GlobalResearch
Center for Research on Globalization

# “COVID-19 Vaccines” for Children in the UK: A Tale of Establishment Corruption

By David Hughes
Global Research, February 15, 2022
International Journal of Vaccine Theory, Practice and Research 11 February 2022

Region: Europe
Theme: Law and Justice, Science and Medicine

All Global Research articles can be read in 51 languages by activating the “Translate Website” drop down menu on the top banner of our home page (Desktop version).

To receive Global Research’s Daily Newsletter (selected articles), click here.

Visit and follow us on Instagram at @globalresearch_crg.

***

*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 policymakers 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 captureof 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.*

## 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 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.

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 andserious 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.”

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 percent uptake of vaccines across the adult population, it only gets you to 75 percent 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" (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 News beat (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 alleviatesymptoms), 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."

"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 Garayfrom 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”.

Click here to continue reading.

*

Note to readers: Please click the share buttons above or below. Follow us on Instagram, @globalresearch_crg. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

*David A. Hughes is a Senior Lecturer in International Relations, University of Lincoln, Brayford Pool, Lincoln LN6 7TS, England. dhughes@lincoln.ac.uk*

*Featured image is from OffGuardian*

The original source of this article is International Journal of Vaccine Theory, Practice and Research
Copyright © David Hughes, International Journal of Vaccine Theory, Practice and Research, 2022

---

**Comment on Global Research Articles on our Facebook page**

**Become a Member of Global Research**

*Articles by:* David Hughes

**Disclaimer:** The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca

www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca