olds in the UK between 1 May and 17 September 2021 (HART, 2021). This remains unexplained, but happens to coincide with the "vaccine" rollout for 16-24-year-olds and "is large enough not to be dismissed without further investigation." The risk of myocarditis from the vaccines needs to be taken into account, the authors argue.

According to data from the Office of National Statistics (ONS), the average number of deaths in the 10-14 age range from 2015 to 2019 in Weeks 38 to 41 is 21; for 2021, it was 34, i.e. 62 percent higher (Exposé, 2021). The "vaccine" rollout to over-12s began in Week 38 of 2021. In the six weeks prior to Week 38, the five-year-average (2015-2019) number of deaths in the same age range was 28; in 2021 it was 29, i.e. in line with the 5-year-average. This constitutes *prima facie* evidence that the "vaccine" rollout led to an increase in child mortality at a rate of around 3 children a week aged 12-14. Boys account for the majority of the excess deaths, consistent with the findings on myocarditis.

The ONS publishes data for "Deaths by vaccination status, England" (Office for National Statistics, 2022b). The first set of data (to 2 July 2021) does not include age ranges. The second set of data (to 24 September 2021) does include age ranges, however the lowest age range is 10-59. The third set of data (to 31 October 2021) includes an 18-39 age range but generally excludes children except for the analysis showing that, for both the 10-14 and the 15-19 age ranges, the probability of dying rises with the first dose of the "COVID-19" vaccine and again with the second (Exposé 2022). Thus, by attempting to bury the data, the ONS has made it difficult to analyse potential "vaccine-related" deaths in young people, especially children. In January 2022, a High Court challenge was mounted by a concerned mother to force full public disclosure of ONS data in relation to children, citing evidence that in 15- to 19-year-old males the death rate between 1 May and 24 December 2021 was 402, i.e. 19 percent higher than the 337 five-year average (HART, 2022). This mortality data does not include those children with myocarditis who may suffer untimely deaths in the months and years ahead. However, an apparently prejudiced Justice Jonathan Swift denied the request as the Establishment closed ranks (Beck, 2022).

A peer-reviewed study published in *Nature Medicine* in December 2021 cross-references data for 38.6 million "vaccinated" individuals in England between 1 December 2020 and 24 August 2021 with data for myocarditis and finds that "the increased risk of myocarditis after vaccination was higher in persons aged under 40 years" (Patone et al. 2021a). Nevertheless, the authors claim, the extra myocarditis events in this age range (between one and ten per million) is "substantially lower than the 40 extra events per million persons observed following SARS-CoV-2 infection." Unfortunately, "unvaccinated" people are not included in the study, so there is no way of knowing how these figures compare to the proportion of "unvaccinated" people who get myocarditis with and without a positive test for "SARS-CoV-2." The key question of whether it would have been better not to get "vaccinated" is thus avoided. The JCVI's decision to offer "COVID-19 vaccines" to all 16- and 17-olds on 4 August also means that children barely feature in the study; "under 40 years" really means "young adults." The meaning of a "positive test result" is also questionable given widespread concerns over the reliability of the PCR test, especially when run at high cycle thresholds: a positive test result does not imply an active infection. Even according to the authors' own findings, however, there is a standout result in their Figure 2 (not shown here), that myocarditis is more likely in the under 40s following a second dose of the Moderna "vaccine" than following a positive test result for the "SARS-CoV-2," meaning there can be no justification, from the perspective of myocarditis

risk, for giving the under 40s two doses of Moderna. Sweden stopped giving the Moderna shots to under-30s in early October 2021.

Because myocarditis disproportionately affects males, the authors of the aforementioned article did a follow-up study, made available as a preprint on 25 December 2021, which looks at over 42 million "vaccinated" people in England and breaks the findings down by gender (Patone et al. 2021b). The data for males under 40 (principally young adults) is staggering. The number of additional myocarditis events per million within 28 days of "vaccination" is: 3 and 12 for first doses Pfizer and Moderna, respectively; 14, 12, and 101 for second doses of AstraZeneca, Pfizer, and Moderna, respectively; 13 for a third dose of Pfizer; but only 7 for a positive "SARS-CoV-2" test. Here, there can be no justification for administering *any* mRNA-1273 shots to males under 40 in terms of myocarditis risk. But nor can there be any justification for administering a second dose of *any* of the three "vaccines" (let alone a third) to that demographic, as all three of those "vaccines" increase the risk of myocarditis beyond the baseline risk posed by testing positive for "SARS-CoV-2." This is from authors who are keen to play down the risk of myocarditis from the "COVID-19 vaccines" — for example, saying "myocarditis following vaccination has been reported with other vaccines" or "[w]hilst myocarditis can be life-threatening, most vaccine associated myocarditis events have been mild and self-limiting" (Patone et al. 2021a).

9.3 Evidence Globally

In addition to abstract statistics, there are heart-wrenching testimonies and videos by young people who have been "vaccine-injured" and their parents. This firsthand testimony brings home the horrifying real-world consequences, for individuals harmed by receiving one or more injections. In one video, for example, 14-year-old Sarah Jessica Blattner, describes losing the use of her legs following a single dose of Pfizer; five days later she died. Ernest Ramirez, the father of a 16-year-old boy who died of myocarditis five days after the Pfizer injection, gave a heartbreaking testimony to Senator Ron Johnson's roundtable mentioned above: "[M]y government lied to me, they said it was safe." After 23-year-old Casey Hodgkinson took a single dose of Pfizer, to single out just one case, she experienced "full-body convulsions, vocal tics, muscles locking into place for hours at a time, excruciating joint pain, headaches, and numbness" — and there are many, many more videos of this nature online.

In the second half of 2021, an historically unprecedented number of athletes — young people, among the fittest and healthiest in the world — collapsed on the field of play, and/or developed serious cardiac conditions, and/or died unexpectedly. There were hundreds of such cases, perhaps most rigorously documented at the *Real Science* blog, including some of the world's top sportsmen and sportswomen (Real Science, 2022). The "Young Hearts" series curated by checkur6 on Bitchute from August 2021, by January 2022 provides a clear indication that the number of otherwise fit and healthy young people (typically sportsmen and women) maimed or killed by the "COVID-19 vaccines" are far higher than reasonably expected. What this implies for less active people who do not push their bodies as hard is unclear, especially if they should attempt vigorous exercise. A remarkable number of professional football matches in England had to be delayed owing to players or fans mysteriously collapsing — typically due to heart disease.

On 1 November 2021, over 15,000 scientists and physicians signed the Rome Declaration following 20 months of research; by January 2022, the signatories numbered over 17,000 (Global COVID Summit, 2022). Their conclusion: "healthy children and COVID recovered should be excluded from vaccine mandates and social restrictions." In addition to noting the negligible risks to children from COVID-19 as well as the lack of long-term safety data, they add: "Permanent physical damage to the brain, heart, immune and reproductive system associated with SARS-CoV-2 spike protein-based genetic vaccines has been demonstrated in children."

9.4 Evidence of Potential Long-term Damage to Children

Robert Malone, the well-attested inventor of mRNA "vaccines," issued a powerful statement on 11 December 2021 aimed at parents (Global COVID Summit, 2021). Key points include:

- "a viral gene will be injected into your children's cells. This gene forces your child's body to make toxic spike proteins. These proteins often cause permanent damage in children's critical organs [...]";
- "this vaccine can trigger fundamental changes to [the child's] immune system";
- "once these damages have occurred, they are irreparable";
- "the reproductive damage could affect future generations of your family";
- "this novel technology has not been adequately tested";
- "ask yourself if you want your own child to be part of the most radical medical experiment in human history"; and
- "the reason they're giving you to vaccinate your child is a lie. Your children represent no danger to their parents or grandparents. It's actually the opposite. Their immunity, after getting COVID, is critical to save your family, if not the world, from this disease."

If the inventor of mRNA "vaccines thinks this way about their use in children, why would any responsible parent let their child be injected with one?

A Danish study analysing 1,557 patients first diagnosed with myocarditis between 1996 and 2016 finds: "Myocarditis in younger patients without prior cardiac disease was associated with a long-term excess risk of HF [heart failure] hospitalisation, and death, even in patients free of events and [heart failure] medication 1 year after discharge" (Ghanizada et al. 2021, p. 264). By implication, even if young people who develop myocarditis following "COVID-19 vaccination" seem well after one year, their long-term risk of hospitalisation and death from heart failure is elevated. These findings are corroborated by a study from Taiwan based on 13,250 patients identified with a history of myocarditis between 2000 and 2004, which finds: "[T]here was higher incidence of life-threatening VT [ventricular tachycardia] and mortality during the very long-term follow-up in patients with a history of myocarditis" (Te et al. 2017). This illustrates precisely why the lack of long-term safety data for the "COVID-19 vaccines" is unethical and dangerous. Myocarditis today for young people, even if treated, could mean life-threatening disease in ten or twenty years' time.

Heart failure is just one of many long-term risks that children and young people enter into when taking the "COVID-19 vaccine." MIT senior research scientist Stephanie Seneff, for example, warns:

> [B]oth the mRNA vaccines and the DNA vector vaccines may be a pathway to crippling disease sometime in the future. Through the prion-like action of the spike protein, we will likely see an alarming increase in several major neurodegenerative diseases, including Parkinson's disease, CKD, ALS and Alzheimer's, and these diseases will show up with increasing prevalence among younger and younger populations, in years to come. (cited in Children's Health Defense, 2022)

Problematically, Seneff argues, it will be difficult to demonstrate that the "vaccines" caused this surge in disease because of the temporal gap between the "vaccination" and the onset of disease — conveniently enough for the manufacturers, who stand to make fortunes not only from the "vaccines," but also from the cost of treating the resultant debilitating diseases. In a separate paper — the single most powerful peer-reviewed scientific summary of the dangers of the "COVID-19 vaccines" available — Seneff and her co-author Greg Nigh additionally note: "With tens of millions of young adults and even children now with vaccine-induced coronavirus spike protein antibodies, there exists the possibility of triggering ADE related to either future SARS-CoV-2 infection or booster injection among this younger population" (Seneff & Nigh, 2021, p. 50). This refers to the risk of antibody-dependent enhancement, whereby trained immunity to one strain of a virus renders the immune system less able to respond to new strains in the wild.

A subsequent paper by Seneff and Nigh, co-authored with Anthony Kyriakopoulos and Peter McCullough, calls attention to three key areas of safety concerns regarding mRNA "vaccines":

> First is the extensively documented subversion of innate immunity, primarily via suppression of IFN-α and its associated signaling cascade. This suppression will have a wide range of consequences, not the least of which include the reactivation of latent viral infections and the reduced ability to effectively combat future infections. Second is the dysregulation of the system for both preventing and detecting genetically driven malignant transformation within cells and the consequent potential for vaccination to promote those transformations. Third, mRNA vaccination potentially disrupts intracellular communication carried out by exosomes, and induces cells taking up spike mRNA to produce high levels of spike-carrying exosomes, with potentially serious inflammatory consequences. Should any of these potentials be fully realized, the impact on billions of people around the world could be enormous and could contribute to both the short-term and long-term disease burden our health care system faces. (Seneff et al. 2022)

Young people have the most to lose from such sequelae, not just in terms of lost life-years but also decades, potentially, spent living with debilitating illness. "It is imperative," the authors rightly conclude, "that worldwide administration of the mRNA vaccinations be stopped immediately …"

10. Attempts at a Cover-up?

The most sinister aspect of the campaign to get the contents of the "COVID-19 vaccines" into young people has undoubtedly been apparent attempts to cover up "vaccine" damage by overt organs of what I will refer to simply as "the Establishment."

In England, the "vaccine" rollout reached those in their thirties on 26 May 2021, the 25-29 age range on 7 June, and those aged 18 and over on 18 June. On 5 April, the BBC ran a piece about the death of a 31-year-old man from Sudden Adult Death Syndrome (SADS) on 15 January, beginning with a quote from his fiancée: "It still shocks me that a healthy person's heart can just stop beating with no warning signs" (BBC, 2021b). The article cites the charity Cardiac Risk in the Young, claiming "an average of about 12 people aged under 35 die suddenly from a previously undiagnosed heart condition each week in the UK". Then, on 14 April, BBC One, BBC Three, and iPlayer aired a documentary titled: "Sudden Death: My Sister's Silent Killer" (BBC, 2021c). It is about the death of a 19-year-old woman from Sudden Adult Death Syndrome in October 2019. Her brother speaks to a footballer haunted by the memory of seeing a teammate die on the pitch, who tells him "this can genuinely happen to anyone". The story was then covered by numerous media outlets around the world.

The timing of these BBC outputs on SADS, in April 2021, shortly before the "vaccine" rollout reached the 18-35 age range, raises questions. For example, why wait 18 months to release a documentary about a death that took place in October 2019, especially given that filming took place in March/April 2020 (Frome Nub News, 2021)? The inclusion of material about footballers collapsing on the field of play is particularly striking given what was about to unfold, yet before Christian Eriksen's collapse in June 2020 it was almost unheard of for professional footballers to suffer heart complications while playing (Fabrice Muamba being a rare exception in English football in 2012). It is possible to read both BBC pieces as attempts to normalise the idea of heart disease in young people, which in reality is profoundly abnormal. Indeed, the documentary led to an "immediate spike" in young people requesting cardiac screenings through Cardiac Risk in the Young (Frome Times, 2021). Is it mere coincidence that young people were becoming accustomed to the idea of having random, inexplicable heart problems at the same time that the risks of myocarditis and pericarditis to young people from the "COVID-19 vaccines" were first becoming evident?[5]

[5] A *Dublin Live* article on the death of a 40-year-old Iron Man competitor from SADS in October 2020 appeared on 12 April 2021, chronologically between the two BBC pieces (Austin 2021). It would be

The "Automated External Defibrillators (Public Access) Bill" was introduced to the House of Commons as a private bill by Jim Shannon MP in February 2021. It is a bill to

> [r]equire the installation of automated external defibrillators in public buildings, sporting facilities, schools, higher education and other education and skills facilities, and facilities that provide care to vulnerable people; and to make associated provision about training and signage. (UK Parliament, 2021)

The timing of this bill again raises questions. The Oliver King Foundation, named after a 12-year-old boy who died from SADS in 2011, has been campaigning for such legislation for over a decade. Is it mere coincidence that the bill was introduced just before the rollout of the "COVID-19 vaccines" to young people, or that, if it passes, defibrillators will become ubiquitous in public spaces in a largely "vaccinated" society?[6]

There was widespread media activity in Britain in the summer of 2021 — following the onset of "COVID-19 vaccination" among younger age groups — seeking to attribute illness and deaths among young people to the virus. For example, according to the *Guardian* on 25 July: "Doctors warn over increasing number of young people with COVID in ICU" (Siddique and Stewart, 2021). A *Mail* headline in late August warned: " 'This virus is not a joke for young people': Schoolgirl, 17, urges other teenagers to get vaccinated after COVID put her in hospital just THREE DAYS after she had her first jab" (Patel, 2021). This is a classic example of the media sowing cognitive dissonance: the 17-year-old was probably hospitalized by the injection (which theoretically should have protected her against "COVID-19"), yet the virus and not the "vaccine" is blamed.

On 2 October, as reports of collapsing athletes proliferated, the BBC produced a three-minute feature — "Running Could Cause Sudden Death for People like Me" — in an apparent further attempt to normalise the idea of young people getting serious heart disease (BBC, 2021e). "Every week in the UK," narrator Gem O'Reilly claims, "12 young people die from an undiagnosed heart condition like mine." However, she says: "Often we only hear of these conditions when a tragedy happens, like the recent cardiac arrest of Christian Eriksen or the well-known incident of Fabrice Muamba." Cardiac Risk in the Young (CRY) saw a "huge spike in calls following the collapse of Christian Eriksen on the pitch," the feature claims, neglecting to mention the BBC's own role in driving young people to CRY two months earlier. CRY, allegedly, is "dealing with a backlog of more than 50,000 people who want to have their hearts tested," again normalising the idea of heart disease in young people. There is even an attempt to reassure young people: "To be diagnosed with a heart condition is not the end of the world. It is a step towards understanding your potential and your limitations." This is very dark propaganda.

A BBC Radio Five Live breakfast news item on 3 October 2021 (to which I listened live but can find no recording) focused on a child alleged to have died from myocarditis as a result, not of getting "vaccinated," but rather of getting "COVID-19." The *Times* on 16 October attributed the "rise in heart attacks" to "pandemic stress and poor diet" (Puttick, 2021). A *Sun* headline on 26 October says: "The little known heart attack that strikes 'fit and healthy' women as young as 22" (Williams, 2021). According to the *Evening Standard* on 12 December: "Up to 300,000 people [are] facing heart-related illnesses due to post-pandemic stress disorder [...]" (Standard News, 2021). The *Guardian* then produced a headline: "Two-thirds of COVID

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interesting to investigate whether similar articles appeared in other countries around the same time as part of a transnationally coordinated psychological operation to prime the public for increased heart attacks in young people.

[6] Again, such moves are not limited to the UK. In December 2021, for instance, Vancouver announced plans to place 1,000 Automated External Defibrillators throughout the city.

jab reactions not caused by vaccine, study suggests" (Sample, 2022). The BBC on 24 January 2022 attributed the novel phenomenon of fans regularly collapsing at football matches to stress: "Devoted football fans experience such intense levels of physical stress while watching their team they could be putting themselves at risk of a heart attack, research suggests" (BBC, 2022a).

In October 2021, there was widespread media coverage of "an 'epidemic' of young female university students being stabbed with syringes and drugged against their will" in UK nightclubs (Boyle, 2021). In a novel twist on the idea of spiking drinks, nefarious actors were said to be committing "injection attacks" against young women (and the occasional man) without their knowledge (Boyle, 2021). Here is the idea of young people being injected without informed consent in the context of an "epidemic," only instead of being linked to the "COVID-19 vaccines," the association created in public consciousness is to a spurious story about nightclubs. The *Mail* freely admits that the story may be "all simply a panic whipped up by social media"; that "[e]xperts have also cast doubt on how anyone could inject someone without their knowledge"; and "[t]he technical and medical knowledge required to perform this would make this deeply improbable. It is at the level of a state-sponsored actor incapacitating a dissident" (Boyle, 2021). Indeed, it seems more like a scenario thought up by an intelligence operative than real life, not least because "vaccine passports" had just been made a condition of entry into UK nightclubs amidst comparatively low "vaccine" take-up among young adults. Should clubbers suffer adverse reactions to the "COVID-19 vaccine," especially with an elevated heart rate while in the club, might this be attributed to an "injection attack"? The same playbook was used in Australia a few weeks later, featuring the grotesque claim: "It's almost like a clinical trial in these nightclubs" (McPhee, 2021). Meanwhile, when eleven young people suffered cardiac arrests (eight died) at the Astroworld festival in Texas (for which proof of "vaccination" or a recent negative test was a condition of entry), the same suggestion of people being nefariously injected was used (but retracted after six days). The media was awash with articles about events involving crowd surge fatalities, although video evidence from Astroworld does not appear to show a crowd surge (Hugo Talks, 2021c).

During the winter of 2021/2022, building on the earlier summer propaganda, the establishment media sought to persuade the public that "unvaccinated" young people were filling up hospitals and ICUs. For instance, according to a headline in the *Express* from 23 December: "Intensive care staff in tears over young unvaccinated adults dying with COVID" (Humphries and Jolly, 2021). In reality, only 24 under-30s died during the entire month of December in England and Wales, from all causes, a statistically insignificant number (Office for National Statistics, 2022a). The *Independent* on 7 January included a link to a *Fox 26* news report under the headline: "Hospitalisations spike among kids too young for COVID vaccines" (Kilander, 2021). Yet, the sub-header for that article reads: "Many children with COVID-19 were hospitalised for other issues but tested positive for the virus." It reads as an admission that "COVID-19" had little, if anything, to do with the admission of those children to hospital. Indeed, it is well known that many people do not read past the main headline, and a common propaganda trick is to include misleading information in the headline but to qualify or contradict it later in the text so as to avoid liability.

Sometime after 18 December 2021, but no later than 23 December, the Way Back Machine reveals, a UK government document aimed at health professionals inserted the claim: "There is no evidence that strenuous exercise increases the risk of developing myocarditis following vaccination." This is evidently an attempt to cover up the "collapsing athletes" phenomenon as the evidence became undeniable.

An article in *Open Heart* published in January 2022 claims: "The overall estimated point prevalence of severe AS [aortic stenosis] within the UK population aged 55 years and above in 2019 is 1.48%," or 300,000 people in the UK — remarkably, the very same figure attributed by the *Evening Standard* to "post-pandemic stress" the month before (Strange et al. 2022). Of these cases, the authors estimate that around a third will present asymptomatically. The establishment media was strangely eager to report on this article. The *Sun*, the *Mirror*,

and the *Guardian* all reported on it, burying the "over-55" aspect a long way down their respective reports. The *Sun*, for instance, warned that 300,000 Brits are "living with stealth disease that could kill within 5 years," which in 32 percent of cases "shows no symptoms until it's already too late" (Chalmers, 2022). If one reads the headlines and ignores the buried content, which is how perception management works, then the impression created is that 100,000 outwardly healthy people stand to die unexpectedly of heart disease in the next five years. A "non-vaccine-related" explanation for the deaths is thereby planted in public consciousness.

The British Heart Foundation, of all organisations, has played an especially sinister role in covering for the "COVID-19 vaccines." In early January 2022, it put out a disturbing video showing a young girl collapsing on the football field in a manner more sudden/shocking than observed real-life collapses of sportspeople in 2021, further normalising the idea of fit healthy young people suffering unexpected heart disease. According to a BHF web page titled: "COVID-19 Vaccines and Myocarditis: Should you be worried?" It goes on to say: "Most people make a full recovery from acute myocarditis and don't have long-term problems" (British Heart Foundation 2022). Yet, the peer-reviewed evidence on long-term myocarditis above contradicts this claim, as does the BHF's own page on myocarditis, which states: "In long term cases myocarditis can affect your heart muscle and tissue, meaning you could develop heart failure. If the damage is severe you may need a heart transplant." The BHF (2022) claims that reports linking the "vaccines" to cardiac arrests at football matches are "misleading" and that a previous "coronavirus infection" is "much more likely" to blame, even though the "collapsing athletes" phenomenon only began with the mass "vaccination" of young people. It claims — if diagnosed with myocarditis "post-vaccination" — an antibody test should be used to "help understand how much you are likely to benefit from further vaccine doses" (why not do this before the first dose?). It asserts that "having had myocarditis or pericarditis (unrelated to the vaccine) doesn't mean you can't have the COVID vaccine" although this reckless advice is offered with no indication of risk. Finally, it states: "Although we don't yet have all the answers, this isn't necessarily a reason not to get the vaccine (or not to get your child vaccinated)." In other words, go ahead and gamble with your child's health based on inadequate knowledge.

The ***Express*** has played a particularly risible role in attempting to normalize heart attacks. In December 2021, it put out two pieces seeking to attribute heart attacks to "skipping breakfast" and a gluten-free diet (Quah, 2021; Le Net, 2021). In mid-January 2022, it attributed heart attacks to shovelling snow, even though the 2010 study it cites claims that only 6.7 percent of snow shovel-related trips to the emergency room are cardiac-related (Quah, 2022). In late January, perhaps for future liability purposes, it acknowledged the "worrying side effect" of the "vaccines" that "could lead to severe heart failure" (Buntajova, 2022). But almost immediately, on 1 February, it reverted to crass propaganda about "the drink that could trigger a 'sudden' cardiac arrest' " — reaching back to a 2017 journal article on "unexplained cardiac arrests in young people after consuming energy drinks" (Le Net, 2022).

On 12 January 2022, an article in *JAMA Cardiology*, funded by Cardiac Risk in the Young, called attention to the "association of sexual intercourse with sudden cardiac death in young individuals in the United Kingdom" (Finocchiaro, et al. 2022). The media quickly picked up on that study to warn of "sudden death during sex" (Gaze & Shaw, 2022). On 24 January, the *Mail* reported on a *Journal of the American Heart Association* article published that very day linking anxiety to elevated cardiometabolic risk in men (Craig, 2022). On 30 January, the *Sun* ran a headline — "HEALTH FORECAST: How the weather is HARMING your health, from heart attacks to stroke and gout" (Barbour, 2022). On 2 February, BBC presenter Gabby Logan voiced support for "calls for all young athletes to undergo heart screening" because of the loss of her then 16-year-old brother in 1992 to "hypertrophic cardiomyopathy, often called sudden death syndrome" (Crowter, 2022). The article is replete with family photographs for emotional impact, but no mention is

made of Logan having called for such measures at any point in the previous thirty years. On 3 February, "TV doctor" Amir Khan warned that the imminent energy price hike in the UK "may cause heart attacks and even strokes" (Allday, 2022). On 7 February, the *Telegraph* ran a headline: "Daily paracetamol use increases heart attack risk, researchers warn" (Knapton, 2022). The *Sun* then went back to blaming "COVID-19", issuing an "urgent warning to anyone who's had Covid over fatal complication [heart attack] that strikes months later" (Williams, 2022).

Health Secretary Javid had the gall to tweet on 3 February: "It is totally unacceptable for practitioners to offer unlicensed or unsafe products that put people at risk. We've already taken action [to] protect young people and I am looking at what more can be done to strengthen safeguards." This was in response to a *Times* tweet about "beauticians offering to inject young women with 'black market' Botox, putting them at risk of being disfigured for life." Thus, the subliminal messaging was that the government is working to protect young people against lifelong harms from unlicensed injections — as "COVID-19 vaccines" were being rolled out to children.

On 4 February, NHS England and NHS Improvement (NHSE&I) tweeted a video to half a million followers promoting "COVID-19 vaccines" for children. It claimed that one percent of children would be admitted to hospital "with COVID-19", that 136 children in the UK had died from the disease; and that 117,000 children were suffering from "long COVID" (Hughes, 2022). When these figures were queried with the Office for Statistics Regulation, NHSE&I conceded that they were "historic and had methodological shortcomings" (Hughes, 2022). The tweet was deleted, but not before it had been endorsed by leading health UK professionals including British Science Association president Alice Roberts (who asked, "When will vaccines be made available for our 5-11 year olds?") and Jim McManus, the president of the Association of Directors of Public Health (Hughes, 2022).

Everything contained in this section reads as a desperate attempt to persuade the public that any increase in cardiac disease and death, especially among young people, has nothing to do with the "vaccines", which are to be promoted at all costs. One even has to wonder, in the context of all this evidence, whether the new severe childhood illness, MIS-C — which was first given a diagnostic code in May 2020 and which covers a wide range of serious illnesses — may have been a pre-emptive cover-up for the wide-spread damage caused by the "COVID-19 vaccines" (Nalbandian et al. 2021). It is, at any rate, entirely unclear how a respiratory disease could cause such a wide array of symptoms across multiple failing organs along with a host of new and yet to be explained neurological pathologies. As noted by Bryan Ardis, MD, "MIS-C" appears on FDA slides about "vaccines" dated 22 October 2020, indicating that it was in the minds of regulators, yet CDC data on MIS-C did not explode until the summer of 2021, following the start of the "vaccine" rollout in young people.

11. The Agenda to "Vaccinate" 5-11-Year-Olds and the Under-5s

The steady, immoral, unethical, and scientifically unjustifiable "vaccine" rollout to younger and younger people continued with Pfizer's announcement on 2 July 2021 of plans to apply for emergency authorization for its "COVID-19 vaccine" for US children aged 5-11 in September/October (Crist, 2021). The application submitted by Pfizer states:

> The number of participants in the current clinical development program is too small to detect any potential risks of myocarditis associated with vaccination. Long-term safety of COVID-19 vaccine in participants 5 to <12 years of age will be studied in 5 post-authorization safety studies, including a 5-year follow-up study to evaluate long term sequelae of post-vaccination myocarditis/pericarditis. (Pfizer, 2021, p. 11)

In other words, Pfizer has no idea what the risk of myocarditis is in children from its "vaccine" and presumably does not care given that it is applying for EUA to inject 5-year-olds.

Robert F. Kennedy, Jr. has pointedly explained that the reason for the "COVID-19 vaccine" manufacturers wanting to inject children has nothing to do with protecting children, but rather has everything to do with legal protections afforded to vaccine manufacturers under the misleadingly labelled National Childhood Vaccine Injury Act (NCVIA) of 1986. That legislation results in protections, not for children injured by vaccines, but rather for the manufacturers who are responsible for the injuries. That protection, however, does not apply under "emergency use authorization" as Kennedy explained on 31 December 2021:

> Now the emergency use authorization vaccines have liability protection under the PREP Act [Public Readiness and Emergency Preparedness, 2021] and under the CARES Act [Coronavirus Aid, Relief, and Economic Security, 2020]. So as long as you take an emergency use vaccine, you can't sue them. Once they get approved, now you can sue them, unless they can get it recommended for children [under the protection of the 1986 NCVIA]. Because all vaccines that are recommended, officially recommended for children get liability protection, even if an adult gets that vaccine. That's why they are going after the kids. They know this is going to kill and injure a huge number of children, but they need to do it for the liability protection. (Ellefson 2021)

Rolling out the "COVID-19" vaccines to children will thus enable the manufacturers to make untold profits while assuming zero liability for harms caused — arguably the greatest scam in history.

The FDA duly granted Pfizer its wish on 29 October, noting in its report that when "COVID-19" incidence was at its lowest in June 2021 when "the predicted number of vaccine-associated myocarditis cases [exceeded] the predicted number of COVID-19 hospitalizations prevented for males and for both sexes combined" (FDA, 2021, 5). This represents a *prima facie* reason not to "vaccinate" children and young adults during the summer. Yet, the FDA speculates, even when the incidence of "COVID-19" is low, "the overall benefits of the vaccine may still outweigh the risks" because of a reduction in "non-hospitalized cases of COVID-19 with significant morbidity" (2021, 5). The benefits "may" outweigh the risks; then again, they might not. Meanwhile, evidence that the "vaccine" causes serious heart disease in young people accrues.

A supposed "leak" of "top secret plans" to the *Sun* on 19 November began the priming of the British public for the "vaccination" of 5- to 11-year-olds in the spring of 2022 (Moyes & McDermott, 2021). The European Medicines Agency approved the Pfizer injection at one-third dosage for 5- to 11-year-olds on 25 November. The MHRA gave its approval on 22 December, observing: "[o]ver 5.5 million dosages of the vaccine in 5-11s have now been administered in the US alone" — as though doing what the other children are doing constitutes responsible behaviour (MHRA, 2021a). The JCVI on 22 December recommended a first dose for 5- to 11-year-olds "in a clinical risk group or who are a household contact of someone (of any age) who is immunosuppressed," promising further advice "in due course" – again, vulnerable groups first, then everyone in the age range (UK Health Security Agency, 2021d).

On 19 November 2021, the *Hill* ran the depressing headline: "Fauci says babies and toddlers could be eligible for COVID-19 vaccine by early 2022"— potentially making the United States the first country to "offer" a "vaccine" to all age ranges (Breslin, 2021). The priming for injecting the under-5s began in the British media two months later: "Record numbers of COVID-19 hospital admissions of London children in 0-5 age group"; "US parents and doctors say kids under five left behind in COVID vaccine race" (Clugston, 2022; Berger, 2022). In December 2021, Pfizer announced it would be testing a *three*-dose regimen in children under five after finding that two doses in babies and toddlers do not produce sufficient immunity (Daily Mail, 2021). Fauci in late January 2022 expressed his "hope" that the three-dose regimen would be approved in February (Nevradakis, 2022).

The FDA recommended Pfizer "booster shots" — routine injections of indefinite duration — for 16 to 17-year-olds on 9 December, and for children as young as 12 on 3 January 2022, ignoring a 16-2 vote against "booster shots" for 12-year-olds by its team of expert advisors the previous September. The agenda that must not be derailed thus becomes increasingly obvious: mandatory medical interventions for the whole

human race from the cradle to the grave, given in multiple doses, repeated frequently. But as MIT senior research scientist Stephanie Seneff points out: "When you look at the potential harm from these vaccines, it just doesn't make any sense. And repeated boosters are going to be very devastating in the long term" (Children's Health Defense, 2022). Two of the FDA's own vaccine advisory committee refused to allow their children a third dose (Reyes, 2022).

12. Challenges to "COVID-19 Vaccines" for Children in the UK

In January 2022, two strong challenges were made to the childhood "vaccination" agenda in the UK. First, an open letter to the JCVI was published, signed by 21 MPs and peers, plus 13 scientists, including the former president of the Royal College of General Practitioners, Iona Heath, MD. It notes:

> The risks of adverse events (including but not limited to myocarditis) increase as more doses are given, and any advantages are reduced as vaccine effectiveness in suppressing Omicron transmission decreases (especially given widespread natural immunity). (see Johnston, 2022)

Thus, given that the reward-to-risk ratio of injecting children was said to be marginal in the first place, it almost certainly reverses with Omicron, especially given the risk of "long-term vaccine harms" over a child's lifetime. The signatories are rightly wary of the "precedent . . . being set for triple or even continuous and regular vaccination for this age group" and urge the JCVI to reconsider its position regarding "the mass vaccination of healthy 12-15 year olds".

On 19 January, the HART Group published an open letter to the MHRA and senior UK medical officials demanding an "immediate, urgent investigation to determine whether the COVID-19 vaccines are the cause of significant numbers of deaths seen recently in male children and young adults" (HART, 2022). The open letter additionally requests "anonymised data and information known to be available, showing how many children have died following a COVID-19 vaccine and within how many days, be published for full transparency, in the public interest." Citing the High Court action mentioned above, HART notes: "The ONS has confirmed (to the Court) that it is able to provide precise anonymised data including the number of days between vaccination and death." It is therefore under a moral obligation to render that information available for public scrutiny. For example, a high concentration of deaths close to the time of injection — as already seen in the VAERS data — "may strengthen concerns of a positive causal link (e.g. under the Bradford Hill criteria)" — warranting investigation and a potential halt to the childhood "vaccination" programme altogether (HART, 2022).

Outside the UK, Geert Vanden Bossche, a virologist who previously worked for big pharma, GAVI, and the Bill and Melinda Gates Foundation, but who appeared to switch sides in 2021, warned on 8 January 2022 that vaccine-induced antibodies can suppress children's natural immune systems, leading to auto-immune disease. This risk is present for all who have taken the "vaccine," according to Vanden Bossche, but it is especially pronounced in children, whose immature immune systems are still developing. "Boosting" children, he argues — "giving them a third dose, is absolutely insane, because it will just increase the immune pressure of the vaccinal antibodies on innate immunity. Boosting is absolute nonsense. It is dangerous and it should not be done."

On 17 January "booster shots" were made available to all 16- and 17-year-olds in England, as well as to "at risk" 12- to 15-year-olds. For the latter age range, first doses were only made available on 20 September and second doses on 20 December. A third shot on 17 January equates to three doses in four months. Also on 17 January, CovBoost tweeted, "Are you aged 18-30 and have had 2 doses of a #COVID19 vaccine? You may be eligible for our new sub-study, trialling lower doses of the Pfizer and Moderna vaccines as 3rd dose boosters for young adults!" The obsessive "vaccination" drive in the UK, as elsewhere, bears no relation to

scientific evidence and, according to published statements from some of the key power-brokers, it has other motives.

13. Globalist Agendas

Steadily, Bill Gates' statement of intent in April 2020 comes closer to realisation: "I suspect the COVID-19 vaccine will become part of the routine newborn immunization schedule" (Gates, 2020). Gates' track record when it comes to injecting children, however, gives cause for serious concern:

> In 2010, the Gates Foundation funded experimental malaria and meningitis vaccine trials across Africa and HPV vaccine programs in India. All of these programs resulted in numerous deaths and injuries, with accounts of forced vaccinations and uninformed consent. Ultimately, these health campaigns, under the guise of saving lives, have relocated large scale clinical trials of untested or unapproved drugs to developing markets where administering drugs is less regulated and cheaper. (Ahmed, 2017, p.34)

Gates and the pharmaceutical industry have left a trail of childhood destruction in their wake, including widespread reports of paralysis, infertility, and death. They are not to be trusted with children's health. It has often been remarked that Gates displays sociopathic or perhaps psychopathic tendencies in his speech and his body language. Certainly, there is something disturbing about the glee with which he enthused, on 22 January 2015: "We're taking things that, you know, are genetically modified organisms and we're injecting them into little kids' arms, we just shoot them right into the vein!"

There are deeper questions to be asked about injecting children. Judy Mikovits, for instance, asks, why "inject [vaccine content] into a newborn who cannot detox it? Whose liver is not developed? Whose kidneys are not developed?" (Mikovits, 2020). The safety risks, both short- and long-term, are profound, and going against the natural immune system in order to make sure certain substances are pumped into the body is profoundly unnatural. Causal protection against certain diseases later in life is something which is difficult to prove decades later, especially given confounding factors, and there is substantial evidence that "vaccines" were not in fact responsible for the key advances in public health that have been credited to them (Humphreys & Bystrianyk, 2015).

It is highly suspicious — revealing, in fact — that those who challenge the idea of "vaccinating" children are never met with reasoned refutation, but always with *ad hominem* attacks, smear campaigns, personal intimidation, censorship, attacks on professional reputation, withdrawal of research funding, trashing of careers, lawsuits too expensive to fight, and worse. The paradigm cases are Andrew Wakefield and Judy Mikovits. Davis (2019) offers a powerful defense of Wakefield, who was made an example of by the pharmaceutical industry for so much as suggesting a possible link between the MMR vaccine and autism — though he never claimed there was one. "The tragedy," Davis concludes, "is that people who rely solely on what they are told by their nanny state and its MSM [mainstream media] propagandists, have been so easily convinced to accuse their fellow citizens, who are merely trying to alert them to a potential risk, of being 'child abusers' " (Davis, 2019). Mikovits had her life threatened and her career destroyed after showing that XMRV retroviruses have been transmitted from animals to humans, almost certainly through vaccines, with an estimated eight percent of the US blood supply being contaminated (Mikovits and Heckenlively, 2020). When Paul Thomas found that "unvaccinated children in [his] practice are not unhealthier than the vaccinated and indeed the overall results may indicate that the unvaccinated pediatric patients in this practice are healthier overall than the vaccinated," his medical licence was revoked and his article, having passed peer-review, was retracted by the *International Journal of Environmental Research and Public Health* without any independently verifiable reason for the retraction (Lyons-Weiler & Thomas, 2020).

It is not difficult to speculate on possible ulterior motives for vaccinating children and the ferocity with which the "safe and effective" mantra is drilled into the public by a globally coordinated PR campaign. We

have already seen, for instance, the incredible scam by which the state-pharmaceutical complex can get taxpayers to foot the bill for gigantic vaccination campaigns that yield unimaginable profits for the manufacturers while protecting them against liability for harms caused. Any fines paid for breaching protocols are just the cost of doing business.

Beyond this, vaccination may serve to maintain a sick population that is easier to govern, or it may make average death ages easier to predict for life insurance companies — what David Martin calls "the actuarial control of human life," aimed at ensuring people do not live long enough to obligate life insurance companies to pay out more in annuities than is available from underfunded pension schemes (Martin, 2021b).

Overlaid on these concerns — and vastly more important in the context of what seems to be motivating the international response to "COVID-19" — is the fate of the international monetary system. The head of the International Monetary Fund, Kristalina Georgieva, announced a "new Bretton Woods moment" on 15 October 2020, i.e. the largest overhaul of the international financial architecture since the end of World War II (Georgieva, 2020). On 16 June 2021, Georgieva made another astonishing claim: "Vaccine policy this year, probably next year, is going to be the most important economic policy, may beat even monetary and fiscal policy in terms of significance" (cited in Amaro, 2021). In August, she reiterated:

> This year, next year, vaccine policy *is* economic policy, and it is an even higher priority than the traditional tools of fiscal and monetary policy. Why? Because without it, we cannot turn the fate of the world economy around (Australian Voice, 2021).

The ultimate agenda seems to be to replace the collapsing fiat currency system with central bank digital currencies (CBDC) that will give central banks direct control over people's money — and with it their lives (Children's Health Defense Team, 2021). As Agustín Carsens, head of the Bank for International Settlements, put it at an IMF event on 19 November 2020:

> the central bank will have absolute control on the rules and regulations that will determine the use of that expression of central bank liability, and also we will have the technology to enforce that. (International Monetary Fund, 2020)

In order for CBDC to work, there can be no cash, for cash evades the digital control system. Instead, all money must be digital and it must be tied reliably to human beings via a biometric ID system such as the one rolled out in India "which uses fingerprints and other biological traits to verify the identities of the country's more than 1.3 billion residents" (Gates, 2019). The British Chancellor of the Exchequer, Rishi Sunak, is the son in law of N.R. Narayana Murthy, the Indian billionaire founder of InfoSys who, along with Gates, set up the AADHAR biometric ID database that links personal identity, vaccination status, residency, bank account details, driving licence, and religious and tax records. A similar kind of biometric system to the one trialled in India in 2019 is now being aggressively pushed forwards in Britain and elsewhere under the guise of "vaccine passports." In principle, all of one's personal information, from tax, medical, and criminal records to financial details, shopping preferences, internet browsing history, and even internal bodily functions can all be stored together in a way that is safely encrypted based on the unique biological traits of the individual. A device capable of doing this, however, would not be external, like a smartphone or wearable technology that can be lost, stolen, or hacked, but rather inside, and configured to, the human body itself. Hence the drive to condition entire populations to accept repeat injections of a novel technology — because, presumably, the technology will need updating as often as Bill Gates' computers with their backdoor access mechanisms.

Georgieva's 18-month time frame for enacting "vaccine policy" is not long, when one considers that it ultimately requires universal mandatory "vaccination." Accordingly, senior figures on the world stage grew strident in their demands for universal "vaccination" in the second half of 2021. At the G7 summit in June,

the British Prime Minister called on wealthy countries to "commit to vaccinating the world against COVID-19 by the end of next year" (Shearing, 2021). The WHO Director-General called on countries to "vaccinate" 40 percent of their populations by the end of 2021 and 70 percent by the middle of 2022; but at the end of 2021 he admitted that 92 countries out of 194 had missed his 40 percent target (Sky News, 2021b). The Canadian Prime Minister claimed on 18 August: "Canadians know that the way to get through this pandemic is for everyone to get vaccinated" (cited in Connolly, 2021). European Central Bank President Christine Lagarde tweeted in September: "If we don't vaccinate the whole world, it will come back to haunt us and hurt us in the form of new variants." The President of the European Commission, Ursula von der Leyen, claimed in December that the EU must consider mandatory "vaccination" in response to the "Omicron variant" (see Boffey and Smith, 2021).

14. Conclusion

The enormous tragedy of the unfolding "vaccination" rollout for children in the UK and elsewhere, which has already seen countless avoidable injuries and deaths, and which portends significant future harms as the long-term effects of the novel mRNA technology become known, has no justification in medical science or medical ethics. At no stage since the start of the "COVID-19 pandemic" has there been any justification for the mass "vaccination" of children against a disease from which they are at almost no risk, using an unlicensed, experimental technology with no long-term safety data, in the context of accumulating evidence of serious harms.

Politicians and regulators ruled out injecting all but the most "vulnerable" children to begin with, but they quickly changed their tune when the pharmaceutical companies began trials on children as young as six months. Suddenly, it became important to "vaccinate" children in order to achieve "herd immunity" with no consideration being paid to naturally acquired immunity or the potential medium- to long-term risks to children. Meanwhile, the British establishment media cheered on the childhood "vaccination" campaign in the US. Despite early warning signs regarding the safety of the "COVID-19 vaccines" in children from the United States and around the world, many British "scientists" and "journalists" managed to ignore them all.

The mass "vaccination" rollout to children in schools was not only on the cards before "COVID-19", it also evidently had nothing to do with regulatory approval or actual science. The JCVI recommendation not to inject 12- to 15-year-olds was ignored as schools were configured as mass "vaccination" sites, with the precedent of "Gillick competence" being set to bypass parental consent if necessary — if not this time, then potentially in future. As hard as politicians, the media, the NHS and its contractors pushed in this direction, however, parents pushed back and "vaccination" rates among children remained low compared to the adult population.

The JCVI's position was rendered untenable when it reversed its earlier stance to recommend second doses for 12- 15-year-olds amidst mounting evidence of "COVID-19 vaccine" harms to children. VAERS data indicated that children were more at risk of heart disease having had the injection than otherwise and that "COVID-19 vaccines" overwhelmingly favoured heart disease compared to other types of vaccine. Evidence from the UK, doggedly pursued by the HART group, shows that mortality among young males in particular rose following "vaccination." Even scholars looking to downplay the risk of the "COVID-19 vaccines" produced evidence contradicting the administration of a second dose of any of three "COVID-19 vaccines" in the UK. Meanwhile, evidence from around the world points to "vaccinated" children dying untimely deaths, fit and healthy young sportsmen and women repeatedly "mysteriously" collapsing on the field of play (often clutching their hearts), but also to a growing alliance of scientists and doctors fighting the "vaccine" mandates. Evidence of potential long-term harms from the "vaccines" has also come to light.

There is also substantial evidence of attempts to cover up "COVID-19 vaccine" damage, including BBC coverage — with near simultaneous repetitions of messages in the establishment media — attempting to pin SADS and other likely "vaccine" injuries on the SARS-CoV-2 virus; or diverting attention to the "Automated External Defibrillators (Public Access) Bill"; trying to portray the many incidents of healthy young sportspeople collapsing as normal; utilizing the endorsement of the "vaccines" by the British Heart Foundation to draw attention away from the many "vaccine-related" cases of pericarditis and myocarditis; and frenetically seeking to attribute heart attacks to anything but the "vaccines," be it "post-pandemic stress," diet, and anxiety, or even the weather, sexual intercourse, and rising energy prices.

Despite the mounting evidence of harm and lack of long-safety data, the "vaccine" rollout is now pushing towards the 5-11 age range and even the 0-5 age range. The tactics are the same as they have been for every other age range: use the media to prime the public; begin making preparations for the rollout while pretending it might not happen; get the MHRA to rubber stamp the "vaccine" as "safe and effective" for that age range (without providing any evidence of what exactly it did to reach that decision); get the JCVI to authorise the injection for "vulnerable" groups first to establish a beachhead; propagandise the public with fear-mongering reports about that age range filling up hospitals (no factual basis required; pictures of actors in oxygen masks helpful); produce emotive stories of relatives clamouring for their loved ones to be allowed the shot; maybe have MPs perform a meaningless "debate" about the issue; get the JCVI to authorise the injection for the entire age range; begin priming the public for the next age range before the rollout to the current one has begun; roll out the "vaccine" as intended, ignoring public opinion and opposition.

The two open letters to the JCVI, the MHRA, and senior UK healthcare officials in January 2022 mark a significant moment in the growing public outrage against "COVID-19 vaccination" of children. By now it is clear that there is no sound justification, scientific or ethical, for giving "COVID-19 vaccines" to children. The way the "vaccines" have been rolled out to children — systematic, calculated, and cynical — smacks of a premeditated agenda, which indeed there is at the supranational level. Efforts to transition the world from a failing fiat currency system to a new monetary system based on central bank digital currencies and biometric IDs entail the need to condition entire populations to accept repeat injections using novel technologies.

In the process of trying to ram home this agenda, the corruption of the medical establishment, the political establishment, and the establishment media has been laid bare. It has become evident that in order to advance their agenda, these organs of the transnational ruling class are willing to maim and kill children knowingly and to use their power to attempt to cover up the damage. This is to say nothing of the mandatory mask wearing in schools that constitutes state-sanctioned child abuse, the damage to children's education through the "lockdowns," or the psychological damage inflicted on children through psychological warfare, most egregiously the repeated lie that they might be responsible for "killing granny."

Jeffrey Epstein — the embodiment of ruling class paedophilia who "hoped to seed the human race with his DNA" — is known to have funded academic research into "transhumanism: the science of improving the human population through technologies like genetic engineering and artificial intelligence" (Stewart et al. 2019). Bill Gates funnelled funding through Epstein's foundation for the same purpose (Tenbarge & Goggin, 2019; Webb, 2021). Much of the money went to MIT Media Lab, to which Moderna co-founder Robert Langer belongs, Moderna being DARPA-funded (Matters, 2021). Thus, a web of interconnections can be traced linking ruling class paedophilia, eugenics, mRNA injections, and the military. Coupled with the drive for a globally interoperable biometric ID system, a nightmarish picture emerges of control at all costs, by whatever means necessary. Above the level of parliamentary politics, we are being ruled by psychopaths.

As society begins to understand the insane, amoral character of the transnational ruling class, a massive public backlash seems inevitable. The "COVID-19" operation is a high-stakes, all or nothing play by the

ruling class. Victory will guarantee total social control and the biodigital enslavement of humanity through a globalised technocracy. But in making that play, the ruling class also exposes itself. Its agenda, its tactics, and the lengths to which it is willing to go in order to secure victory are more overt today than they ever were over many decades of psychological warfare used to manipulate public perception. The result will be a steep rise in class consciousness. Ordinary people who might otherwise have had little interest in politics will be galvanised by the harms done to children as a result of a numerically tiny layer of society pursuing a radical, self-serving agenda of absolute control. In knowingly doing serious harm to children, the ruling class has made a catastrophic error of judgment and revealed its utter inhumanity, for which it may well reap the consequences.

Conflicts of Interest

The author has no conflict of interest to declare.

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