*Dear NACI Committee members,*

*I am writing with respect to your review of data and objective evidence in consideration for the approval of the covid-19 vaccines for infants and children <5 years of age. The decision before you has more to do with your individual and collective integrity as opposed to a life-saving measure.*

*Data from PHAC clearly shows that:*

1. *Children <5 yrs of age have an extremely low risk of a severe outcome from Covid-19*
2. *The majority of Canadians test negative of covid-19, and of those who test positive, the majority fully recover. The exception is well known to be the elderly with underlying health conditions.*
3. *The difference in case rate of those vaccinated for covid-19 compared to the unvaccinated is ~0.48% (480/100,000). Furthermore, at the peak of cases in February 2022, the case rates were identical.*
4. *The difference in peak hospitalization rate of those vaccinated for covid-19 compared to the unvaccinated, in February 2022 is ~0.17% (170/100,000).*
5. *There are 9,627 serious adverse events following covid-19 vaccinations in Canada, and it is well known that if an individual experiences a decline in health outside of a designated temporal reporting period, that the ‘vaccine’ is dismissed as a potential cause.*

*Many doctors and scientists worldwide, since Dec. 2020, have questioned the claims of efficacy, and claims of safety of the covid-19 vaccines. Recent data released from Pfizer, together with data and real-world experience show these doctors and scientists were correct. Yet government(s) and health authorities have and continue to dismiss their concerns and warnings.*

*Furthermore, the recent approval by the US FDA of the covid-19 vaccines for children <5 years old was a real-time example of a process void of integrity, and one which left many unanswered questions. These questions are listed below, and I would request that you review and provide data to support the answers to each one.*

*Sincerely,*

*Regards,*

*(NAME)*

*(ADDRESS)*

***“… we’re never going to learn about how safe this vaccine is unless we start giving it.” –*Professor Eric Rubin of Harvard University**FDA Vaccines and Related Biological Products Advisory Committee (VRBPAC), 10/26/21

Please note the link to the FDA proceedings:

[**Slide presented by the FDA**](https://www.youtube.com/watch?v=Ixm4UmldTGQ) **during the June 15 2022 VRBPAC meeting, discussed at 3:39:10**

1. Why did 2/3 of all the participants drop out of the Pfizer clinical trials?
2. **Why is the Moderna dosage more than 8 times as much as the dosage in the Pfizer shot?**
3. Why are 6–23-month-old infants given the same dosage as much larger 4–5-year-old children? Is that safe, or is it an overdose?
4. Where are the statistics that my child is at risk due to COVID-19?
5. Have there been any studies regarding the interactions between the COVID injection and all the other vaccines our babies are given?
6. How will these injections impact the long-term fertility of my infant baby?
7. Why are these injections being pushed on infants before long term studies of cancer and auto-immune diseases have been completed?
8. **Why are the genetic sequences of the modified spike protein mRNA found in the Pfizer and Moderna injectable products not public knowledge?**

**QUESTIONS (6-23 months and 2-4 years):**

1. **Why did 73% (1,027-277=750/1027=73%) (6-23 mo) and 71% (1,673-481=1,192/1,673=71%) (2-4) of the participants in the treatment groups drop out of the study?**
2. Why is it being ignored that 98 of the 1027 infants (6-23 mo) and 127 of the 1673 2–4-year-olds who received the Pfizer injections were diagnosed with COVID-19? The injections clearly did not prevent illness.
3. Why was the “effectiveness” of the Pfizer injection NEGATIVE (-29.7%) after the first injection (6-23 mo)?
4. Why is it being ignored that the PLACEBO was 100% effective for the first 7 days after Dose 3?
5. Why did 151 participants (treatment) disappear from the study before it started? (N=1178-1027=151) (6-23 mo)?
6. Why did Pfizer fail to follow up with, and fail to report on 17.5% (336-277=59/336=17.5%) of the 6–23-month-old children and 13% (553-481=72) of the 2–4-year-old children who received Dose 3?
7. Why is it being ignored that ALL of the 58 participants (6-23 mo) and the 92 participants (age 2-4) who were diagnosed with COVID-19 in the placebo groups survived COVID-19 infection and developed natural immunity?
8. Why are Pfizer and the FDA allowed to divert attention to immuno-bridging when the efficacy data clearly shows that the vaccines were ineffective regardless of their ability to trigger the production of antibodies?