

Kids First: The COVID-19 Shot Decision

Parents, you're the sole decision makers about your child's unique health needs.

You don't need a medical degree to make decisions about the COVID shot for your kids, and don't check your instincts at the door. Our kids *are* the long-term safety studies for this experimental procedure and it's up to you to do the risk-benefit analysis. They depend on us and we have an ethical and moral obligation to safeguard their health and their future.

What's at stake? Our children's lives. Get informed, understand the risks, and make an informed decision.

- The risk of serious COVID infection in healthy children is minuscule.
- The shots don't prevent transmission.
- The shots don't prevent infection.
- "Breakthrough infection"—getting COVID after vaccination—is so widely known it's acknowledged by the CDC.



There's no basis for making the COVID vaccine mandatory for children. And the push to do so to protect adults or the immunocompromised has no scientific basis and is reckless and immoral.

Serious Risks

Does the COVID shot reduce severity of infection? Hospitalizations among children soared after the COVID shot was introduced. There is serious debate about whether children are more likely to be hospitalized from the shot than from COVID. Scientists and physicians like Dr. Robert Malone, inventor of the mRNA technology, and Dr. Peter McCullough, a leading cardiologist, have stated clear objections to this shot for kids.

Many questions need thorough answers before we mass vaccinate our most defenseless population.

- In just over 1 year of use, the COVID shot counts for over half of reported adverse events to VAERS. Per

CDC, in 2019, there were 48,000 reports from all vaccines combined. As of March 2022, there are over 800,000 reports for COVID shots alone.

- If your child is harmed, the shot manufacturer is shielded from liability, leaving you to care for your child, possibly in perpetuity.
- There is no data about what could happen when the COVID shots are given at the same time as vaccines on the childhood schedule, yet CDC still encourages the practice and says it is safe.

CDC Standing Orders for giving the Pfizer shot to kids 5-11 state: "Most people determined to have a precaution to a COVID-19 vaccine at their appointment can and should be administered vaccine." A "precaution" includes a history of myocarditis/pericarditis, allergic reaction to a previous COVID shot, or current illness even if severe. If the child has precautions or contraindications, providers should extend the amount

of observation time after the shot from 15 to 30 minutes and “be prepared to manage medical emergencies.”

The risk of myocarditis in children (especially boys) from the COVID shots is so prevalent that CDC recently increased the amount of time recommended between shots because cases were reported “more often after getting the second dose.”

Confidential Pfizer documents released after court order revealed Pfizer is required to monitor over 1000 Adverse Events, including vascular and neurological. However, the data is self-reported and assessed. How do we know Pfizer is reporting properly? Many people have come forward after being injured in trials but not counted in the risks.

Experimental with no long-term safety studies

The COVID shot insert clearly states that there are no long-term safety studies related to fertility, cancer, or genetic mutations. With the steady increase in pediatric cancers, this should concern us all.

In April of 2021, the ACIP received testimony from Dr. J.C. Lindsay that the COVID shot for kids was a terrible idea, stating, “We could potentially sterilize an entire generation.”

Why would we allow the arbitrary use of an “investigational” intervention in a vulnerable population that’s not at risk of severe harm? Our children are not lab rats and once you’ve subjected them to these experimental interventions, you can’t un-ring that bell.

No proof of efficacy

The claim that the Pfizer shot is “90% effective” is a deceptive marketing ruse because it refers only to an antibody response and not legitimate or tangible protection against illness, hospitalization, or death. In December of 2021, Pfizer reported the 2-shot series being trialed was ineffective in children under the age of 5 and they would begin trials on a 3-dose series.

What happens when injuries or illnesses happen during a trial, but the company says it is not due to the shot? Twelve-year-old Maddie de Garay participated in the Pfizer clinical trial for shots in her age group. She is now confined to a wheelchair and has severe neurological effects. Pfizer published its results from the clinical trial in the *New England Journal of Medicine*, stating “there were no vaccine-related serious adverse events and few overall serious adverse events.” Even though her sudden incapacitation happened within twelve hours of the shot (per her mother’s reports), Pfizer deemed her paralysis and other symptoms as caused by anxiety. Neither the FDA nor the CDC have investigated further, but Maddie’s mother testified at a panel hosted by Senator Ron Johnson.

Illness rate is low; survival rate is high

“Relatively speaking, compared to an adult they do not get as seriously ill.”
- Dr. Anthony Fauci, August 2021

“It just seems to me that in some ways we’re vaccinating children to protect the adults and it should be the other way around.”
-Dr. James Hildreth, VRBPAC advisor, October 2021



“We’re never gonna learn about how safe the vaccine is until we start giving it. That’s just the way it goes.”
- Dr. Eric Rubin, NEJM Editor-in-Chief, and VRBPAC advisor to the FDA, before voting yes to expand the Experimental Use Authorization to 5-11 year olds

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