Evidence-based information for parents on the risk for children of COVID-19 vs. the risk of the vaccines

By Dr. Alan Palmer

Available evidence strongly suggests that the vaccine is much more dangerous to children than the disease. This paper will outline a strong argument for that case.

This document covers three main subjects

1. **COVID-19- The risk to those under 18 years of age**
2. **Children are not "super spreaders"**
3. **The Vaccines- Risks and true effectiveness**

1. COVID-19- The risk to those under 18 years of age

Key Points:

According to the CDC, the following is true for children under 18 years of age

- There are 74 million children in the United States. As of the first of May 2021, 282 had died "involving COVID". Two hundred eighty-two in 74 million children is a rate of 0.00038%, or 1 death in every 262,411 children for the population as a whole. Ref. *CDC advisory group gives green light to Pfizer's Covid vaccine for adolescents*," STAT (May 12, 2021), https://www.statnews.com/2021/05/12/cdc-advisory-groupgives-green-light-to-pfizers-covid-vaccine-for-adolescents
- At the **Advisory Committee on Immunization Practices (**AKA **ACIP)** meeting on May 12th, 2021, CDC numbers reported that **22.2 million children between the ages of 5 and 17** had contracted COVID-19. And, of those cases there were 127 fatalities. That is 1 death in 174,803 cases.
- **The Infection Fatality Rate (IFR)** for children under 18 is 0.00002 or 0.002%. Therefore, the survival rate for those children is 99.998%. That is a zero risk from a statistical point of view. And it doesn't even take into consideration that the majority of these tragic fatalities were in children with significant co-morbidities. Consider only healthy children and the survival rate is dramatically higher. More on that later. https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html
- Most infections in children are never diagnosed because they either do not get sick enough for their parents to even notice, or in those that do develop symptoms they are typically very mild.

There are at least 5 reasons for this:

A. **Young children have been "primed" by other viruses including coronaviruses** and their immune systems have been trained to recognize the commonality with SARS-CoV-2. I have covered this phenomenon of cross recognition and reactivity by the immune system to various coronaviruses based on the large

percentage of common DNA/RNA structure in previous issues of my monthly newsletter. There are at least 4 versions of the coronavirus family that are part of the wider spectrum of viruses that cause the "common cold". Exposure to and infection from these viruses afford a degree of protection to SARS-CoV-2. That occurs largely from T-cell immunity.

B. **Children have a greater number of Natural Killer (NK) Cells** patrolling their body. NK cells are cytotoxic lymphocytes representing powerful immune forces that act like the rapid response team, working to destroy infected cells even without an antibody response. They play important roles in both the Innate and the Adaptive arms of the immune system.

C. **Children have a better trained immune system in general**. Their exposure to many different microbes (bacteria, viruses, fungi, yeast, etc.), have prepared their immune systems for a robust immune response. That's why you want your kids playing outside in the dirt and mud. It's all immune system training. That is why the masking, the distancing the sterilization of all surfaces is detrimental to a child's developing immune system. Could that be one reason why we are seeing a surge of respiratory syncytial virus (RSV) in children during August 2021?

D. **Children have less ACE-2 receptors-** This is the binding site on our cells for the SARS-CoV-2 virus. These are the gates to the castle so to speak, that when opened allow the virus to penetrate the cell where once inside they can replicate.

   ACE-2 stands for Angiotensin-Converting Enzyme 2. Angiotensin-converting enzyme 2 is a zinc containing metalloenzyme located on the surface of endothelial and other cells. They are abundant in the epithelial cells of the mucous membranes of the nose, mouth, eyes, nasopharynx and lungs. It is also present in cells of many other organs and tissues. That is why those tissues are the main target tissues for SARS-CoV-2.

E. **Many children have already had the infection and their parents don't even know it-** One also must consider that the CDC estimates between 6 and 8 times as many people in the general population have been infected from SARS-CoV-2 and recovered than the known PCR positive "cases". Therefore, many more children than the 22.2 million certainly have had it, recovered and will have a robust antibody and T-cell response should they encounter the virus again. These children now have a robust immunity against reinfection, far better than what the vaccines would provide. And the available science shows that the immunity is expected to be long-lasting. If interested in the proof of these claims, see my eBook on lasting immunity after infection with SARS-CoV-2 found in the link at the end of this paper.

More compelling data supporting the negligible risk to children

As recently reported in a study using data through ***Public Health England (PHE)*** titled, **Deaths in Children and Young People in England following SARS-CoV-2 infection during the first pandemic year: a national study using linked mandatory child death reporting data**, the risk of death to healthy children is statistically zero. It used data from March 1st, 2020, through February 28th, 2021, a total of one year. They used detailed clinical data in the ***National Child Mortality Database (NCMD)***, a comprehensive and unique mandatory national dataset of deaths <18 years of age, to review the contribution of SARS-CoV-2 to death.

Out of over 12 million children under 18 years of age, it was estimated that there were 469,282 that were infected in that years' time. Of that there were only 25 deaths due to COVID-19. That is an Infection Fatality Rate (IFR) of just 0.005%. That is one child dying per 20,000 infected. If you factor out the children that had serious co-morbidities, **only 6 healthy children died and the IFR becomes 0.001% or 1 death in approximately 78,000 total infections.** When comparing those deaths to the entire population of children and young people under the age of 18 (12,023,568 children), it is **1 death for every 2 million children.** Now any death in a child is tragic and in a utopian world none would die. But the reality is that in the same one year that this study evaluated, 3,105 children under age 18 died from all causes in England.
https://www.medrxiv.org/content/10.1101/2021.07.07.21259779v1

Researchers from Johns Hopkins find that zero children without underlying health conditions died from COVID-19

Recently a team led by Dr. Marty Makary who is a medical expert and professor at the ***Johns Hopkins School of Medicine, Bloomberg School of Public Health***, and ***Carey Business School*** discovered that in their study of 48,000 children, ZERO children died from COVID-19 that did not have any pre-existing health conditions. They also asked why the CDC has not done a deep dive into the truth about healthy children and risk from COVID-19.

Dr. Makary authored a July 19th ***Wall Street Journal*** article titled **The Flimsy Evidence Behind the CDC's Push to Vaccinate Children**, in which he wrote about their findings.

From the article

A tremendous number of government and private policies affecting kids are based on one number: 335. That is how many children under 18 have died with a Covid diagnosis code in their record, according to the Centers for Disease Control and Prevention. Yet the CDC, which has 21,000 employees, hasn't researched each death to find out whether Covid caused it or if it involved a pre-existing medical condition.

Without these data, the CDC Advisory Committee on Immunization Practices 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.

My research team at Johns Hopkins worked with the nonprofit FAIR Health to analyze approximately 48,000 children under 18 diagnosed with Covid in health-insurance data from April to August 2020. **Our report found a mortality rate of zero among children without a pre-existing medical condition such as leukemia.** If that trend holds, it has significant implications for healthy kids and whether they need two vaccine doses. The National Education Association has been debating whether to urge schools to require vaccination before returning to school in person. How can they or anyone debate the issue without the right data?

Meanwhile, we've already seen inflated Covid death numbers in the U.S. revised downward. Last month Alameda County, Calif., reduced its Covid death toll by 25% after state public-health officials insisted that deaths be attributed to Covid only if the virus was a direct or contributing factor.

Organizations and politicians who are eager to get every living American vaccinated are following the CDC without understanding the limitations of the methodology. CDC Director Rochelle Walensky claimed that vaccinating a million adolescent kids would prevent 200 hospitalizations and one death over four months. But the agency's Covid adolescent hospitalization report, like its death count, doesn't distinguish on the website whether a child is hospitalized *for* Covid or *with* Covid. The subsequent Morbidity and Mortality Weekly Report of that analysis revealed that 45.7% "were hospitalized for reasons that might not have been primarily related" to Covid-19.

End of excerpts

https://www.wsj.com/articles/cdc-covid-19-coronavirus-vaccine-side-effects-hospitalization-kids-11626706868

Risk comparison to riding in a car-

According to the ***National Safety Council***, the odds of dying in a car crash in 2019 (which is a one-year period) was 1 in 8,393. The odds of them dying in a car crash over the course of 1 year is nearly roughly 10 times greater than the risk when comparing to the number of children that had the infection. When comparing to the entire population under age 18, **the risk of dying in a car accident is 239 times greater (23,900%) than dying of COVID-19**, which is probably the better comparison since the risk of dying from a car accident considers the entire population. If you are going to strap your child in a car and drive them around, you are putting them at far greater risk than the risk of them dying from COVID-19. Life is not without risk. If you lived life completely risk adverse and avoided all risk, what kind of life would that really be?

https://injuryfacts.nsc.org/all-injuries/preventable-death-overview/odds-of-dying/data-details/

2. Children are not "super spreaders"

This is the most common argument for the vaccines in children. It is categorically false. While some transmission may occur in rare cases, their immune systems handle the virus so efficiently that most of the time they do not build a high enough viral load to infect others. According to multiple internationally published studies, children rarely spread the infection to others.

Earlier in the pandemic, Senator Rand Paul made an impassioned plea to send children back to schools. He cites **22** different countries that have done so without any subsequent spike in cases. Senator Paul is also a medical doctor. https://www.youtube.com/watch?v=WEzMc_1iRdo

VARIOUS REFERENCES:

1. Soderpalm, Helena: **Sweden's health agency says open schools did not spur pandemic spread among children**; Reuters: 7-15-20: https://www.reuters.com/article/us-health-coronavirus-sweden-schools-idUSKCN24G2IS

2. Huggler, Justin; **German Study Finds no Evidence Coronavirus Spreads in Schools**; The Telegraph; 7-13-20: https://news.yahoo.com/german-study-finds-no-evidence-164704005.html

3. National Centre for Immunisation Research and Surveillance (NCIRS) **COVID-19 in schools – the experience in NSW**; 26 April 2020: http://ncirs.org.au/sites/default/files/2020-04/NCIRS%20NSW%20Schools%20COVID_Summary_FINAL%20public_26%20April%202020.pdf

4. Laura Heavey, Geraldine Casey, Ciara Kelly, David Kelly, Geraldine McDarby; **No evidence of secondary transmission of COVID-19 from children attending school in Ireland, 2020**; EuroSurveillance, Volume 25, Issue 21, 28/May/2020; https://www.eurosurveillance.org/content/10.2807/1560 7917.ES.2020.25.21.2000903#html_fulltext

5. **COVID-19 IN PRIMARY SCHOOLS: NO SIGNIFICANT TRANSMISSION AMONG CHILDREN OR FROM STUDENTS TO TEACHERS**; 6-23-20; https://www.pasteur.fr/en/press-area/press-documents/covid-19-primary-schools-no-significant-transmission-among-children-students-teachers

6. A study published in the **August 2020** issue of the journal ***Pediatrics*** titled, **COVID-19 Transmission and Children: The Child is Not to Blame**, makes a pretty strong case that while children can be infected with COVID-19, they typically are either non-symptomatic or mildly symptomatic and are not great spreaders. https://pediatrics.aappublications.org/content/146/2/e2020004879.long

The concern as often stated is that "they could still spread it to grandma and grandpa". Well one thought I have is, that most likely grandma and grandpa are vaccinated by now, soooo if the vaccines work as good as we are all told; why should they be worried about the grandkids visiting? But that does not seem to be the case as we are finally starting to hear being reported.

3. The Vaccines- Risks and true effectiveness

- As reported April 20th, 2021, in the prestigious medical journal ***Lancet*** and titled **COVID-19 vaccine efficacy and effectiveness—the elephant (not) in the room**, the efficacy numbers reported to the public is deceptive on face value and doesn't tell the public the much less impressive results. As an example, based on Pfizer's Phase Two Clinical trial data with adults, 119 people would need to be vaccinated to prevent one person from getting COVID-19. That number is 81 for Moderna and 84 for Johnson and Johnson. That is called the ***Number Needed to Vaccinate or NNV***. Assuming that is consistent with children, to subject 119 children to the known and future unknown risks of an experimental medical intervention with no long-term safety data to hopefully prevent 1 case of COVID-19 is reckless, especially when children handle the illness so remarkably well. https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(21)00069-0/fulltext

- That is especially true considering from what we currently know, the risk of severe reaction or death from the vaccines far exceeds the risk from COVID-19.

    - Pfizer and Moderna trials have each had 1,000 children in the 12-15 year old group of their trials. According to Medalerts.org, two 15 year-old children have died reportedly from cardiac related deaths, one that had the Pfizer and one that had the Moderna vaccine. It has to be assumed that

they were part of the clinical trials as those age groups were not approved for the EUA until May 10th, 2021. That is a 1 in 1,000 death rate since each trial had enrolled 1,000 teens. Considering the death rate from COVID-19 in that age group is 1 death in 174,803 cases, a rate 174 times higher than the early data would indicate from the trials, it would be insane to require them. It is critical to remember that death shortly after the vaccine is the most serious of complications, but are numerous others showing up in all ages of the population as you will see on the next page. And it doesn't even consider the potential for long-range adverse health consequences that may not show up for months or years, which I will discuss shortly.

- In addition to those deaths there have been 2 infant reported deaths, one from after the Pfizer and one from after the Moderna vaccines. It must be assumed that they were part of the trials because that age group is not authorized for the public.

As of early May 2021, VAERS reports of deaths in children after vaccination include:

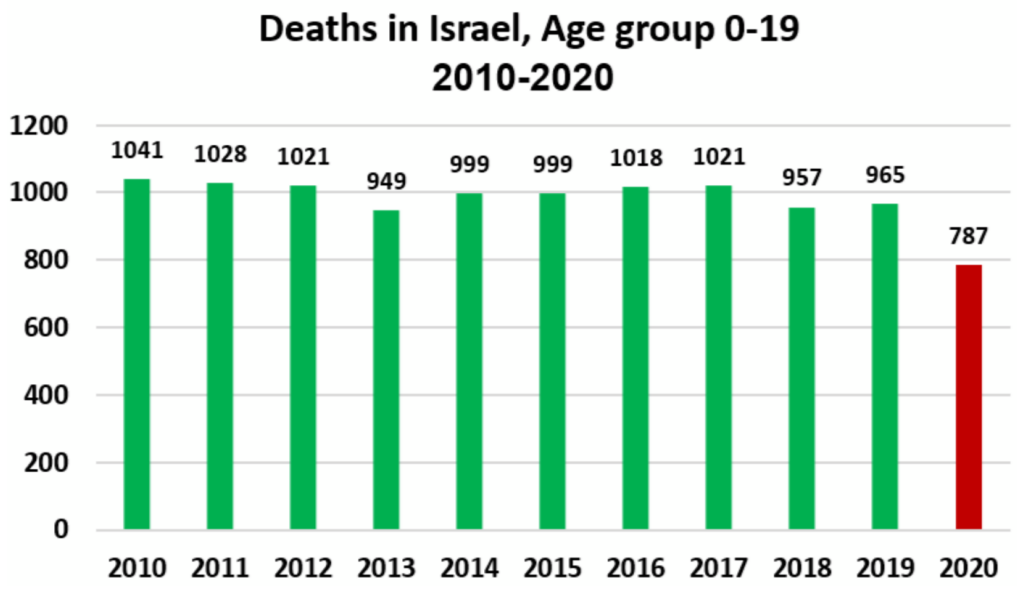
- A 1-year-old, https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1261766&WAYBACKHISTORY=ON
- a 2-year-old, https://medalerts.org/vaersdb/findfield.php?IDNUMBER=1255745&WAYBACKHISTORY=ON
- an infant after breastfeeding following the mother being vaccinated, https://www.medalerts.org/vaersdb/findfield.php?IDNUMBER=1166062
- two 15-year-olds, https://www.medalerts.org/vaersdb/findfield.php?IDNUMBER=1187918 and https://www.medalerts.org/vaersdb/findfield.php?IDNUMBER=1242573
- two 16-year-olds, https://www.medalerts.org/vaersdb/findfield.php?IDNUMBER=1225942
- a 17-year old, https://www.openvaers.com/openvaers/1199455

More red flags

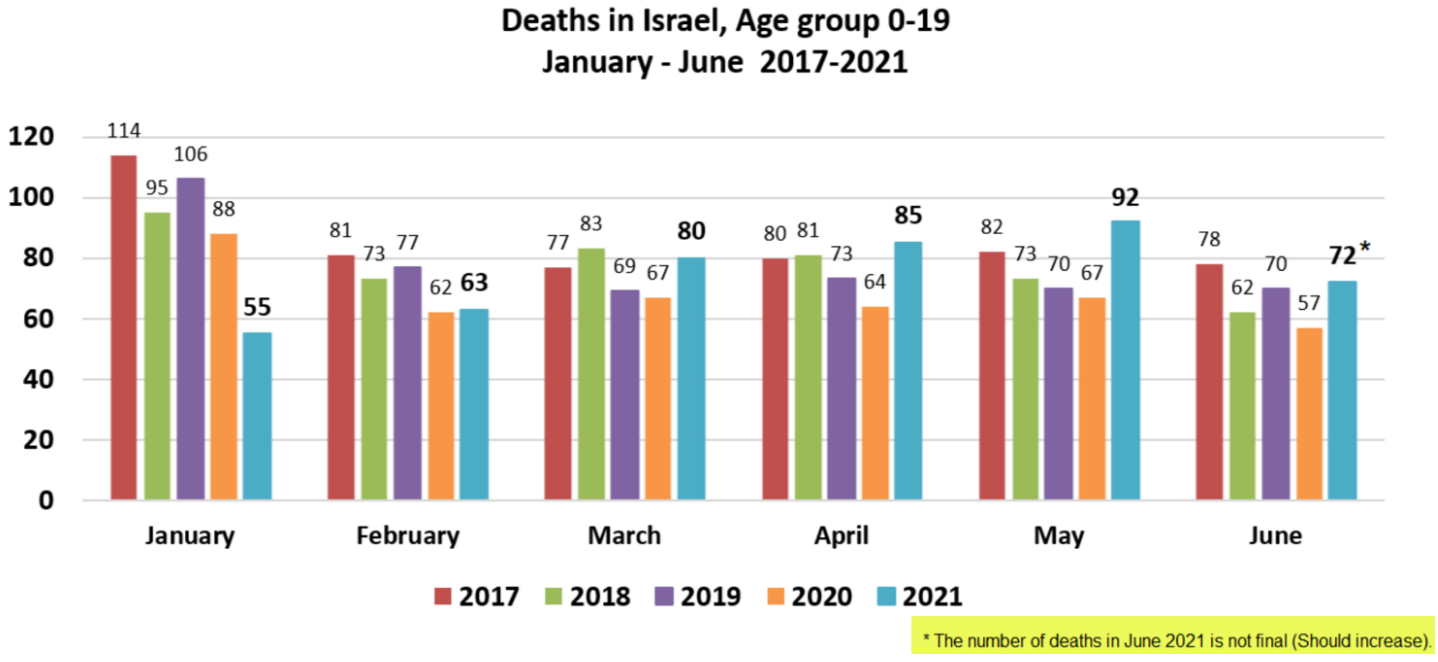
An August report out of Israel by Professor Retsef Levi from Boston showed **a 25% increased incidence of heart attacks in 16–29-year-olds and an 83.6% increase in heart attacks in women age 20-29** after those age groups became eligible for the vaccines. Israel is an interesting test case as they have had one of the most aggressive vaccination campaigns in the world. When they rolled out the vaccines in ages as low as 15 years-of-age, concerns have arisen after **government health statistics have shown that the death rates in children age 0-19 have increased since the vaccination campaign has begun for teens in Israel.**

See the following graphs.

This first graph shows that the 2020 death rate is this age group was lowest in a decade even with the COVID-19 pandemic. That in of itself speaks volumes about how that age group was not impacted by the virus.



This next graph shows the increase in the death rate (all causes) for this same age group (0-19), shortly after the COVID-19 vaccination program began in March 2021 for older teens (reference the blue bar). If deaths are occurring in older teens as the first group to be vaccinated and it is responsible for pulling the whole age 0-19 cohort up so significantly, that is shocking! Since there have been no other major events that could have affected this age group, what else could it be?



This is what is called a safety signal. It warrants a pause in the vaccine program for young people at least until this can be figured out.

Here in the U.S.

Myocarditis/Pericarditis

As of the end of July in the U.S., with nearly 4,000 reports of myocarditis (inflammation of the heart), shortly after administration of COVID-19 vaccines and showing up mostly in the late teens and early 20's demographic, there is grave concerns about what may happen once adolescents and children are targeted. Myocarditis is not always transient and can leave lasting, sometimes life-long adverse effects on heart function.

In an excellent ***Highwire*** interview by Del Bigtree of Dr. Roger Hodkinson, a highly credentialled Canadian pathologist. Dr. Hodkinson makes it clear that the potential damage to the heart can be not only life-threatening, but life-altering for a lifetime.

Dr. Hodkinson is the former President of the ***Alberta Society of Laboratory Physicians***, holds two different fellowships, is the CEO of a large laboratory specializing in infectious and viral diseases, has held many local and national public positions in Canadian Medicine. He talks extensively on the myocarditis problem that is impacting so many young people after the COVID-19 vaccines. He speaks to the ridiculous downplaying of the severe nature of myocarditis and the lasting consequences that these young people may face in the future. Here is the link. https://thehighwire.com/videos/episode-220-dirty-deeds/ If you want to go directly to the interview, fast forward to the interview go to the 1 hour and 5-minute mark.

Thrombosis and Thrombocytopenia

There have also been over 8,000 reports of thrombosis (blood clotting) reported to ***VAERS*** as of the end of July 2021.

There have been multiple mechanisms for why these clots are forming after the vaccines.

One way…

An April 30th, 2021 article published in the journal ***Circulation Research*** titled **SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2**, show how the spike protein itself damages cells, confirming COVID-19 as a primary vascular disease. These researchers are from the ***Salk Institute*** and found that the spike proteins themselves damage vascular cells, causing strokes and many other vascular problems. All of the Vaccines are causing clotting disorders (coagulopathy) in all ages. The spike proteins are known to cause clotting that the body cannot fix, such as brain thrombosis and thrombocytopenia.

https://www.ahajournals.org/doi/10.1161/CIRCRESAHA.121.318902

One more…

A peer-reviewed study in ***Nature*** published July 7th, 2021, titled **Antibody epitopes in vaccine-induced immune thrombotic thrombocytopenia**, sheds light on one of the mechanisms for which COVID-19 vaccines can cause blood clotting in the body (the thrombo part of the name). It finds that the vaccines can cause an auto-antibody response in the body whereby the immune system attacks a platelet factor and leads to clotting.

From the article: Vaccine-induced immune thrombotic thrombocytopenia (VITT). VITT resembles heparin-induced thrombocytopenia (HIT) as it is associated with platelet-activating antibodies against platelet factor 4 (PF4)4; however, patients with VITT develop thrombocytopenia and thrombosis without heparin exposure.

These results provide an explanation for VITT-antibody-induced platelet activation that could contribute to thrombosis. **End of excerpts**

Autoimmune Diseases

This study this is a validation of the concerns of many in the scientific community about the triggering of autoimmune diseases in susceptible individuals from these COVID-19 vaccines. If the vaccines can trigger autoimmunity against portions of the blood clotting system, there is the very real and strong possibility that the same or similar mechanisms can create autoimmune reactions to other proteins (tissues) in the body. Currently 1 in 6 Americans suffers from an autoimmune disease. Those people will be at an even higher risk for development of further autoimmune disease. Unfortunately, they won't be the only percentage of the population that may develop these conditions over the next months and years.

These two renowned scientists who are vaccine proponents that have spent their lives in the industry are speaking out against the vaccines

Since the spike protein that the vaccines cause the body to manufacture and release have been classified as a toxin, the trillions of spike proteins circulating through the body have caused many experts to be extremely concerned. One such concern was raised by **Dr. Robert Malone, the inventor of the messenger RNA technology** that is being used in Pfizer and Moderna's vaccines. He has been on record many times in interviews, podcasts and articles warning of the dire consequences of what we are doing. One such podcast, the ***Dark Horse Podcast*** with Brett Weinstein and Steve Kirsch, Dr. Malone described a biodistribution study on the Pfizer vaccine out of Japan that showed that the lipid nanoparticles containing the spike protein are transported throughout the body and accumulate in various organs and tissues at different levels. That study was obtained by a ***Freedom of Information Act*** request. One of the organs with some of the highest levels of accumulation is the ovaries. This presents serious concerns over the possibility that these vaccines may impact fertility. Other organs accumulating high levels include the adrenal glands, the brain and the bone marrow among many others. The study is in Japanese, but the tables showing the organs and tissue accumulation levels are in English. This video is 15 minutes in length. https://www.bitchute.com/video/ZXIz7NCD7tnm/

Isn't it interesting that these pharmaceutical companies never did biodistribution studies and our government never required them to be done before these vaccines were released on the public. Not only that, but as **Dr. Michael Yeadon a former Pfizer Vice President and Chief Scientific Officer in charge of over 200 employees in their respiratory division** has warned that the spike protein is a toxin. Dr. Yeadon has a strong virology and toxicology background and says that toxicology studies were never done on the spike protein itself. How can that be? Such an obvious blunder, but an example of what happens when a product like this is rushed to market. Here Dr. Yeadon discuss his

On December 1st, 2020, Dr. Yeadon and 20 other scientists petitioned the European Medicine's Agency to halt the Emergency Use Authorization of the COVID-19 vaccines

These were some of their key concerns which still have not been answered as of August 12th, 2021.

The concerns are directed in particular to the following points:

- The formation of so-called "non-neutralizing antibodies" can lead to an exaggerated immune reaction, especially when the test person is confronted with the real, "wild" virus after vaccination. This so-called **antibody-dependent amplification ADE** *(AKA Immune Enhancement or Pathogenic Priming),* has long been known from experiments with corona vaccines in cats, for example. In the course of these studies all cats **that initially tolerated the vaccination well died after catching the wild virus.**

- The vaccinations are expected to produce antibodies against spike proteins of SARS-CoV-2. However, **spike proteins also contain syncytin-homologous proteins**, which are essential for the formation of the placenta in mammals such as humans. **It must be absolutely ruled out that a vaccine against SARS-CoV-2 could trigger an immune reaction against syncytin-1, as otherwise infertility of indefinite duration could result in vaccinated women. *My comment:*** *This as another reproductive concern as it relates to the viability of carrying a baby to full term.*

- The mRNA vaccines from BioNTech/Pfizer contain polyethylene glycol (PEG). **70% of people develop antibodies against this substance – this means that many people can develop allergic, potentially fatal reactions to the vaccination.**

- The much too **short duration of the study** does not allow a realistic estimation of the late effects. As in the narcolepsy cases after the swine flu vaccination, **millions of healthy people would be exposed to an unacceptable risk** if an emergency approval were to be granted and the possibility of observing the late effects of the vaccination were to follow. Nevertheless, BioNTech/Pfizer apparently submitted an application for emergency approval on December 1, 2020.

Watch this amazing interview of Dr. Yeadon by Del Bigtree of the ***Highwire*** Show. The full interview is an hour and a half long, but it is riveting and many bombshell revelations from this highly qualified and respected scientist. **WATCH HERE**

As a follow-up on the concerns regarding the ability of vaccinated women to carry a baby to term, this is a part of a segment I covered in a recent issue of my newsletter.

A June 17th study published in the ***New England Journal of Medicine*** titled, **Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons** concluded that there were no safety signals related to spontaneous abortions in women getting the COVID-19 vaccines. But stop the press! An independent analysis of the data found some glaring flaws that completely change the narrative that the study authors were apparently attempting to provide.

From the study: Among 827 participants who had a completed pregnancy, the pregnancy resulted in a live birth in 712 (86.1%), in a spontaneous abortion in 104 (12.6%), in stillbirth in 1 (0.1%), and in other outcomes (induced abortion and ectopic pregnancy) in 10 (1.2%). A total of 96 of 104 spontaneous abortions (92.3%) occurred before 13 weeks of gestation (Table 4), and 700 of 712 pregnancies that resulted in a live birth (98.3%) were among persons who received their first eligible vaccine dose in the third trimester.

https://www.nejm.org/doi/full/10.1056/NEJMoa2104983

Then the letter to the editor pointing out the following flaws in the study:

1. The range used population wide stillbirths used a higher end range that represented clinically unrecognized pregnancies, which does not reflect the clinically-recognized pregnancies of this cohort and should be removed according to the authors.

2. The intent of the study was to evaluate the COVID-19 vaccines for adverse pregnancy events including spontaneous abortion (death prior to 20 weeks gestation), or still birth (death between 21 weeks and full term). It is well documented that the fetus is most susceptible to toxins and spontaneous abortion if the mother is vaccinated or exposed to other toxins in the first trimester of pregnancy. The number of vaccinated women in the study by the authors also included women who were vaccinated in the last trimester of pregnancy.

   After the authors of the letter to the editor adjusted for the above variables of using the rate of fetal deaths in **known pregnancies** and removed those who were vaccinated in the third trimester of their pregnancy from the cohort, **they came up with a greater than 82% rate of spontaneous abortion in those vaccinated in the first trimester!** This is shocking and needs to be studied further and completely ruled out. Yet, the FDA is now recommending the COVID-19 vaccines for all pregnant women. It's hard for me to comprehend the recklessness that is going on with regard these kinds of disregard for safety testing before exposing millions to unknown risks.

   Anyone that knows anything about risk to a fetus understands that the first trimester is when the baby is most vulnerable to severe outcomes or death when exposed to toxins. Out of 827 women in the study they stacked the cohort with 700 babies whose mothers got their first shot in the third trimester. This is the true definition of stacking the deck if you want to hide a negative outcome from exposure to the baby in the most vulnerable first trimester.

   Of course the New England Journal of Medicine has scrubbed the challenging letter from their site as it completely embarrassed the authors and editors of the journal that approved it. In fact, it led to the resignations of some of the editors. But luckily, we have the ***WayBack Machine***, a historical internet archive of over 602 billion web pages. Here is that letter that exposed the way the books were cooked on the study.
   https://web.archive.org/web/20210615010704/https://www.skirsch.com/covid/Vaccine_safety_in_preg_NEJM_May_28_2021.pdf

The vaccines are failing to protect the vaccinated at increasing levels and because they don't stop infection or transmission, they are driving mutant strains of the virus as predicted

Maybe there should be more concern about the vaccines in general. There has been no compelling evidence presented thus far that shows these vaccines can prevent infection or stop transmission to others. Recently, many public health experts have estimated that up to 60% of people developing COVID-19 have been fully vaccinated. And the numbers of them getting significantly ill, hospitalized and even dying is growing.

I have presented evidence of that as well as increases in deaths after mass COVID-19 vaccination campaigns from around the globe. I have carried numerous stories of that over the last eight months in my ***1200 Studies Monthly Newsletters.***

Dire warning against vaccinating with this type of "vaccine" which doesn't stop infection or transmission in the middle of a pandemic

Dr. Geert Vandenbossche- Senior Program Officer of ***Global Alliance for Vaccines and Immunization (GAVI),*** Global Project Director Influenza Vaccines ***Bill and Melinda Gates Foundation*** has sounded the alarm to world leaders and health officials…but are they listening?

A quote from Dr. Vanden Bossche

…mass vaccination promotes natural selection of increasingly vaccine immunity (VI)-escaping variants in the vaccinated part of the population. Taken together, mass vaccination conducted on a background of high infectivity rates enables more infectious, increasingly VI-escaping variants to expand in prevalence. This evolution inevitably results in inclining morbidity rates in both, the non-vaccinated and vaccinated population and precipitates the emergence of circulating viral variants that will eventually fully resist vaccine-mediated immunity (VMI). This is why mass vaccination campaigns should not be conducted during a pandemic of a highly mutable virus, let alone during a pandemic of more infectious variants (unless transmission-blocking vaccines are used!). It is critical to understand that a rapid decline in viral infectivity rates that is not achieved by natural infection but merely results from expedited mass vaccination campaigns will only *delay* abrupt propagation of emerging, fully vaccine-resistant viral variants and hence, only delay the occurrence of a high wave of morbidity and mortality.

If this concerns you, I urge you to watch and share the segment where Del Bigtree from ***The Highwire*** shows important segments of the interview with Geert Vanden Bossche discussing these very same concerns. You can see that here at the 46-minute mark to the 60 minute mark… **https://thehighwire.com/watch/**

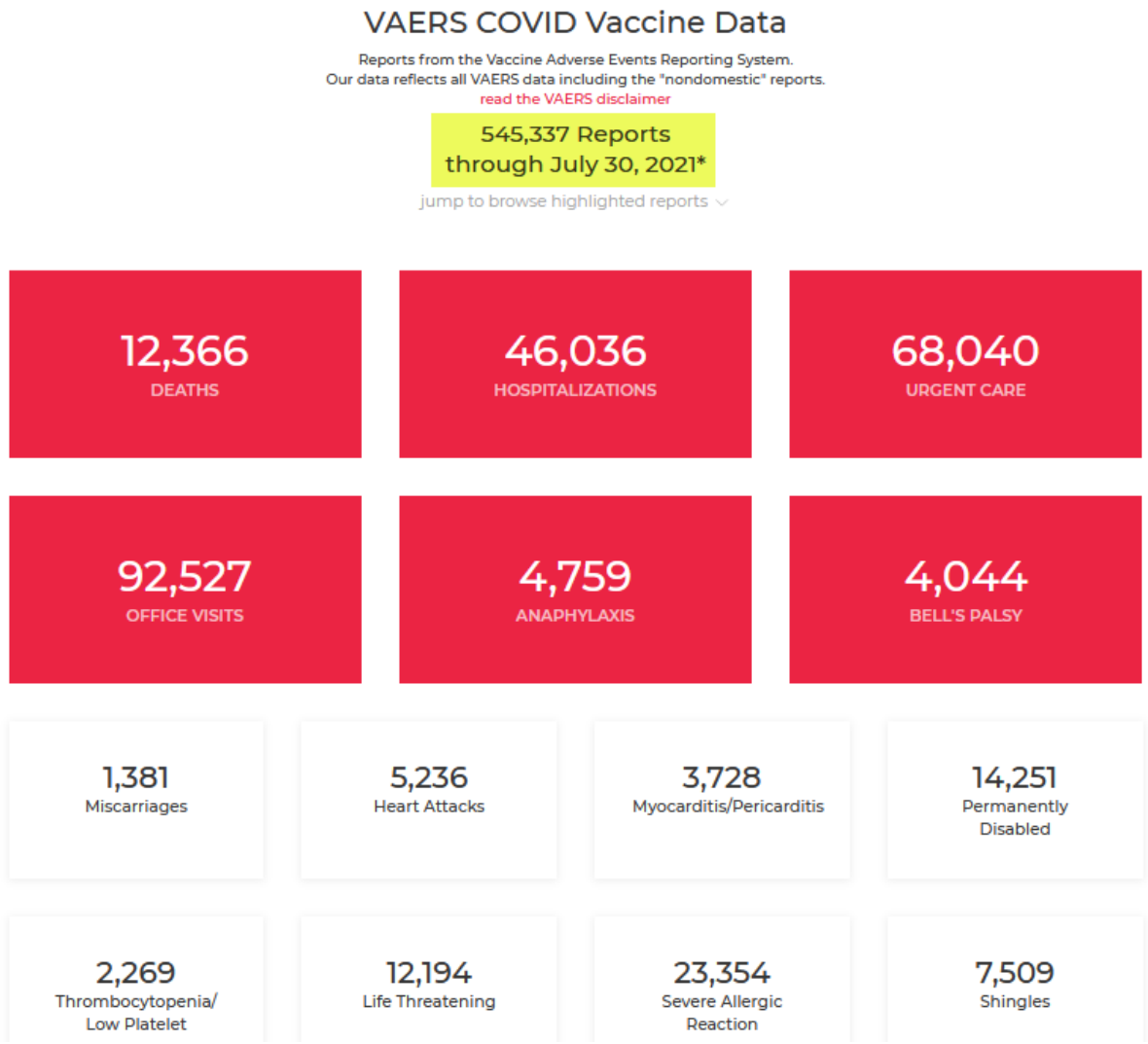
The COVID-19 vaccines have caused significant numbers of injuries and deaths, despite the cover-up of the truth in the media

VAERS*, the *Vaccine Adverse Event Reporting System

VAERS is a voluntary (passive) reporting system. There are no requirements to report, and most people have no idea it even exists. Therefore, the number of adverse events from vaccines are grossly under-reported as you will see below, and evidence shows that they may be 100 times higher!

Continued next page…

This is the **Vaccine Adverse Event Reporting System (VAERS)** report as of July 30th, 2021



https://www.openvaers.com/covid-data

To put the reported deaths from the COVID-19 vaccines into perspective. The number reported as of July 31st, 2021, exceeds ALL of the reported deaths from all vaccines over the last 30 years since the onset of the VAERS system combined!

Those 12,366 reported deaths dwarf the number of deaths from past vaccine programs that were halted when between 30 and 50 deaths occurred. The Swine Flu vaccination program was one such example. Why is our government ignoring this?

IMPORTANT CONTEXT FOR THESE VAERS REPORTS:

The U.S. government funded a Harvard study that found that less than 1% of adverse reactions to vaccines are reported

More about that in a second. But imagine if this is true, you would ADD two zeros to each of the above numbers, i.e., 1,236,600 deaths! Some say that with serious reactions like deaths it may be higher reporting. If instead of <1%, what if only 10% were reported. You would then add one zero to the reported deaths and the actual number would be 123,660 thus far. The next logical question would have to be, "how many is too many?"

Here's the proof of the <1% reporting claim

Harvard Pilgrim Health Care performed the study between 12/01/2007 -09/30/2010. The report was titled, **Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP: VAERS)**
https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf

The Purpose of the Study:

"This research project was funded to improve the quality of vaccination programs by improving the quality of physician adverse vaccine event detection and reporting to the national Vaccine Adverse Event Reporting System (VAERS)...

"The CDC's Public Health Information Network Messaging System (PHIN-MS) software was installed within the facilities so that the approved reports could be securely transferred to VAERS as electronic messages in an interoperable health data exchange format using Health Level 7 (HL7)."

Results from the study:

"Preliminary data were collected from June 2006 through October 2009 on 715,000 patients, and 1.4 million doses (of 45 different vaccines) were given to 376,452 individuals. Of these doses, 35,570 possible reactions (2.6 percent of vaccinations) were identified. This is an average of 890 possible events, an average of 1.3 events per clinician, per month. These data were presented at the 2009 AMIA conference."

Dividing 1.4 million doses between 376,452 people is an average of 3.72 doses per person. And, if there were 35,570 reactions in 1.4 million doses given, that is one adverse reaction for every 39.4 doses. Perhaps what is most striking here is that if each person reacting experienced one adverse reaction only, of the 376,452 individuals vaccinated, nearly 10% experienced a possible reaction!

"Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). **Likewise, fewer than 1% of vaccine adverse events are reported.** Low reporting rates preclude or slow the identification of "problem" drugs and vaccines that endanger public health."

In addition, ESP: VAERS investigators participated on a panel to explore the perspective of clinicians, electronic health record (EHR) vendors, the pharmaceutical industry, and the FDA towards systems that use proactive, automated adverse event reporting." (Since in the end, this improved automated reporting system was stymied and went nowhere, one has to wonder what influence the pharma reps on the panel had on that).

Here's the kicker. After spending nearly 3 years and a million dollars, the CDC went dark on the program. Was it because the surveillance system would significantly increase the reporting of vaccine adverse reactions?

The last statement from the Results section of the article says it all…

"Unfortunately, there was never an opportunity to perform system performance assessments because the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation."

One has to wonder what is stopping the automation of the vaccine adverse reporting system from being implemented. This report suggested that its implementation would be easy to accomplish. That was in 2010. It is now 2018 and nothing has been done to accomplish this vital information system. And lives hang in the balance.

Another example of under-reporting from adverse reactions to the COVID-19 vaccines

According to the CDC, "Anaphylaxis after COVID-19 vaccination is **rare** and occurred in approximately 2 to 5 people per million vaccinated in the United States based on events reported to VAERS." In contrast, a recent study at ***Mass General Brigham*** assessed anaphylaxis after COVID-19 vaccines in a clinical setting and found "severe reactions consistent with anaphylaxis occurred at a rate of 2.47 per 10,000 vaccinations." **This is equivalent to 50 times to 120 times more cases of anaphylaxis than what VAERS and the CDC are reporting.**

Other valuable resources from Dr. Palmer:

Many other COVID-19 related resources as well as helpful health resources can be found on Dr. Alan Palmer's website at https://wellnessdoc.com

Dr. Palmer's highly acclaimed eBook

Check out Dr. Palmer's downloadable eBook called ***1200 Studies- Truth Will Prevail***. It is the most comprehensive exposé on vaccines ever produced. Dr. Palmer took on this project and mission because of his intense desire to educate people about the potential risks of vaccines and the troubling changes we have seen in the health of our children, coinciding with the significant increase in vaccine doses added to the schedule in the last 30 years (72 doses by age 18).

1200 Studies is updated periodically, and now contains 950 pages of excerpts and summaries from over 1,500 studies, published in journals representing 45 different medical and scientific disciplines and authored by thousands of scientists, contradicting what we are and have been told about vaccines. These are unbiased, objective studies by researchers who are not funded by vaccine manufacturers. The most recent update added 150 pages on the COVID-19 vaccines.

And it is designed it as a PDF with easy-to-use navigation tools, search capability and links directly to the studies on PubMed. The entire Table of Contents are links directly to the page in the book on that topic. And every page has the links directly to the study on PubMed or the source journal. It is available at https://1200studies.com or https://www.wellnessdoc.com/1200studies/

Want to learn information about all things COVID-19 that you'll never hear from the mainstream media?

Consider subscribing to Dr. Palmer's ***Monthly 1200 Studies COVID-19 newsletter***. It will provide you with the stories, the research, the data and what the top experts from all over the world are saying about the virus, the lockdowns, the vaccines and the real numbers. You will learn information that doesn't fit the mainstream media's narrative and the information that certain factions do not want you to know. Now with all things COVID-19, as the 24/7 media drives hysteria and fear mongering, a new push for public compliance or even mandated vaccines is on. If you don't have time to do all that homework yourself, let him do it for you.
Subscribe at https://www.wellnessdoc.com/science-and-news-monthly-newsletter/

Other eBooks on all things COVID

Check out Dr. Palmer's **eBooks on the many different controversial topics surrounding the COVID-19 pandemic** and the public health responses countries have implemented and, in some cases, hang onto today.

Current and future release topics include:

- The ineffectiveness and harms of lockdowns
- The PCR testing debacle
- The ineffectiveness and harms of face masks
- Sweden- the world's control group
- Natural anti-viral prevention and treatment nutrients
- Safe and effective repurposed medications for COVID-19
- Natural infection and lasting immunity
- The origins of the SARS-CoV-2 virus
- Germ vs. Terrain Theory
- Cytokine and bradykinin storm

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