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# Why Big Pharma Is Desperate to Get COVID Jab Into Babies

Analysis by Dr. Joseph Mercola Fact Checked | June 28, 2022

## STORY AT-A-GLANCE

- The rate of COVID-19 associated hospitalization among children aged 5 to 11 is just 0.0008%. In real-world terms, that's so close to zero you basically cannot lower it any further
- Despite that, the U.S. Food and Drug Administration's vaccine advisory panel — the Vaccines and Related Biological Products Advisory Committee (VRBPAC) — on June 15, 2022, unanimously approved to grant Emergency Use Authorization (EUA) to Pfizer's and Moderna's COVID shots for infants and young children
- Pfizer's EUA is for a three-dose regimen (3-microgram shots) for children 6 months to 5 years old; Moderna's EUA is for a two-dose regimen (25-microgram shots) for children 6 months to 6 years
- In granting this EUA, the FDA again ignored injury and death data and swept medical ethics aside
- The drug companies need this last remaining age group to be included under the EUA, because once the emergency is finally declared "over," the next phase of liability shielding requires that the shots receive approval by the CDC's Advisory Committee on Immunization Practices (ACIP). Once the vaccine is on the childhood vaccination schedule, the vaccine makers are permanently shielded from liability for injuries and deaths that occur in any age group, including adults

Statistics show the rate of COVID-19 associated hospitalization among children aged 5 to 11 is 0.0008%.[1] In real-world terms, that's so close to zero you basically cannot lower

it any further. Yet, despite such reassuring data, children in this age group are urged to get two to three doses of the COVID jab, even though side effects of the injection could harm them for life, or kill them.

As noted by the Vaccine Safety Research Foundation in the video below, myocarditis — one of the recognized effects of the COVID jab — "has a mortality rate of 25% to 56% within three to 10 years, owing to progressive heart failure and sudden cardiac death."

Sudden cardiac death is what the media and public health agencies are now glibly referring to as "sudden adult death syndrome" or SADS. The older and more appropriate description for SADS is "sudden arrhythmic death syndrome," but they don't even want to use the word "arrhythmic" anymore, as that tells you what the death is really caused by, and many are now aware that the jab can cause heart inflammation.

By avoiding the word "arrhythmic," it's easier for them to pretend as though people are dying for no apparent reason, and certainly not because of the COVID shots. Still, real-world facts tell us that SADS didn't take off until after the shots were rolled out, and the vast majority of young healthy people who suddenly die for no apparent reason have been jabbed.[2]

Also, understand that if your child or you are injured by the shot, you cannot sue the drug company for damages and, so far, the U.S. government has rejected all but one of the claims filed with the Countermeasures Injury Compensation Program (CICP).[3] At the current pace of about 18 claims a month, it would take 38 years just to get through the current backlog, Reuters has noted.[4] Basically, many may die before their case even gets through review.

## COVID Jab Authorization Granted for Babies

As if the situation were not bad enough already, June 15, 2022, the U.S. Food and Drug Administration's vaccine advisory panel — the Vaccines and Related Biological Products Advisory Committee (VRBPAC) — unanimously approved (21-0) to grant Emergency Use

Authorization (EUA) to both Pfizer's and Moderna's COVID shots for infants and young children.[5]

Pfizer's EUA is for a three-dose regimen (3-microgram shots) for children 6 months to 5 years old, while Moderna's EUA is for a two-dose regimen (25-microgram shots) for children 6 months to 6 years.

In the video at the top of the page, Steve Kirsch, president of the Vaccine Safety Research Foundation, interviews reporter Toby Rogers, who endured the entire nine-hour day of the recent VRBPAC meeting.

The day before that meeting, June 14, Rogers published[6] a written summary of Pfizer's trial on young children, which he referred to as "an embarrassment." "Any VRBPAC member who votes Aye on this junk science application should be removed from his/her job," he wrote. Apparently, they all need to go.

In the interview, Rogers laments the fact that the VRBPAC members remain "locked in their information bubble" and won't allow any conflicting data to influence their preconceived biases.

As noted by Rogers, they have a sacred duty to protect public health, and they're being flippant about it. They're ignoring data, they're ignoring the pleas of the vaccine injured, they're ignoring serious questions, they're ignoring everything except the flimsiest bits and pieces upon which their narrative is built. Rogers called the experience "heartbreaking."

## VRBPAC Refuses to Answer Lawmakers' Questions

The VRBPAC members aren't even swayed by concerns from lawmakers. They simply ignore their questions too. As reported by The Defender:[7]

> *"The Vaccines and Related Biological Products Advisory Committee (VRBPAC) ignored pleas from experts, the vaccine injured and a congressman representing 17 other lawmakers to halt authorization until questions about the*

*safety and efficacy of COVID-19 vaccines for the nation's youngest children could be properly addressed ...*

*Rep. Louie Gohmert (R-Texas) said there are many unanswered questions ... 'I'm deeply concerned that the push to vaccinate these children is nothing more than a dystopian experiment with unknown consequences,' Gohmert told the committee. 'Some of us have outlined these questions in a letter[8] to VRBPAC but have not received any answers, and I pose some of them here.' Gohmert said:*

*'Number 1, why has the FDA refused to release the hundreds of thousands of pages of data from preapproval manufacturer studies, post-approval adverse events data and other post-approval manufacturer data?*

*Number 2, what is the cardiac risk factor in administrating these COVID vaccines to children?*

*Number 3, world-renowned immunologists have raised concerns about potential antibody-dependent enhancement, or ADE, resulting from COVID vaccines, and since ADE was a problem in prior unrelated respiratory vaccine trials, we need to know what studies, if any, the FDA has that it's used regarding ADE from COVID vaccines in children 5 and under or any age group. Can the FDA affirm there's no risk of ADE for vaccinated children?*

*Number 4, if widely approved among children 5 and under, how many lives, if any, does FDA estimate will be saved next year? Given the injuries reported in the FDA's VAERS [Vaccine Adverse Event Reporting System] system, how will FDA evaluate serious vaccine injuries versus serious COVID outcomes?*

*Number 5, is it possible the proposed COVID vaccines in young children could create increased risk in future novel COVID variants?*

*Number 6, why has the FDA recently lowered the efficacy bar for COVID vaccines for youngest children? This change significantly lowers the expected*

*benefits from any COVID vaccination for young children and it's of particular concern given that over 70% of that age cohort already is seropositive.'*

*Gohmert said these questions and 13 other questions posed by lawmakers are critical and deserve answers from the FDA and VRBPAC prior to any EUA with the 'accompanied protection for liability for all harm done.'"*

## Trial Showed COVID Jab Increases Infection Risk in Babies

In the video above, you can see Centers for Disease Control and Prevention director Dr. Rochelle Walensky, with a forced grin on her face, claiming "rigorous scientific review" has proven the shots to be safe and effective in infants and young children.

The video also features excerpts from a video in which Dr. Clare Craig, a diagnostic pathologist and "lover of data,"[9] reviews what this "rigorous scientific review" actually found and what the FDA and CDC aren't telling you. To hear Craig's full summary of how Pfizer twisted its clinical data for young children, check out the video below.

Craig points out that of the 4,526 children, aged 6 months to 4 years, who participated in Pfizer's trial, 3,000 didn't make it to the end of the trial. Why did two-thirds of the children drop out? Oftentimes, this happens when side effects are too severe for the participant to continue. Here, we don't know why two-thirds of the participants were eliminated, and "on that basis alone, this trial should be deemed null and void," Craig says. Moreover:

- Six of the children, aged 2 to 4 years, in the vaccinated group were diagnosed with "severe COVID," compared to just one in the placebo group. So, what this actually shows is that the likelihood the shot is causing severe COVID is higher than the likelihood that it's preventing it.
- The only child who required hospitalization for COVID was also in the "vaccinated" group.

- In the three weeks following the first dose, 34 of the children in the vaccinated group and 13 of the unvaccinated children were diagnosed with COVID. That means the children's risk of developing symptoms of COVID within the first three weeks of the first dose actually increased by 30%. These data were ignored.

  Between doses two and three, there was an eight-week gap, and the vaccinated arm again experienced higher rates of COVID. This too was ignored. After the third dose, incidence of COVID was again raised in the vaccine group, and this was ignored as well.

  In the end, they only counted three cases of COVID in the vaccine arm and seven cases in the placebo group. They literally ignored 97% of all the COVID cases that occurred during the trial to conclude that the shots were "effective" in preventing COVID.

- While they claim the triple-dose regimen reduced COVID, 12 of the children actually caught COVID twice in the two-month follow-up, and 11 of them were vaccinated.

- The confidence interval for Pfizer's jab is -370% at the lower end of the 95%, which suggests children who get the jab are nearly four times more likely of getting sick with COVID than their unvaccinated peers.[10]

## Unscientific and Unethical Behavior

As reported by The Defender:[11]

> *"Combining all ages together, Pfizer said its three-dose regimen for children 6 months to 5 years old was 80% effective at preventing illness from the Omicron variant based on preliminary data from its clinical trial.*
>
> *The 80% number was calculated 30 days after the third dose. As noted by committee members, the efficacy number is likely to go down after 30 days and post-approval monitoring was suggested.*

> *Moderna said its two-shot vaccine was about 51% effective against infection from Omicron in children under 2, and about 37% among kids 2 to 5 years old, citing different efficacy numbers than what was reported by the company in March.*
>
> *In a March 23 press release, Moderna said its vaccine in the 6-month to 2-year age group was only 43.7% effective. In the older age group, the company said its vaccine was 37.5% effective. A top official at Moderna has already said a booster will be necessary."*

As noted by the Vaccine Safety Research Foundation, vaccinating infants and children who have no need for the shots and don't benefit from them, just to "protect" adults, violates medical ethics. And since those who are jabbed still readily transmit the virus, the children are actually put at risk for no reason at all.

## It's All About Securing Indemnification

So, how can we explain the irrational behavior of the FDA and CDC? Why don't any of the data matter? Why doesn't the science matter? Why don't any of the red flags matter? And why are they handing out EUAs when the criteria for EUA are satisfied? Products must satisfy four criteria in order to get EUA:

1. There must be an emergency
2. A vaccine must be at least 30% to 50% effective
3. The known and potential benefits of the product must outweigh the known and potential risks of the product
4. There can be no adequate, approved and available alternative treatments (drugs or vaccines)

Unless all four criteria are met, EUA cannot be granted or maintained, yet here we are. COVID, by any reasonable measurement, is no longer an emergency, there are plenty of adequate alternative treatments, and the potential benefits in no way, shape or form

outweigh the potential risks — especially not in infants and children under 5. That's three out of four criteria that, clearly, are not met.

The short answer to the question, "Why are the CDC and FDA acting so irrationally?" is that both agencies are corrupt to the core and are no longer in the business of protecting public health. They are securing profits for the drug industry, and getting EUA for infants and young children is a crucial step toward securing permanent legal indemnity for the drugmakers.

> **“They need this last remaining age group to be included under the EUA, because once the emergency is finally declared 'over,' the next phase of liability shielding requires that the shots receive approval by the CDC's Advisory Committee on Immunization Practices (ACIP).**
>
> **Once the vaccine is on the childhood vaccination schedule, the vaccine makers are permanently shielded from liability for injuries and deaths that occur in ANY age group, including adults.”**

As explained by Robert F. Kennedy Jr., in the short video clip above, they need this last remaining age group to be included under the EUA, because once the emergency is finally declared "over," the next phase of liability shielding requires that the shots receive approval by the CDC's Advisory Committee on Immunization Practices (ACIP).

This is the group that decides which vaccines are to be added to the childhood vaccination schedule. Once the vaccine is on the childhood vaccination schedule, the vaccine makers are permanently shielded from liability for injuries and deaths that occur in ANY age group, including adults.

The only way to break that indemnity is by proving the vaccine maker knew about the safety issues and withheld that information. You can learn more about this indemnification process in "**The Real Reason They Want to Give COVID Jabs to Kids**."

So, the end goal is permanent immunity against liability for injury and death from the COVID shots in all age groups, and to get there, they first need the EUA to cover all children. After that, the ACIP approval becomes more or less a matter of rubber stamping. This is why they're playing Russian roulette with the health of infants and young children.

## Murder Has No Statute of Limitation

That said, if fraud can be proven, all indemnity falls by the wayside, and there's no statute of limitation when it comes to murder, which some insist is what's happening here.

The video above features "To The Lifeboats" podcaster Sam Dodson's comments to the FDA VRBPAC during its open public hearing session to approve the COVID jabs for children between the ages of 6 months and 5 years. In a rapid-fire manner, he reviews several data points that ought to have put a halt to these injections, but didn't; several instances where the FDA knew harm was occurring from these shots, or would occur, and they did nothing.

Another public comment was submitted by an as-yet unidentified individual. The submitted comment was provided to and reposted on Coquin de Chien's Substack. Here are some select pieces:[12]

> *"This comment is NOTICE of possible criminal liability to Lauren K. Roth and members of the Vaccines and Related Biological Products Advisory Committee who owe duties of care, diligence, good faith, and loyalty in recommending 'for' or 'against' the EUA amendment for COVID-19 mRNA vaccine in children 6 months through 4 years of age.*

*Only two deaths are listed herein to establish knowledge. If the amendment is approved, it will have been done by committee members 'knowing' of felony crimes in context. Your investigation of these deaths should include death certificates, autopsy records, witness interviews, and immunization records.*

*Massachusetts Death Certificate 2022 SFN 5980 is a 7yo girl died January 18, 2022 listed as died from U071 'COVID-19,' B49 'unspecified mycosis,' J450 'predominantly allergic asthma,' and R091 'pleurisy.'*

*VAERS_ID 2038120 is a 7yo girl in Massachusetts, who received her 2nd dose 1/13/2022 and was reported to VAERS 1/15/2022. PRIOR_VAX states, 'Severe nausea and vomiting from 5 min post vaccination and for the next 8-10 hours.'*

*SYMPTOM_TEXT states, 'Spiked a 103 fever, severe stomachache, has not had a bowel movement since the day before vaccination, which makes today 3 days without one. First vaccine caused severe nausea and vomiting from 5 minutes post injection and for the next 8-10 hours.' This little girl suffered immeasurably 4 to 5 days as her intestines shut down due likely to impeded blood vessels servicing intestines.*

*Massachusetts Death Certificate 2021 SFN 56611 is a 48yo man died 11/16/2021 listed as died from U071 'COVID-19' and E669 'OBESITY.' SFN 56611 is known to have died less than 24 hours after inoculation.*

*In both cases, the Medical Examiners listed the cause of death as 'COVID-19,' when it was clearly not COVID-19. And in both cases, the Medical Examiners omitted listing causes Y590 'Viral vaccines' and T881 'Other complications following immunization, not elsewhere classified,' when these clearly were proximate and actual causes.*

*Death certificates from the state of Massachusetts are sent to the CDC, a federal entity. Thus, fraud on a state death certificate is a federal crime as it affects federal death records. Several federal felony crimes apply in this instance and are listed below.*

*If you dismiss this NOTICE and recommend the EUA amendment without first investigating these two deaths, you become liable for inchoate crimes and the felony crime of 'misprision of felony.' If a single person subsequently dies as a result of the amendment, all the elements will have been satisfied for you to face felony murder charges or involuntary manslaughter. Qualified immunity is not a valid defense ...*

*There were found sixty likely C19 vaccine deaths in a 25-minute perusal of the 2021 and 2022 death certificates, which extrapolates to hundreds, probably thousands of C19 vaccine deaths in Massachusetts.*

*Refusal to investigate these fraudulent records is a crime that, because of the felony murder aspect, has no statute of limitations. Five, ten, or twenty years from now, if a federal prosecutor were to learn of this NOTICE, he or she would have significant evidence to bring charges for felony murder.*

*In summary, this NOTICE places you in a position requiring you to investigate these deaths prior to recommending the amendment. If you dismiss this NOTICE, you may be criminally liable for involuntary manslaughter, felony murder, and a list of federal crimes and inchoate crimes ... Comment Tracking Number l4d-m52d-ge4m."*

## Florida Bucks the Trend

My home state of Florida now stands out as the only U.S. state that is recommending AGAINST the COVID jab for 6-month-olds to 5-year-olds. Parents can still get their infants jabbed if they want, but the official state recommendation is not to do it, as there's simply no scientific or logical rationale for doing so.

Florida also did not preorder any extra doses for this age group.[13] In a June 18, 2022, Substack article, Dr. Robert Malone addressed the latest EUA authorization for infants and young children, and applauded Florida Gov. Ron DeSantis' decision to buck the

trend. It's hard to believe he is the only governor in the U.S. who resisted this murderous threat to the children:[14]

> *"Have you looked at the VAERS data lately? The CDC apparently has not. In the USA alone, there have been 831,801 adverse events, of which 12,776 are life threatening. There have been 63,978 hospitalizations. There have been 13,293 deaths and 14,232 permanent disabilities from these vaccines.*
>
> *True, these are 'unverified' — but previous research has shown that the VAERS system under-reported adverse events associated with vaccines, not over-reported ... Then there are the international post-vaccine adverse event summaries.[15]*
>
> *The CDC, under Freedom of Information Act Request (FOIA) has now admitted[16] that even though they had promised to analyze the VAERS data before advising about these vaccines for children, they did not.*
>
> *The VAERS data were NOT taken into consideration before the authorization of these genetic agents for babies and young children. Frankly, this is shocking. So shocking, it is hard for me to even write about it.*
>
> *Now, approximately 430 children with other severe illnesses have died with COVID in the last 2.5 years (that would be 172 per year). Plus there have been 2,600 hospitalizations of children, most with underlying conditions — over that 2.5 year period. These numbers show that even before Omicron, in the case of children, COVID is less severe than flu ...*
>
> *Omicron in children is much less severe. We know this. The scientific evidence is clear. Yet the FDA goes back to data from the DELTA variant when discussing the effects of this virus ... Governor DeSantis again has it right. It is time to stop. Parents must stop. The time is now to just say no."*

Last but not least, if you're still unsure whether the COVID shot is the "right" choice for your child, please read through Dr. Byram Bridle's "**COVID-19 Vaccines and Children: A**

Scientist's Guide for Parents,"[17] published by the Canadian Covid Care Alliance. It goes through how the shots work, what the known side effects are, results from the clinical trial, the effects of the spike protein and much more.