

[Open letter from New Zealand Doctors Speaking Out with Science www.nzdsos.com](http://www.nzdsos.com)

Medical and Ethical Concerns Regarding the Use of Covid-19 Vaccines in Children

The undersigned issue a warning about vaccinating children against the illness *Covid-19*. An overwhelming body of scientific evidence available suggests strongly that not only is vaccinating children against *Covid-19* needless, but can expose them to unnecessary risk of adverse effects. Along with the adverse events generally seen across the vaccinated, there are also heightened age-specific risks. There are other medications available to combat *Covid-19*. Coercing our children to accept an experimental product with an unknown safety profile and mounting evidence of serious side effects is both irresponsible and unethical.

Covid-19 in children

Covid-19 in children is a mild, flu-like illness. ⁽¹⁾ According to the best model from the Centre of Disease Control (CDC), the mortality rate of children ages 0-17 years old is 20 deaths in 1 million cases: a survival rate of 99.998%. ⁽²⁾ There is no evidence of increased transmission from children to adults as “asymptomatic carriers” ⁽³⁾ and in fact at least one large study showed that living with children can decrease the risk for adults of developing *Covid-19*. ^{(4) (5)} Furthermore, natural immunity from contracting *Covid-19* is likely to be superior to the vaccine-induced antibody-dependent immunity both in duration and efficacy. ^{(6) (7)}

Vaccination in children

With vaccines, just like with any treatment, one must weigh the possible benefits against the potential risks. As established, there is virtually no risk of death or significant morbidity associated with *Covid-19* infection in children. This means that there is little possible benefit to the individual child. ⁽⁸⁾ At the time of writing there are no community infections in NZ.

Possible risks, however, are significant. There is mounting evidence from the countries that have expanded emergency use of Covid vaccines in younger children, of a significant number of severe side effects in children and young adults. These include myocarditis, pericarditis, vaccine-induced thrombotic thrombocytopenia (VITT)-related cerebral vein thrombosis, and menstruation and fertility problems. Of further concern are paediatric inflammatory multisystem syndrome (PIMS), spike-protein-induced autoimmune disease, prion-like encephalitis, antibody-dependant enhancement (ADE) and other potential risks that have been discussed in the literature. ^{(9) (10) (11) (12)}

Pfizer’s Comirnaty *Covid-19* vaccine lacks currently any long-term safety data, including those for children. The trials for Comirnaty will not be completed until at least 2023. ⁽¹³⁾ According to the Vaccine Adverse Event Reporting System (VAERS) report, in the US alone, *Covid-19* vaccination has been associated with more deaths following vaccination, than all the vaccines given from 1999- 2016 combined and currently stands at 5165 Covid vaccine related deaths in the USA as of 28th May 2021. ⁽¹⁴⁾ EUDRA, the European reporting system has so far registered over 16000 Covid vaccine related deaths. ⁽¹⁵⁾

History has tragic examples of children being killed or severely harmed by hurriedly rolled out vaccines. The swine flu vaccine in 2010 caused over 1000 cases of narcolepsy in children and teenagers.⁽¹⁶⁾ The dengue fever vaccine Dengvaxia caused death of several hundred children in 2015, likely to antibody dependent enhancement (ADE, or cytokine storm).⁽¹⁷⁾ Of note, this complication was specifically warned about beforehand, but ignored. Sanofi Pasteur admitted to 19 of the deaths.

Treatments available

Children have a robust and effective immune system. The easiest and most natural ways of maintaining your immunity is through a healthy lifestyle, with healthy nutrition and warm happy homes.

At the same time, there are a number of well-documented, effective and safe treatments available for *Covid-19* illness.⁽¹⁸⁾ These include, but are not limited to; vitamin C, vitamin D, zinc, hydroxychloroquine, ivermectin and budesonide. If patients are treated early with such agents, and not just upon hospitalisation, mortality associated with *Covid-19* is minimised dramatically.⁽¹⁹⁾ Despite some very strong evidence, these treatments are being ignored or fraudulently discredited, and the wilful suppression of very high-level proof- in order to justify an experimental vaccine- is being considered for prosecution in several international jurisdictions.

Conclusion

Rolling out any medical intervention across wide demographic groups irrespective of the age and risk factors, and without the risk/benefit considerations specific for the subgroups, is medically reckless and negligent. Non maleficence as the first ethical principle has always been the cornerstone of medical judgement. Treatment is only beneficial if the benefits outweigh the risks associated with the treatment. In the case of *Covid-19* vaccines being given to children, the risk is always going to supersede the benefit - which in this age group is negligible. Any side effect, any damage caused by the vaccine will not be balanced by potential benefit, because in children there is none.

Our right to choose or decline any treatment, and protection from coercion into any treatment have been firmly embedded in multiple declarations, including Nuremberg code 1947,⁽²⁰⁾ Helsinki Declaration 1952⁽²¹⁾ and NZ Bill of Rights 1990.⁽²²⁾ Coercion comes in many different ways from obvious physical force to a subtle, yet equally detrimental peer-pressure or government-fed fear. Children are especially susceptible to peer-pressure and to feeling of responsibility for harm caused by doing or not doing something. Coercing our children to accept an experimental product with an unknown safety profile and mounting evidence of serious side effects is both irresponsible and unethical - as would be any efforts to change laws "enabling" them to give consent independent of parental wishes – and could amount to crimes against humanity.

Our view is the current vaccine roll-out is unjustified and should be stopped immediately pending much more research and safety data, and any move to extend the experimental treatment to children is gross breach of the social contract between society, doctors and politicians, and the pharmaceutical industry.

Indeed, as we finish this letter, independent treatment assessor Dr Tess Lawrie has just released her devastating assessment of the UK's Yellow Card reporting system and states in the clearest possible terms that the vaccines are a threat to human health and must be stopped. Her company has done much contract work assessing medications for WHO and NHS, but her recent work assessing

ivermectin as a cure and lifesaver for covid-19 has been roundly ignored by the same, and other, public health organisations, such as the CDC and our own government in NZ.

Dr Lawrie writes to the UK Medicines and Healthcare Products Regulatory Agency after evaluating the Yellow Card data: "The MHRA now has more than enough evidence on the Yellow Card system to declare the COVID-19 vaccines unsafe for use in humans. Preparation should be made to scale up humanitarian efforts to assist those harmed by the COVID-19 vaccines and to anticipate and ameliorate medium to longer term effects. " (23)

"First, do no harm."

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