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Position Paper: Vaccination of Children 5 – 11 Years

Parents – Protect Your Children

Key Points

- Children are not at risk from COVID-19. The rate of mortality is statistically zero.
- To impose experimental biological products upon children is not medically or ethically justified. In spite of this, many governments have declared their intention to inject children as young as five years with these products.
- Children are being told that they can consent to these injections without the knowledge or consent of their parents. Allowing children to make life-altering decisions is unethical, illogical and likely criminal.
- These products are not “immunizations” or “vaccinations” as they do not protect from infection or transmission. Their sole purported benefit is to reduce symptoms. This makes these products a “treatment” rather than a “vaccine”. Referring to these products as a “vaccine” is fraudulent.
- Schools are not safe places for our children. There are increasing reports of children being bullied, shamed and coerced into taking these biological products.
- These COVID biological products have the worst safety record in vaccine history. Reported adverse effects include seizures, paralysis, blindness, strokes, blood clots and acute cardiac events.
- COVID-19 biological product manufacturers demanded and were granted exemption from any liability for adverse effects caused by their products. If the risk is significant enough for manufacturers to anticipate economic loss if held liable for damage and death, young people must not be expected to take the same risk to their health.
- To put children at risk of permanent injury, sterility, infertility and death is a crime against humanity.
- Parents must protect their children from being injected with these experimental biological products.

Summary of Concerns

Governments have declared their intention to inject every human on the planet with experimental COVID biological products regardless of risks. This callous disregard for risk is evident with the recent decision to market COVID-19 products to children ages 5 – 11 years.

The scientific evidence is clear that children are not at risk from COVID-19; nor are they transmitters of the disease. The risk-benefit analysis confirms the risk from these injected biological products significantly exceeds any benefit.

Governments have made changes to long-standing risk management protocols. The Government of British Columbia recently removed the requirement to consult with a Program Manager or Risk Management Consultant when obtaining consent from children 12 years of age and younger.ⁱ

To act with the assumption that children as young as five years of age could be capable of providing informed consent to these COVID biological products is reckless, unethical, and predatory.

Key Considerations

1. All COVID-19 Biological Products are Experimental

COVID-19 biological products were made available under an ‘interim order’ for emergency use only.ⁱⁱ These injections utilize novel mRNA and DNA viral-vector technology. This technology has not received full regulatory approval for use in humans. This technology is still considered experimental. The treatments being marketed as COVID-19 “vaccines” are in Phase III clinical trials until 2022/2023,ⁱⁱⁱ and hence qualify as a medical experiment. People taking these biological products are subjects in human trials.

There is limited short-term safety data. It is impossible to infer long-term safety based on such limited information. The potential for late-onset effects, such as the development of autoimmune diseases, cancer, neurological disorders and infertility, is highly relevant for children and young people who have a lifetime ahead of them. These potentialities need to be fully assessed before proceeding.

*“The scientific uncertainties demand that the administration of COVID-19 vaccines, especially to children, adolescents, and young adults of child-bearing age, **not even be considered** until proper scientific studies that focus on the safety and pharmacokinetics and biodistribution of the vaccines and the vaccine-encoded spike protein can be conducted.”^{iv}*

The Case against Mandatory Vaccines - Canadian COVID Care Alliance

2. Childhood Risk of COVID-19 is Effectively Zero

The overall survival rate of children diagnosed with COVID-19 is 99.99996%. ^v An experimental biological product cannot be expected to be safer than a disease with a survival rate that is effectively one hundred percent.

With serious adverse events recognized (e.g. myocarditis and pericarditis), ^{vi} and further suspected adverse effects, children face higher risks from these biological products than from the disease itself.

Given the lack of safety data, the uncertainty of benefit and the known risks to health, it is inconceivable that a child could provide informed consent. In spite of this, governments are registering children ages 5 – 11 years. ^{vii}

3. COVID Injections do not prevent infection or transmission

According to Health Canada's *Summary Basis of Decision*, updated May 20, 2021, the clinical trials have not proven that the COVID-19 biological products prevent infection or transmission.

The Summary also reports that both Moderna and Pfizer identified six areas of missing information (limited/no clinical data): use in paediatric (age 0- 18) populations; use in pregnant and breastfeeding women; long-term safety; long-term efficacy including “real-world use”; safety and immunogenicity in subjects with immune-suppression; and concomitant administration of non-COVID vaccines.

There is no community health benefit to receiving these biological products and no rational reason to insist on these products to “protect others”. Any claim that grandma is protected by her grandchild taking these injected products is false.

4. Natural Immunity vs. Injected Immunity

In populations which are at minimal risk of severe complications from the disease, such as children and young people, an individual is better protected by natural immunity which is comprehensive and long lasting. ^{viii ix} Even if biological product-induced benefit occurs, the effect is temporary and does not provide the full spectrum of immune protection available with natural exposure. It is naturally acquired immunity that benefits the community by contributing to “herd” immunity.

Safe and effective treatments and prophylactic/preventive measures exist for COVID-19 in support of natural immune response. That effective treatments exist negates the need for a “vaccine”. ^x More than 79 countries allow access to these treatments. This is not the case in Canada where our provincial and federal governments deny Canadians access to these life-saving treatments. ^{xi} Canadians have been unnecessarily harmed and killed due to the action of our governments and health authorities to prevent the early treatment and prevention of COVID-19.

5. Vaccine Risk

There is substantial concern that COVID-19 “vaccines” worsen disease due to antibody-dependent enhancement (ADE). ADE was observed in animal trials during previous attempts to develop mRNA vaccines against coronaviruses.^{xii} ADE may explain the increasing rate of ‘break through cases’ in the “vaccinated”.

The reporting databases in the US (VAERS), Europe (Eudravigilance) and the UK (MHRA Yellow Card System), have documented hundreds of thousands of vaccine-related illnesses and deaths since the COVID-19 “vaccine” rollout in December 2020.

There is now *“more than enough evidence ... to declare the COVID-19 vaccines unsafe for use in humans”*.

- Dr. Tess Lawrie - Evidence Based Medicine Consultancy

Reported adverse events include seizures, paralysis, blindness, strokes, blood clots and acute cardiac events. Life-threatening effects, such as blood clots and myocarditis have been reported in young people. COVID-19 biological products have the worst safety record in the history of vaccination.

Scientists have raised multiple concerns regarding short and long-term adverse effects of the spike protein, a recognized pathogen. It is unknown how much spike protein is produced by the injections and for how long. It is plausible that younger, healthier people may produce higher quantities, thus potentially increasing the risk of negative effects.

An escalating number of reports of myocarditis are reported to health authorities, especially in teenagers and young adults, following the mRNA Covid-19 injections. This is especially prevalent in young males. Children’s Hospitals across Canada have recently established paediatric stroke teams to address the increasing incidence of stroke in children and adolescents.

“Unlike other drugs, vaccines are given to healthy individuals.

We therefore should be far less tolerant of risk. We need to be especially attentive to risks in children about whom there is almost no relevant safety information.

Children, after all, have almost no risk from the disease [COVID] and so any risk from the vaccine is unacceptable.”^{xiii}

- Robert F. Kennedy Jr. - Children’s Health Defence

Myocarditis following COVID-19 injections are 30-200x the normal background risk, as shown in a recent presentation by the US CDC’s Advisory Committee on Immunization Practices (ACIP). Myocarditis carries a long-term risk of heart failure. It also requires restricted exercise for life and medication for several months after recovery.

Following testimony by medical experts, lawyers, and scientists, the Rabbinical Court made the following decree on October 26th, 2021: *“It is absolutely forbidden to administer or even to promote this injection to children, adolescents, young men or women; It is an explicit obligation to protest against this mandate, and anyone who can prevent the injection from being forced upon our youth must do so, forthrightly and emphatically.”^{xiv}*

The safety of this experimental biological treatment should have been thoroughly investigated before mass injection, and most especially use in children.

6. Lack of Independent Oversight

The implementation of the COVID-19 biological injection program is in complete incongruence with the principle of evidence-based medicine, the gold standard of good clinical practice. Contrary to established medical practice, recommendations for the use of these biological treatments have been based only on interim analyses of data from incomplete clinical safety trials rather than on peer-reviewed published science.

Ongoing trials to establish efficacy and safety of the COVID-19 injections are not being conducted by independent research teams. Instead, the trials are conducted by the pharmaceutical companies that gain financially from the sale of their products. This is a direct moral hazard.

Raw trial data are not available for public and independent scrutiny. Interim analyses and claims are communicated by press release and trotted out as medical certainty to the public. Public health agencies and the vaccine industry are liable for false advertising, fraud, malfeasance, and lack of scientific integrity. The media is disseminating information that has not been independently verified.

These issues demand a cautious approach to giving COVID-19 injections to young, healthy people.

“We are writing to you again to plead that you oppose authorizing COVID products for our children and youth. Such authorization is likely to result in a public health disaster, for years to come, and of a magnitude that is hard to anticipate.”^{xv}

- An open letter to Ontario Premier Doug Ford - Canadian COVID Care Alliance

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7. Elements of Informed Consent

The **Nuremberg Code**, to which Canada is a signatory, states that voluntary informed consent is essential before performing medical experiments on human beings.^{xvi}

Persons involved should have the legal capacity to give consent, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved so as to enable him/her to make an understanding and enlightened decision.

This requires that there should be made known to him/her the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards to be reasonably expected; and the effects upon his/her health or person which may possibly come from participation in the experiment.

There is no indication that subjects in this human experiment are provided with the legally and ethically required information. Instead, participants are compelled to partake in this experiment through the use of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion such as the loss of livelihood. Such compulsion is illegal, immoral and criminal.

8. Parental Responsibility to Make Medical Decisions for their Children

Current public health policy permits children as young as five to receive this experimental product without the knowledge or consent of their parents. This undermines parental rights and their responsibility to make medical decisions for their children. These policies impede the ability of parents to protect their children from government and corporate overreach and regulatory capture.

It is irresponsible, predatory, and criminal to coerce children 12 years and younger to make significant life altering decisions that could have serious long-term medical consequences. Children are incapable of making an informed decision due to the complexity of the subject matter. These decisions and responsibilities must rest with the parents.

Conclusion

- **There is no medical or ethical justification to expose children to these experimental biological injections.**
- **Children are not at risk of COVID, are non-transmitters, and the mortality rate in children is statistically zero.**
- **Governments have acted fraudulently and must immediately cease and desist the injection of these experimental biological products in children. Parents must stand up and protect their children from government fraud, coercion, deception and malfeasance.**

ⁱ <https://advocacybc.blogspot.com/2021/09/changes-to-mature-minor-consent-in-bc.html>

ⁱⁱ <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/authorization/list-drugs.html>

ⁱⁱⁱ <https://clinicaltrials.gov/ct2/show/NCT04368728?term=NCT04368728&draw=2&rank=1>

^{iv} <https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/09/The-Case-Against-Mandatory-Vaccines-20210922-final.pdf>

^v <https://online.anyflip.com/inblw/ufbs/mobile/index.html?s=08%20>

^{vi} <https://worldcouncilforhealth.org/resources/a-practical-approach-to-keeping-healthy-after-your-covid-19-jab/>

^{vii} <https://www.timescolonist.com/news/b-c/b-c-opens-vaccination-registration-for-children-ages-five-to-11-1.24363025>

^{viii} <https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/10/Natural-Immunity-vs.-Vaccine-Induced-Immunity-FINAL-Oct-8-2021.pdf>

^{ix} <https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

^x https://americasfrontlinedoctors.org/2/wp-content/uploads/2021/06/607708ef0ff74c66195482ec_IVERMECTIN-FINAL-FINAL-1-15-12-WITH-TABLES-FIGURES-compressed.pdf

^{xi} https://cpsa.ca/wp-content/uploads/2021/10/Ivermectin_Guidance-for-Physicians.pdf

^{xii} <https://www.tandfonline.com/doi/full/10.1080/14760584.2020.1800463>

^{xiii} <https://ca.childrenshealthdefense.org/home-page/risks-of-myocarditis-are-covid-vaccines-in-our-childrens-best-interest/>

^{xiv} <https://sarahwestall.com/major-development-rabbinical-court-decrees-mrna-jab-absolutely-forbidden-for-children-adolescents-young-men-women/>

^{xv} <https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/11/Letter-to-Premier-Ford.ChildrenYouth21.11.06.pdf>

^{xvi} https://media.tghn.org/medialibrary/2011/04/BMJ_No_7070_Volume_313_The_Nuremberg_Code.pdf