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Using Herd Immunity Myth to Justify COVID Vaccines for Kids Is Deceptive — and Dangerous

COVID poses almost no risk to children. Yet the push is on to mandate COVID vaccines for all children, with little or no consideration for the health risks of the experimental vaccines.

By Children's Health Defense
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During the first six weeks of the coronavirus vaccine rollout among U.S. adults, the Vaccine Adverse Event Reporting System (VAERS) — notorious for collecting only a tiny fraction of adverse events — received reports of more than 500 post-vaccination deaths and close to 11,000 other injuries.

Internationally renowned molecular genetics expert Dolores Cahill believes that these injuries portend a forthcoming tsunami of crippling and fatal problems. In the coming months, Cahill expects to see successive waves of adverse reactions to the experimental messenger RNA (mRNA) injections ranging from anaphylaxis and other allergic responses to autoimmunity, sepsis and organ failure.

Notwithstanding these and other credible warnings, U.S. health officials are signaling their intent to rapidly green-light the as-yet unlicensed mRNA vaccines for children.

Already last April — when next to nothing was known about COVID's epidemiology, and candidate vaccines had barely begun to be studied — Bill Gates set the stage for the pediatric push, declaring that the end goal is to make COVID-19 vaccines "part of the routine newborn immunization schedule."

We have since learned that 99.997% of young people ages 0-19 survive COVID-19 (with most experiencing either mild symptoms or no symptoms at all). But that does not seem to matter. Nor does a January 2021 study, which confirmed that it is only in a minuscule subset of children — mostly kids with serious underlying medical conditions — that the illness occasionally takes a turn for the worse.

In this low-risk context, public health officials know that they need to come up with different arguments to persuade parents to give the coronavirus vaccines to their offspring. Fortunately for these vaccine functionaries, there is a concept that is readily at hand: herd immunity.

And as Moderna joins Pfizer in conducting vaccine experiments on 12- to 17-year-olds —

with additional trials in the works to test the injections in children under-12, including infants as young as six months — the chorus of voices casting herd immunity as "the main driver for COVID-19 child vaccinations" is growing noticeably louder.

A flawed 'marketing gimmick'

Several years ago, JB Handley, author of "How to End the Autism Epidemic," dissected herd immunity's use as a "marketing gimmick" to shame and pressure people into vaccination, based on the guilt-tripping claim that non-compliers are free-riders who "put the health of the 'herd' at risk."

Immunologist Tetyana Obukhanych, Ph.D., and others concur that officials enjoy wielding herd immunity "as a trump card to justify any measures, often at odds with personal freedom of choice, aiming to increase vaccination compliance."

There's just one problem with vaccine herd immunity claims, says Handley: "[W]e've never come close to achieving 'herd immunity' through vaccination, and we never will."

Having conducted extensive research on the history of vaccine policies (such as mandated vaccines for school attendance), Children's Health Defense (CHD) President and General Counsel Mary Holland agrees, stating that decades of intensive effort "have not attained herd immunity for any childhood disease."

The theory of herd immunity originated with a health officer working in Chicago in the 1930s. At its inception, the concept "had nothing to do with vaccination." Instead the theory reflected the physician's careful observations "about the process of how a disease works its way through a community and how that community, eventually, naturally builds up a resistance to it as a result."

As Obukhanych also explains, herd immunity evolved as an epidemiologic rather than an immunologic construct, offering at best a theoretical opportunity to predict successful disease control. As vaccines (and vaccine mandates) became more widespread in the mid-20th century, herd immunity theory underwent a pivotal transformation, based on the "faulty assumption that vaccination elicits in an individual a state equivalent to bona fide immunity," Obukhanych said. Overlooking the sophistication of the human immune system — the very model of versatility — vaccine scientists adopted the flawed assumption of equivalence and, despite decades of evidence to the contrary, now view vaccination as a superior — even ideal — route to herd immunity.

The World Health Organization goes even further, omitting any reference to natural infection and defining herd immunity solely as "a concept used for vaccination." Ironically, even as medical facilities report "an uptick in the recording of [COVID-19 vaccine] side effects" — not to mention disruptive "health impact events" — the Mayo Clinic asserts that vaccination "create[s] immunity without causing illness or resulting complications."

The moving herd immunity target

Dr. Anthony Fauci — director of the National Institute of Allergy and Infectious Diseases (NIAID), which is 50% owner of the royalty-generating Moderna vaccine patent — has declared that herd immunity cannot be achieved and life cannot "return to some kind of normal" unless 85% to 90%of the entire U.S. population gets a coronavirus vaccine, children

included. Today, Fauci told ProPublica children as young as first graders may be authorized to get the coronavirus vaccine by the time school starts in September.

Children (ages 0-17) make up 22% of the U.S. population. In late December, Fauci breezily admitted to the New York Times that he "nudged" the herd immunity target up to 90% (from a prior estimate of 70%) after he saw polls indicating growing public willingness to get a vaccine.

Educators have been quick to reinforce Fauci's message that young people should get the shots, stating that vaccinating students is "a crucial step in the return-to-normal for schools." Conversely, Rochelle Walensky, director of the Centers for Disease Control and Prevention (CDC), recently asserted that teachers don't need to be vaccinated to reopen schools safely.

Two French scientists at the Pasteur Institute published a slightly more scientific discussion of COVID-19 herd immunity goals last September. While still promoting vaccination as the pathway of choice, they acknowledged that herd immunity calculations necessarily must account for variables such as susceptibility and transmission. They also noted that "children, particularly those younger than 10, may be less susceptible and contagious than adults, in which case they may be partially omitted from the computation of herd immunity."

Although American officials admit that "kids do not generally suffer from severe COVID-19" and are unlikely to directly benefit from the injections, they have no intention of following the French authors' advice to exclude children from their herd immunity calculus. Instead, framing their ethically shaky and scientifically doubtful argument in the conditional tense, they claim that "inoculating [children] could reduce the spread to people at higher risk."

In short, public health leaders say, parents must "vaccinate the young to protect the old." Given the federal government's estimate that one vaccine injury results from every 39 vaccines administered, it seems clear that officials expect children to shoulder 100% of the risks of COVID vaccination in exchange for zero benefit.

Natural immunity and COVID

Interestingly, the experts issuing sweeping statements about the need for 90% vaccine coverage and protection of the elderly make no mention of the many Americans who have already had COVID-19, even though a growing number of studies point to "persistent [natural] immunity" in recovered individuals (see here and here).

Rep.Thomas Massie (R-Ky.), an MIT-trained scientist and inventor who had COVID early on in the pandemic, scrutinized data from the Pfizer and Moderna clinical trials and ascertained that neither vaccine offers any benefit to those with naturally acquired immunity.

However, Massie discovered that the CDC not only was advising previously infected individuals to get vaccinated but continued to do so even after Massie alerted them to their propagation of "false and incorrect science."

A phenomenon known as pathogenic priming (also called "disease enhancement") represents another important reason to question the advisability of recommending that adults and children who have already had a SARS-CoV-2 infection get a COVID vaccine.

A pivotal April paper by Dr. James Lyons-Weiler explained how exposure to specific peptides

(components of proteins) through infection may “prime” some individuals “for increased risk of enhanced pathogenicity during future exposure” — including subsequent exposure in the form of vaccination.

In December, Lyons-Weiler and CHD Chairman Robert F. Kennedy, Jr. noted that the clinical trials of COVID-19 vaccines “did not rule out pathogenic priming in any way.” Reports of post-COVID-vaccine deaths filed with VAERS (searchable at medalerts.org) indicate that some of the deceased had previously experienced COVID illness, including seniors who were a couple of weeks “post COVID” and then died within minutes or hours of receiving their injections.

A multi-country serological analysis published in Nature estimated (Table S4) that by the beginning of September, 14% of Americans had been infected — a conservative estimate given that serology (antibody) testing provides only a partial picture, assessing what is called “humoral immunity.” As the two Pasteur Institute authors observed in their fall paper, humoral immunity (which is the type of immunity induced by vaccination) “does not capture the full spectrum of SARS-CoV-2 protective immunity.”

Also in September, Dr. Peter Doshi, associate editor of The BMJ (formerly the British Medical Journal), drew attention to studies showing mobilization of memory T cells against SARS-CoV-2 “in 20% to 50% of people with no known exposure to the virus.” The scientists quoted by Doshi in his article attribute this to prior exposure to common cold and other coronaviruses — and wonder whether “there is more immunity out there” than meets the eye.

In fact, memory T cells are some of the immune system’s busiest white blood cells, and Doshi notes that they “are known for their ability to affect the clinical severity and susceptibility to future infection.” He suggests, therefore, that they could help elucidate “mysteries of COVID-19, such as why children have been surprisingly spared the brunt of the pandemic. . . and the high rate of asymptomatic infections in children and young adults.”

However, vaccine-centric scientists (and their mainstream media promoters) are not exploring these mysteries, instead ignoring T cells while maintaining their narrow focus on antibodies. Piggy-backing on Doshi’s questions, another writer asks: “Is [the lack of research attention to T cells] because vaccines are good at provoking antibody responses but not so great at generating T-cells?”

Protecting the young

Over many decades, the far-from-uncommon phenomenon of vaccine failure in fully vaccinated individuals has made it abundantly clear that antibody responses are inadequate as a guarantor of real immunity. For children, an even bigger problem is that, before their immune system has even had a chance to develop, a pile-up of vaccinations aggressively overstimulates them into a state of artificial immunity. Immune dysfunction and chronic illness are the not-infrequent outcomes.

The pediatric study that recently identified underlying medical conditions as the strongest risk factor responsible for COVID-19 deaths in children cited conditions such as “asthma, autoimmune disease, cardiovascular disease, chronic lung disease, GI/liver disease, hypertension, immune suppression, metabolic disease, neurologic disease, obesity and

renal disease." Coincidentally or not, these are among the nearly 400 adverse reactions identified in package inserts as being potentially associated with vaccination.

As Lyons-Weiler reminded us several years before COVID, "The determination of the benefit of widespread vaccination for any vaccine must consider not only the ability to protect those at risk, but also the downstream costs due to vaccine injuries."

Instead of absurdly arguing (as some are doing) that rushing risky mRNA vaccines into children is what is needed not just to achieve an arbitrary level of herd immunity but to "fully revive the economy," let's heed Handley's words: "Until we are honest in our assessment of both the safety and efficacy of vaccines, kids will continue to be hurt, rights will continue to be trampled, and mythology will continue to trump science."

Parents should not be lulled into the false notion that vaccines (or any medical procedure) are all benefit and no risk.

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