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Video: More Children Die from the COVID Shot Than from COVID

By Dr. Joseph Mercola and Collette Martin
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Mercola

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According to Collette Martin, a practicing nurse who testified before a Louisiana Health and Welfare Committee hearing December 6, 2021, children are having "terrifying" reactions to the COVID shot, yet her concerns are simply dismissed

The average number of adverse event reports following vaccination for the past 10 years has been about 39,000 annually, with an average of 155 deaths. That's for all available vaccines combined. The COVID jabs alone now account for 983,756 adverse event reports as of December 17, 2021, including 20,622 deaths — and this doesn't include the underreporting factor, which we know is significant

Children are at risk for potentially lifelong health problems from the jab. Myocarditis (heart inflammation) has emerged as one of the most common problems, especially among boys and young men

Myocarditis is inversely correlated to age, so the risk gets higher the younger you are. The risk is also dose-dependent, with boys having a six fold greater risk of myocarditis following the second dose

British data show deaths among teenagers have spiked since that age group became eligible for the COVID shots. Between the week ending June 26 and the week ending September 18, 2020, 148 deaths were reported among 15- to 19-year-olds. During those same weeks in 2021, 217 deaths occurred in that age group — an increase of 47%

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Click here to watch the video.

The video above features Collette Martin, a practicing nurse who testified before a Louisiana Health and Welfare Committee hearing December 6, 2021.[1,2] Martin claims she and her colleagues have witnessed "terrifying" reactions to the COVID shots among children — including blood clots, heart attacks, encephalopathy and arrhythmias — yet their concerns are simply dismissed.

Among elderly patients, she's noticed an uptick in falls and acute onset of confusion "without any known etiology." Coworkers are also experiencing side effects, such as vision and cardiovascular problems.

Martin points out that few doctors or nurses are aware the U.S. Vaccine Adverse Events Reporting System (VAERS) even exists, so injury reports are not being filed. Hospitals also are not gathering data on COVID jab injuries in any other ways, so there's no data to investigate even if you wanted to. According to Martin:

> "We are not just seeing severe acute [short term] reactions with this vaccine, but we have zero idea what any long-term reactions are. Cancers, autoimmune [disorders], infertility. We just don't know.
>
> We are potentially sacrificing our children for fear of MAYBE dying, getting sick of a virus — a virus with a 99% survival rate. As of now, we have more children that died from the COVID vaccine than COVID itself.
>
> And then, for the Health Department to come out and say the new variant [Omicron] has all the side effects of the vaccine reactions we're currently seeing — it's maddening, and I don't understand why more people don't see it. I think they do, but they fear speaking out and, even worse, being fired … Which side of history will you be on? I have to know that this madness will stop."

Martin also states she believes the hospital treatment protocol is killing COVID patients. Doctors agree that it's "not working," but that "it's all we have." But "that's simply not

true," she says. "It's just what the CDC will allow us to give."

What the VAERS Data Tell Us About COVID Jab Risks

I recently interviewed Jessica Rose, Ph.D., a research fellow at the Institute for Pure and Applied Knowledge in Israel, about what the VAERS data tell us about the COVID jabs' risks. As noted by Rose, the average number of adverse event reports following vaccination for the past 10 years has been about 39,000 annually, with an average of 155 deaths. That's for all available vaccines combined.

The COVID jabs alone now account for 983,756 adverse event reports as of December 17, 2021, including 20,622 deaths[3] — and this doesn't include the underreporting factor, which we know is significant and likely ranges from five to 40 times higher than reported. Most doctors and nurses don't even know what VAERS is and even if they do, they chose not to report the incidents.

You can't even compare the COVID shots to other vaccines. They're by far the most dangerous injections ever created, yet there doesn't appear to be a cutoff for acceptable harm. No one within the CDC or Food and Drug Administration, which jointly run VAERS, has addressed these shocking numbers. Both agencies outrageously deny that a single death can be attributed to the COVID jabs, which is simply impossible. It's not statistically plausible.

The FDA and CDC are also ignoring standard data analyses that can shed light on causation. It's known as the Bradford Hill criteria — a set of 10 criteria that need to be satisfied in order to show strong evidence of causal relationship. One of the most important of these criteria is temporality, because one thing has to come before the other, and the shorter the duration between two events, the higher the likelihood of a causative effect.

Well, in the case of the COVID jabs, 50% of the deaths occur within 48 hours of injection. It's simply not conceivable that 10,000 people died two days after their shot from something other than the shot. It cannot all be coincidence. Especially since so many of them are younger, with no underlying lethal conditions that threaten to take them out on any given day. A full 80% have died within one week of their jab, which is still incredibly close in terms of temporality.[4]

Children Risk Permanent Heart Damage

Aside from the immediate risk of death, children are also at risk for potentially lifelong health problems from the jab. Myocarditis (heart inflammation) has emerged as one of the most common problems, especially among boys and young men.

In early September 2021, Tracy Beth Hoeg and colleagues posted an analysis[5] of VAERS data on the preprint server medRxiv, showing that more than 86% of the children aged 12 to 17 who report symptoms of myocarditis were severe enough to require hospitalization.

Cases of myocarditis explode after the second shot, Hoeg found, and disproportionally affect boys. A full 90% of post-jab myocarditis reports are males, and 85% of reports occurred after the second dose. According to Hoeg et. al.:[6]

> "The estimated incidence of CAEs [cardiac adverse events] among boys aged 12-15 years following the second dose was 162 per million; the incidence among boys aged 16-17 years was 94 per million. The estimated incidence of CAEs among girls was 13 per million in both age groups."

No doubt, doctors are seeing an increase in myocarditis, but few are willing to talk about it. In a recent Substack post, Steve Kirsch writes:[7]

> "I just read a comment on my private 'healthcare providers only' substack. An estimated100X elevation in rate of myocarditis, but nobody will learn of it since cardiologists aren't going to speak out for fear of retribution.
>
> His comment was a private conversation he had with a pediatric cardiologist. The cardiologist is never going to say this in public, to the press, or have his name revealed since his first duty is to his family (keeping his job).
>
> If a 'fact checker' called the cardiologist, he might either refuse to comment or say 'I'm seeing somewhat more cases after the vaccine rolled out.' Here's the exact comment that was posted to the private substack:
>
> 'Pre-jab, one or two cases per year of myocarditis. Now, half his waiting room. Tells parents they are 'studying' the causality. Refers them to infectious disease specialist for discussions on their other children.
>
> Admits he and about 50% of his colleagues know what's going on but are too terrified to speak out for fear of retaliation from hospitals and state licensing boards.
>
> Other 50% don't want to know, don't care and/or are reveling in the cognitive dissonance (like Dr. Harvey [Cohen] at Stanford) and/or letting loose their authoritarian demon. Good luck with these former colleagues of mine. The stench is overpowering.'
>
> … From 1 or 2 cases per year to 'half his waiting room.' I don't know the size of his waiting room, but it's at least two people since he said 'half.' So, the rate has increased by: 250 day per year open/1.5 avg cases per year=166X."

Myocarditis Is Not a Mild, Inconsequential Side Effect

Together with Dr. Peter McCullough, in October 2021 Rose also submitted a paper[8] on myocarditis cases in VAERS following the COVID jabs to the journal Current Problems in Cardiology. Everything was set for publication when, suddenly, the journal changed its mind and took it down.

You can still find the pre-proof on Rose's website, though. The data clearly show that myocarditis is inversely correlated to age, so the risk gets higher the younger you are. The risk is also dose-dependent, with boys having a sixfold greater risk of myocarditis following the second dose.

While our health authorities are shrugging off this risk saying cases are "mild," that's a frightening lie. The damage to the heart is typically permanent, and the three- to five-year survival rate for myocarditis has historically ranged from 56% to 83%.[9]

Patients with acute fulminant myocarditis (characterized by severe left ventricular systolic dysfunction requiring drug therapy or mechanical circulatory support[10]) who survive the acute stage have a survival rate of 93% at 11 years, whereas those with acute nonfulminant myocarditis (left ventricular systolic dysfunction, but otherwise hemodynamically stable[11]) have a survival rate of just 45% at 11 years.[12]

This could mean that anywhere from 7% to 55% of the teens injured by these shots today might not survive into their late 20s or early 30s. Some might not even make it into their early 20s! How is this possibly an acceptable tradeoff for a virus you have practically zero risk of dying from as a child or adolescent?

Excess Deaths Are Exploding, Including Among Teens

Throughout the pandemic, the COVID jab was held out as the way back to normalcy. Yet, despite mass injections and boosters, excess deaths keep rising. For example, in the week ending November 12, 2021, the U.K. reported 2,047 more deaths[13] than occurred during the same period between 2015 and 2019.

COVID-19 cannot be entirely to blame, as it was listed on the death certificates for only 1,197 people. Even more telling is the fact that, since July 2021, non-COVID deaths in the U.K. have been higher than the weekly average in the five years prior to the pandemic. Heart disease and strokes appear to be behind many of the excess deaths, and both are known side effects of the COVID jab.

In a November 28, 2021, Twitter post,[14] Silicon Valley software engineer Ben M. (@USMortality) revealed that in the preceding 13 weeks, about 107,700 seniors died above the normal rate, despite a 98.7% vaccination rate. In another example, he used data from the CDC and census.gov to show excess deaths rising in Vermont even as the majority of adults have been injected.[15]

> "Vermont had 71% of their entire population vaccinated by June 1, 2021," he tweeted. "That's 83% of their adult population, yet they are seeing the most excess deaths now since the pandemic!"

Even more disturbing, British data show deaths among teenagers have spiked since that age group became eligible for the COVID shots.[16] Between the week ending June 26 and the week ending September 18, 2020, 148 deaths were reported among 15- to 19-year-olds. Between the week ending June 25, 2021, and the week ending September 17, 2021, 217 deaths occurred in that age group. That's an increase of 47%!

Correlation does not equal causation, but it is extremely concerning to see that deaths have increased by 47% among teens over the age of 15, and COVID-19 deaths have also increased among this age group since they started receiving the COVID-19 vaccine, and it is perhaps one coincidence too far. ~ The Exposé

Deaths from COVID-19 also went up among 15- to 19-year-olds after the shots were rolled out for this age group. Significant concerns have been raised about the possibility that COVID-19 vaccines could worsen COVID-19 disease via antibody-dependent enhancement (ADE).[17] Is that what's going on here? As reported by The Exposé, which conducted the

investigation:[18]

> "Correlation does not equal causation, but it is extremely concerning to see that deaths have increased by 47% among teens over the age of 15, and COVID-19 deaths have also increased among this age group since they started receiving the COVID-19 vaccine, and it is perhaps one coincidence too far."

Omicron Poses No Risk to Young People

As noted in a recent analysis by Dr. Robert Malone,[19] (who recently got banned from Twitter but can be found on Substack), the risk-benefit ratio of the COVID shot is becoming even more inverted with the emergence of Omicron, as this variant produces far milder illness than previous variants, putting children at even lower risk of hospitalization or death from infection than they were before, and their risk was already negligible.

Malone is currently spearheading the second Physicians Declaration[20] by the International Alliance of Physicians and Medical Scientists, which has been signed by more than 16,000 doctors and scientists, stating that "healthy children shall not be subjected to forced vaccination" as their clinical risk from SARS-CoV-2 infection is negligible and long term safety of the shots cannot be determined prior to such policies being enacted.

Not only are children at high risk for severe adverse events from the shots, but having healthy, unvaccinated children in the population is crucial to achieving herd immunity.

Shots Double Risk of Acute Coronary Syndrome

Researchers have also found Pfizer and Moderna mRNA COVID-19 shots dramatically increase biomarkers associated with thrombosis, cardiomyopathy and other vascular events following injection.[21]

People who had received two doses of the mRNA jab more than doubled their five-year risk of acute coronary syndrome (ACS), the researchers found, driving it from an average of 11% to 25%. ACS is an umbrella term that includes not only heart attacks, but also a range of other conditions involving abruptly reduced blood flow to your heart. In a November 21, 2021, tweet, cardiologist Dr. Aseem Malhotra wrote:[22]

> "Extraordinary, disturbing, upsetting. We now have evidence of a plausible biological mechanism of how mRNA vaccine may be contributing to increased cardiac events. The abstract is published in the highest impact cardiology journal so we must take these findings very seriously."

AMA Is A-OK With Sacrificing Children

Tragically, it's not only the CDC and FDA that have been captured by the drug industry and who are sacrificing public health, including the health of our children, in order to further the technocratic Great Reset agenda.

Even the American Medical Association, which is supposed to lobby for physicians and medical students in the U.S. and promote medicine for the betterment of public health, has abandoned all semblance of ethics, transparency and honesty.

In a mid-November 2021 article on the AMA's website, "COVID-19 Vaccine for Kids: How We Know It's Safe,"[23] contributing news writer Tanya Albert Henry cites data straight from Pfizer's press release, and then goes on to claim we "know it's safe" because "younger children see the same side effects as has been seen in adults and teens." Based on the VAERS data, that should send shivers down parents' backs.

> "The American Academy of Pediatrics is on board with vaccinating this age group, along with the American Academy of Family Physicians and the Pediatrics Infectious Diseases Society, said Dr. Fryhofer, chair-elect the AMA Board of Trustees," Henry writes.
>
> "Dr. Fryhofer … noted that myocarditis has been a rare occurrence after the second dose of the mRNA vaccines. 'The observed risk is highest in young males age 12 to 29, but COVID infection can also cause myocarditis,' she pointed out. 'For adolescents and young adults, the risk of myocarditis caused by COVID infection is much higher than after mRNA vaccination.'"

Really? Where did Fryhofer get that idea? I've not seen any data to back that up, and Henry doesn't provide any.

What Do the VAERS Data Show?

Research published in 2017[24] calculated the background rate of myocarditis in children and youth, showing it occurs at a rate of four cases per million per year. According to the U.S. Census Bureau, as of 2020 there were 73.1 million people under the age of 18 in the U.S.[25] That means the background rate for myocarditis in adolescents (18 and younger) would be about 292 cases per year.

As of December 17, 2021, looking only at U.S. reports and excluding the international ones, VAERS had received:[26]

308 cases of myocarditis among 18-year-olds	**252 cases among 17-year-olds**
226 cases in 16-year-olds	**256 cases in 15-year-olds**
193 in 14-year-olds	**132 in 13-year-olds**
108 in 12-year-olds	

In total, that's 1,475 cases of myocarditis in teens aged 18 and younger — five times the background rate. And again, this does not take into account the underreporting rate, which has been calculated to be anywhere from five to 40.

Meanwhile, the CDC[27] claims that, between March 2020 and January 2021, "the risk for myocarditis was 0.146% among patients diagnosed with COVID-19," compared to a background rate of 0.009% among patients who did not have a diagnosis of COVID-19.

After adjusting for "patient and hospital characteristics," COVID-19 patients between the ages of 16 and 39 were on average seven times more likely to develop myocarditis than

those without COVID.

That said, the CDC stressed that "Overall, myocarditis was uncommon" among all patients, COVID or not. What's more, only 23.7% of myocarditis patients between the ages of 16 and 24 had a history of COVID-19, so a majority of the cases in that age group were not due to COVID.

We're also not talking about big numbers in terms of actual COVID infections. The weekly adolescent hospitalization rate peaked at 2.1 per 100,000 in early January 2021, declined to 0.6 per 100,000 in mid-March, and rose to 1.3 per 100,000 in April.[28]

Using that peak hospitalization rate of 2.1 per 100,000 (or 21 per million) in this age group, and assuming the risk for myocarditis is 0.146% among COVID-positive patients, we get a myocarditis-from-COVID rate among adolescents of 0.03 per million. That's a far cry from the normal background rate of four cases per million, so the risk of getting myocarditis from SARS-CoV-2 infection is probably quite small.

Now, assuming the COVID hospitalization rate for adolescents is 21 per million, and we have 73.1 million adolescents, we could expect there to be 1,535 hospitalizations for COVID in this age group in a year. If 0.146% of those 1,535 teens develop myocarditis, we could expect 2.2 cases of myocarditis to occur in this age group each year, among those who come down with COVID.

In summary, based on CDC statistics, we could expect just over two teens to contract myocarditis from COVID-19 infection. Meanwhile, we have 1,475 cases reported following the COVID jab in just six months (shots for 12- to 17-year-olds were authorized July 30, 2021[29]).

Taking into account underreporting, the real number could be anywhere between 7,375 and 59,000 — again, in just six months! To estimate an annual rate, we'd have to double it, giving us anywhere from 14,750 to 118,000 cases of myocarditis. So, is it actually true that "For adolescents and young adults, the risk of myocarditis caused by COVID infection is much higher than after mRNA vaccination"? I doubt it.

Can You Lessen the Damaging Effects?

There is absolutely no medical rationale or justification for children and teens to get a COVID shot. It's all risk and no gain. If for whatever reason your son or daughter has already received one or more jabs, and you hope to lessen their risk of cardiac and cardiovascular complications, there are a few basic strategies I would suggest implementing.

Keep in mind these suggestions DO NOT supersede or cancel out any medical advice they may receive from their pediatrician. These are really only recommendations for when there are no adverse symptoms. If your child experiences any symptoms of a cardiac or cardiovascular problem, seek immediate medical attention.

1. First and foremost, do not give them another shot or booster.

2. Measure their vitamin D level and make sure they take enough vitamin D orally and/or get sensible sun exposure to make sure their level is between 60 ng/mL and 80 ng/ml (150

to 200 nmol/l).

3. Eliminate all vegetable (seed) oils in their diet. This involves eliminating nearly all processed foods and most meals in restaurants unless you convince the chef to only cook with butter. Avoid any sauces or salad dressings as they are loaded with seed oils.

Also avoid conventionally raised chicken and pork as they are very high in linoleic acid, the omega-6 fat that is far too high in nearly everyone and contributes to oxidative stress that causes heart disease.

4. Consider giving them around 500 milligrams per day of NAC, as it helps prevent blood clots and is a precursor for the important antioxidant glutathione.

5. Consider fibrinolytic enzymes that digest the fibrin that leads to blood clots, strokes and pulmonary embolisms. The dose is typically two to six capsules, twice a day, but must be taken on an empty stomach, either an hour before or two hours after a meal. Otherwise, the enzymes will merely act as a digestive enzyme rather than digesting fibrin.

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Notes

[1] Louisiana Health and Welfare Committee Meeting December 6, 2021

[2] Louisiana Government Archived Videos 2021 (see Health and Welfare)

[3] OpenVAERS Data as of December 17, 2021

[4] Dare to Seek the Truth Dr. Peter McCullough

[5, 6] medRxiv September 8, 2021 DOI: 10.1101/2021.08.30.21262866

[7] SteveKirsch.substack December 30, 2021

[8] Journal Pre-proof, A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with [...]

[9, 12] European Heart Journal September 2008; 29(17): 2073–2082

[10, 11] Journal of the American College of Cardiology July 23, 2019; 74(3):299-311

[13] Financial Times November 23, 2021

[14] Twitter, Ben M. November 28, 2021

[15] Twitter, Ben M. November 24, 2021

[16, 18] The Exposé September 30, 2021

[17] Int J Clin Pract. 2020 Oct 28 : e13795

[19] RWMaloneMD.substack.com COVID Vaccine Safety in Children

[20] Physicians Declaration by the International Alliance of Physicians and Medical Scientists

[21] Circulation November 16, 2021; 144(Suppl_1)

[22] Twitter Aseem Malhotra November 21, 2021

[23] AMA November 15, 2021

[24] Journal of the American Heart Association November 18, 2017; 6:e005306

[25] Census.gov 2020 Statistics

[26] OpenVAERS Myocarditis cases by age as of December 17, 2021

[27, 28] CDC MMWR September 3, 2021; 70(35);1228–1232

[29] CDC MMWR August 6, 2021; 70(31);1053-1058

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