

Children Are Safe from COVID-19. “Childhood Vaccination Push Built on Flimsy Evidence”

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A recent study that looked at deaths occurring in children in the U.K. during the first 12 months of the pandemic found 99.995% of children diagnosed with COVID-19 survived

Between March 2020 and February 2021, only 25 children under the age of 18 died directly as a result of SARS-CoV-2 infection. This gives us an absolute mortality rate for children of 2 per 1 million

In the U.S., 335 children under 18 have died with a COVID-19 diagnosis on their death certificate. The CDC estimates the infection fatality rate from COVID-19 among children 0 to 17 years old is 20 per 1 million

The 20-in-1 million mortality rate in the U.S. cited by the CDC is likely a gross overestimate as, unlike the U.K., PCR tests were done with grossly inappropriate cycle threshold levels and those who had legitimate infections also had existing comorbidities that were the true cause of death, yet it was inappropriately attributed to COVID-19

Researchers at Johns Hopkins teamed up with the nonprofit FAIR Health to analyze the health insurance data of approximately 48,000 children under 18 diagnosed with COVID-19 between April 2020 and August 2020. None of the children who died were free of preexisting medical conditions such as cancer

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We’ve known from the very beginning of the COVID-19 pandemic that children were at exceptionally low risk for hospitalization and death from this infection. **Despite that, massive efforts are underway to get a needle in the arm of every child.**

At present, COVID-19 injections are authorized for emergency use in children as young as 12 in the U.S.,¹ and vaccine makers are moving forward with plans to get authorization for children as young as 6 months.

Fortunately, there are glimmers of hope, here and there. In the U.K., children will not be

eligible to receive a COVID shot unless they have underlying conditions that make them more vulnerable to infection or live with a high-risk person. As reported by The Guardian, July 19, 2021:²

“The opinion of the Joint Committee on Vaccination and Immunisation (JCVI) expands the eligibility for children, after a previous decision that vulnerable 16- and 17-year-olds could get vaccinated ... [T]he advisory body said:

‘The health benefits in this population are small, and the benefits to the wider population are highly uncertain. At this time, JCVI is of the view that the health benefits of universal vaccination in children and young people below the age of 18 years do not outweigh the potential risks.’”

Vulnerabilities that would make children over the age of 12 eligible for COVID injection include severe neuro-disabilities, Down’s syndrome, immunosuppression and multiple or severe learning disabilities.

If you ask me, this is a rather curious list, seeing how neurodevelopmental problems are unlikely to make you more prone to viral infection. We already know the high-risk factors for COVID-19 are things like obesity and multiple chronic diseases — not neurological problems and intellectual deficiencies.

At the risk of sounding like a conspiracy theorist, this list is uncomfortably similar to that of [Hitler’s T4 program](#). This was an involuntary euthanasia campaign where the incurably sick, physically and mentally handicapped, psychologically ill and elderly were selectively murdered by the medical establishment.

COVID-19 Deaths in Children Extremely Rare

Overall, the risk of COVID-19 to children of all ages is so small as to be inconsequential, learning disabilities and chromosomal irregularities or not. A study³ posted July 7, 2021, which looked at deaths occurring in children in the U.K. during the first 12 months of the pandemic, found 99.995% of children diagnosed with COVID-19 survived.

In all, between March 2020 and February 2021, only 25 children under the age of 18 died directly as a result of SARS-CoV-2 infection. (An additional 61 children had positive test results when they died, but their death was attributed to other causes.) This gives us an absolute mortality rate for children of 2 per 1 million. As noted by the authors:⁴

“SARS-CoV-2 is very rarely fatal in CYP [children and young people], even among those with underlying comorbidities. These findings are important to guide families, clinicians and policy makers about future shielding and vaccination.”

Childhood Vaccination Push Built on Flimsy Evidence

In the United States, a total of 335 children under 18 have died with a COVID-19 diagnosis on their death certificate.⁵ The CDC estimates the infection fatality rate from COVID-19 among children zero to 17 years old is 20 per 1 million.⁶ This is likely a significant overestimation, however.

In the British study above, they specifically differentiated between those who actually died from COVID-19, meaning there was no other underlying condition that contributed to their death, and those who simply tested positive at the time of death but died from other causes.

This has not been done in the U.S., so we don't know how many of those 335 children had underlying conditions that contributed or directly caused their death. As noted by Marty Makary in a Wall Street Journal Opinion piece dated July 19, 2021:⁷

“Without these data, the CDC Advisory Committee on Immunization Practices [ACIP] decided in May that the benefits of two-dose vaccination outweigh the risks for all kids 12 to 15.

I've written hundreds of peer-reviewed medical studies, and I can think of no journal editor who would accept the claim that 335 deaths resulted from a virus without data to indicate if the virus was incidental or causal, and without an analysis of relevant risk factors such as obesity.”

To remedy this shortcoming, Makary and colleagues at Johns Hopkins teamed up with the nonprofit FAIR Health to analyze the health insurance data of approximately 48,000 children under 18 diagnosed with COVID-19 between April and August 2020.

As it turns out, none of the children who died were free of preexisting medical conditions such as cancer. “If that trend holds, it has significant implications for healthy kids and whether they need two vaccine doses,” Makary says.⁸

Overall, children appear naturally immune against COVID-19⁹ and are not significant vectors of transmission either.¹⁰ So, there's really no need to place draconian COVID restrictions on children out of fear for their own safety or anyone else's.

Death Statistics Were Illegally Inflated From the Start

Makary also points out that we've already established that [COVID-19 mortality](#) statistics have been vastly overinflated in the U.S.¹¹ In early June 2021, Alameda County in California lowered its reported death toll from COVID-19 by 25%, after state health officials insisted that deaths only be attributed to COVID-19 if SARS-CoV-2 infection was a direct or contributing factor.¹²

As detailed in “[CDC Violated Law to Inflate COVID Cases and Fatalities](#),” investigation has revealed the CDC inflated fatalities by as much as 96%. They did this by illegally altering the way deaths are reported. Had the old guidelines remained in place, the COVID-19 death toll as of August 23, 2020, in the U.S. would have been 9,684.

As you may recall, in late August 2020, the CDC admitted that only 6% of the total death count had COVID-19 listed as the sole cause of death. The remaining 94% had had an average of 2.6 comorbidities or preexisting health conditions that contributed to their deaths.¹³ As of August 23, 2021, the CDC reported 161,392 COVID-related fatalities. Multiplied by 6%, you get an actual death toll of 9,684.

It's hard to believe anyone would be willing to shut down commerce in an entire state over such a number. It's also hard to believe people would line up to take an unproved and dangerous experimental gene modification injection based on a mortality risk this low.

Unfortunately, we've been lied to for so long, many are still effectively brainwashed with the continuous [propaganda](#) from mainstream news and public health officials that have long since abandoned their commitment to integrity.

Parents Clamor to Enroll Their Children in COVID Trials

Mainstream media have since the very beginning ignored and hidden data showing COVID-19 isn't as bad as initially feared. And now they're ignoring and hiding data showing the COVID shots are worse than suspected. Wired Magazine, for example, blames parents' apprehension to have their children injected with experimental [gene therapy](#) on right-wing politics rather than actual data.¹⁴

Wired also reports that more parents have volunteered their children for clinical COVID-19 trials than trial sites have spaces for which, to me, suggests many are still clueless about the [risks of these injections](#), as well as the risk posed by SARS-CoV-2 infection.

Fauci Blasted for Latest Mask Recommendation

In related news, [Dr. Anthony Fauci](#) recently faced backlash after saying children aged 2 and older should continue to [wear masks](#).¹⁵ During an interview with MSNBC's Andrea Mitchell, Fauci said:

"Unvaccinated children of a certain age greater than 2 years old should be wearing masks. No doubt about that. That's the way to protect them from getting infected, because if they do, they can then spread the infection to someone else."

It's tiring, all of these outrageous and health damaging lies — no doubt about that. Another thing there's no doubt about is that Fauci has changed his mind on the usefulness of masks more times than some of us have actually donned said masks.

In response to Fauci's declaration that children need to be forced to wear masks to protect adults, New York Post columnist Karol Markowicz tweeted, "I can't believe it's July 2021 and this man is still spouting nonsense on our televisions without any serious follow-up questions. What an embarrassment."¹⁶

Children Are Not at Risk

Getting back to the issue of COVID jabs, all available data suggest COVID-19 is of no significant concern for children. Their risk of being hospitalized or dying from COVID-19 is actually lower than their risk of being hospitalized or dying from the flu.¹⁷

For comparison, more than 2,000 American children and teens died in car crashes in 2019,¹⁸ and accidental drowning claims the lives of nearly 1,000 children each year.¹⁹ Even unintentional drug overdoses claim more lives than COVID-19 in this age group. In 2016, unintentional drug poisoning killed 761 children.²⁰

Why isn't there a national outrage about these drug-related deaths, seeing how the 2016 statistics show that more than TWICE the number of children most likely have died from overdoses during the pandemic than supposedly died from COVID-19?

There's also no solid evidence to assume children pose a transmission risk to adults. Besides, 90% of American seniors have now received their COVID shots,²¹ so by the logic of the official narrative, the most vulnerable adults now have the best herd immunity available and are individually protected with the best modern medicine supposedly has to offer.

Importantly, since children's risk is so minuscule, there's really no legal framework for an emergency use authorization of [COVID injections for children](#). Still, the Food and Drug Administration and vaccine makers push forward with that exact plan. Hopefully, they'll be stopped.

The FDA can only authorize the use of a medical product in a given population if the benefit outweighs the risk in that same population. This means that even if adults were to benefit, the COVID shots cannot be authorized for children unless children will actually benefit from it themselves.

July 19, 2021, America's Frontline Doctors filed a motion to stop the emergency use authorization of COVID injections for children under 18, anyone with natural immunity and anyone who has not been given proper informed consent.^{22,23}

In their motion, the group points out that the prerequisite health emergency no longer exists, that [COVID shots](#) do not prevent SARS-CoV-2 infection, that adequate treatment alternatives exist, and that the known risks of COVID gene modifying injections outweigh any potential benefit for these groups.

They also include a sworn statement by a CDC whistleblower, a computer programmer, who claims the Vaccine Adverse Event Reporting System (VAERS) under-reports deaths by a factor of five or more. The whistleblower estimates the number of deaths actually may have been around 45,000 as of July 9, 2021.

Vaccinating Children to Benefit Adults Is Unethical

An opinion piece in The BMJ²⁴ by Peter Doshi, Elia Abi-Jaoude and Claudina Michal-Teitelbaum also highlights why we must not force children to take the COVID shot simply because it might help vulnerable adults. They write:²⁵

"While there is wide recognition that children's risk of severe covid-19 is low, many believe that mass vaccination of children may ... also prevent onward transmission, indirectly protecting vulnerable adults and helping end the pandemic. However, there are multiple assumptions that need to be examined when judging calls to vaccinate children against covid-19 ...

Even if one assumes protection against severe covid-19, given its very low incidence in children, an extremely high number would need to be vaccinated in order to prevent one severe case. Meanwhile, a large number of children with very low risk for severe disease would be exposed to vaccine risks, known and unknown.

Thus far, Pfizer's mRNA vaccine has been judged by Israel's government as likely linked to symptomatic myocarditis, with an estimated incidence between 1 in 3000 to 1 in 6000 in men ages 16 to 24. Furthermore, the long term effects of gene-based vaccines, which involve novel vaccine platforms, remain essentially unknown ...

Given all these considerations, the assertion that vaccinating children against SARS-CoV-2 will protect adults remains hypothetical.

Even if we were to assume this protection does exist, the number of children that would need to be vaccinated to protect just one adult from a bout of severe covid-19 — considering the low transmission rates, the high proportion of children already being post-covid, and most adults being vaccinated or post-covid — would be extraordinarily high.

Moreover, this number would likely compare unfavorably to the number of children that would be harmed, including for rare serious events. A separate, but crucial question is one of ethics. Should society be considering vaccinating children, subjecting them to any risk, not for the purpose of benefiting them but in order to protect adults? We believe the onus is on adults to protect themselves."

Doshi was even more blunt in his June 10, 2021, public comment²⁶ to the FDA's Vaccines and Related Biological Products Advisory Committee. There, he pointed out that the FDA can only authorize the use of a medical product in a given population if the benefit outweighs the risk in that same population.

This means that even if adults were to benefit, the COVID shots cannot be authorized for children unless children will actually benefit from it themselves. Since when, in the history of public health, have children been sacrificed to protect the sick and elderly? Public health authorities have completely reversed the conventional risk/reward analysis.

In the case of COVID-19 injections, children cannot benefit, seeing how they only have a 0.005% risk of death in the first place. Meanwhile, healthy children have died shortly after the jabs, dozens of cases of heart inflammation have been reported, and Pfizer's biodistribution study^{27,28} raises serious questions about the shot's potential to cause infertility.

Since demonstrated risks far outweigh demonstrated benefits in children, the vaccines also fail to meet the biologics license application required for ultimate market approval. Last but not least, since there's no "unmet need," there's no need to rush the approval of these injections for children.

CDC Is Deliberating Lowering the COVID Injection Death Toll

While the exact number of deaths from these COVID shots remains uncertain — VAERS reports 12,313 deaths²⁹ as of July 13, 2021, and the CDC whistleblower estimates the death toll at 45,000 or higher — we can unequivocally state that the number is record-breaking high. There's no vaccine in modern medical history that even comes close. The risk is extraordinary, which is precisely why we must protect our children from it.

Speaking of the CDC, I just discovered it slashed the number of deaths reported to VAERS

from 12,313 as of July 13, 2021, to 6,079. In what appears to be a deliberate attempt at deception, the CDC “rolled back” its July 19, 2021, adverse events report to statistics from the previous week. I’ll explain. Take note of the specific dates and death totals in each of the following excerpts. The July 13 report reads as follows:³⁰

“Reports of death after COVID-19 vaccination are rare. More than 334 million doses of COVID-19 vaccines were administered in the United States from December 14, 2020, through July 12, 2021. During this time, VAERS received 6,079 reports of death (0.0018%) among people who received a COVID-19 vaccine.”

The original July 19 report (saved on Wayback) initially read as follows:³¹

“Reports of death after COVID-19 vaccination are rare. More than 338 million doses of COVID-19 vaccines were administered in the United States from December 14, 2020, through July 19, 2021. During this time, VAERS received 12,313 reports of death (0.0036%) among people who received a COVID-19 vaccine.”

Please note, the death toll more than doubled in a single week. That original July 19 report was then changed to this. The date on the report is still July 19:³²

“Reports of death after COVID-19 vaccination are rare. More than 334 million doses of COVID-19 vaccines were administered in the United States from December 14, 2020, through July 13, 2021. During this time, VAERS received 6,079 reports of death (0.0018%) among people who received a COVID-19 vaccine.”

At a time when accuracy and transparency is of such critical importance for informed consent, it’s beyond shocking to see the CDC engage in this kind of deception. Parents everywhere need to realize that the CDC and other agencies and their officials are deliberately downplaying and hiding the enormity of the danger their children will face if they take this injection.

I implore you. Please spend ample time looking at all the evidence before you allow your child to participate in this heinous experiment. I understand that the inclination to trust our “gold standard” health agencies is great, but trust must be continuously earned. It’s not a one-time done deal.

At this point, having a skeptical eye and double-checking every claim is of paramount importance. Your child’s health and life may depend on you not being gullible.

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Notes

¹ [FDA.gov May 10, 2021](#)

² [The Guardian July 19, 2021](#)

- ³ [Research Square July 7, 2021 DOI: 10.21203/rs.3.rs-689684/v1](#)
- ⁴ [Research Square July 7, 2021 DOI: 10.21203/rs.3.rs-689684/v1, Interpretation](#)
- ^{5, 7, 8, 11} [Wall Street Journal July 19, 2021](#)
- ⁶ [CDC Pandemic Planning Scenarios March 19, 2021, Table 1, Scenario 5: Current best estimate](#)
- ⁹ [Science May 14, 2021; 372\(6543\): 738-741](#)
- ¹⁰ [Archives of Disease in Childhood 2020;105:618-619](#)
- ¹² [ABC7 News June 7, 2021](#)
- ¹³ [CDC.gov August 26, 2020, Comorbidities Table 3, updated October 14, 2020](#)
- ¹⁴ [Wired July 15, 2021](#)
- ^{15, 16} [Fox News July 13, 2021](#)
- ¹⁷ [NY Mag July 12, 2021](#)
- ¹⁸ [NHTSA October 1, 2020](#)
- ^{19, 20} [NEJM December 20, 2018; 379\(25\): 2468-2475](#)
- ²¹ [Twitter, White House July 6, 2021](#)
- ²² [US District Court of Alabama Civil Action No. 2:21-cv-00702-CLM \(PDF\)](#)
- ²³ [The Defender July 20, 2021](#)
- ^{24, 25} [The BMJ Blog July 13, 2021](#)
- ²⁶ [YouTube VRBPAC June 10, 2021 Peter Doshi](#)
- ²⁷ [SARS-CoV-2 mRNA Vaccine BNT162 Biodistribution Study](#)
- ²⁸ [Trialsitenews May 28, 2021](#)
- ^{29, 31} [Wayback CDC Reported Adverse Events July 19, 2021](#)
- ³⁰ [Wayback CDC Reported Adverse Events July 13, 2021](#)
- ³² [CDC Reported Adverse Events July 19, 2021, Now altered](#)

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