

Top 10 Reasons Not to Let Your Child Get a COVID Shot

On May 10, 2021, the U.S. Food and Drug Administration (FDA) extended its emergency use authorization (EUA) for the Pfizer/BioNTech COVID-19 vaccine to adolescents 12 through 15 years of age, amending the EUA (issued December 11, 2020) that authorized the injection for individuals age 16 and up. Moderna has indicated that it plans to request similar EUA expansion to 12-17 year-olds for its COVID vaccine, and Johnson & Johnson/Janssen is conducting clinical trials in that age group. In giving its green light to Pfizer, the FDA chose to ignore the following facts, all of which make it abundantly clear that vaccinating children and adolescents against COVID-19 is both medically indefensible and unethical.



- 1. American children are at negligible risk¹ for COVID-19.** As of May 29, 2021, the Centers for Disease Control and Prevention (CDC) attributed [366 deaths](#) in children aged 0-18 to COVID,² out of a child population of 74 million—a mortality rate of 0.00049%. As a cause of death for children aged 1-17, COVID-19 [ranks behind](#) injury, suicide, cancer, homicide, congenital anomalies, heart disease, influenza, chronic lower respiratory disease and cerebrovascular causes.¹ From February 2020 through mid-February 2021, 29,094 children (aged 0-14) and 36,900 adolescents and young adults (aged 15-24) died from [causes other than COVID-19](#).³ Children's risk of developing serious COVID illness is minuscule, as evidenced by the CDC's use of 5-17 year-olds as its [reference group](#) (the group with the lowest risk) when describing risks of COVID infection, hospitalization and death for other age groups.⁴ Informed doctors argue that ["not even a handful](#) of children should be endangered through mass vaccination against a disease that is not dangerous to them."⁵
- 2. COVID vaccines are experimental.** As the FDA plainly states in its COVID vaccine fact sheets, vaccines administered under EUA status are [not FDA-approved](#) and have ["not undergone the same type of review](#) as an FDA-approved or cleared product."^{6,7} COVID injections rely on [experimental vaccine technologies](#),⁸ problematic ingredients such as [polyethylene glycol \(PEG\)](#)⁹ and [polysorbate 80](#);¹⁰ [lipid nanoparticles](#) readily taken up by the brain;¹¹ and other unproven vaccine science. Moreover, though acting FDA head Janet Woodcock [assured](#) parents "that the agency undertook a rigorous and thorough review of all available data,"¹² [no studies have been done](#) on toxicity, carcinogenicity, fetal and reproductive risks or other important aspects of safety.¹³
- 3. Experimental COVID vaccines are far more dangerous to children than the disease.** Prior to the EUA expansion to 12-15 year-olds, the Vaccine Adverse Event Reporting System (VAERS) showed two deaths in 15-year-olds who had each received a Pfizer or Moderna vaccine. These adolescents may have been enrolled in clinical trials, as they could not otherwise have received the vaccines legally
- at the time. With about 1,000 adolescents 12-15 years old in Pfizer's clinical trial vaccine group—and about the same number in Moderna's trial—the death rate following either vaccination in this age group may be approximately 0.1% (two in 2,000)—over 200 times higher than the COVID-19 mortality rate.
- 4. Adolescents are reporting serious COVID vaccine injuries, including cardiac problems and deaths.** COVID vaccine injury reports for the 12-17 age group [almost quadrupled](#) from May 14 to May 21, going from 943 to 3,449 adverse events—including 58 injuries rated as serious.¹⁴ The next week, the COVID vaccine injury total for that age group jumped by another 37% to [4,750](#),¹⁵ comprising [209](#) serious injuries and [five deaths](#) attributed to cardiac arrest.^{16,17} A study published in June in *Pediatrics* documented seven teens hospitalized for [heart inflammation](#) within four days of receiving their second Pfizer shots.¹⁸ Adolescents are also experiencing [blood clots](#) and [Guillain-Barré syndrome](#).^{19,20} A 17-year-old Utah athlete [developed blood clots](#) in his brain one day after receiving his first Pfizer injection.²¹
- 5. Long-term adverse effects from COVID vaccines, including reproductive effects, "cannot be ruled out."** Doctors are warning about the possibility of ["long-term adverse effects](#) that have not yet been discovered at this time, including on growth, reproductive system or fertility."²² Already, worrisome reproductive effects have been documented following Pfizer and Moderna vaccination. A CDC study in the *New England Journal of Medicine* showed that 12.7% of COVID-vaccinated pregnant women [lost their babies](#) to miscarriage or stillbirth (almost one in eight women).²² In addition, 99 of 724 live-born babies (13.7%) had adverse birth outcomes such as preterm birth, small size for gestational age or "major congenital anomalies." Conversely, there is [no evidence](#) to suggest that children need to be worried about the long-term effects of COVID-19 illness.¹ For children and teenagers who have their lives ahead of them, the COVID vaccines' potential ramifications for future fertility are troubling, especially given that "it could take a relatively long time before a noticeable number of cases of [post-vaccination infertility](#) could be observed."²³



6. Children who receive COVID shots will face an additional risk that most adults will not: simultaneous administration of multiple vaccines.

According to Pfizer, there is “no information on the co-administration of the [Pfizer-BioNTech](#) COVID-19 vaccine with other vaccines.”⁶ CDC, too, admits that [it does not know](#) whether reactogenicity (the body’s inflammatory response to vaccination) increases with vaccine co-administration.²⁴ Nonetheless, CDC is allowing healthcare providers to administer COVID vaccines and other childhood and adolescent vaccines “[without regard to timing](#).”²⁵ Considering the CDC [vaccine schedule](#) for adolescents, this means that a 12-year-old could conceivably receive an experimental COVID shot on the same day as the influenza, human papillomavirus (HPV), meningococcal and Tdap (tetanus-diphtheria-pertussis) vaccines.²⁶ If FDA expands its EUA to still-younger age groups, children could be loaded up with even more injections during a single doctor’s visit, particularly if doctors push “[catch-up](#)” vaccination because of missed appointments during the pandemic.²⁷ Package inserts for licensed childhood and adolescent vaccines already list nearly [400 possible adverse events](#), including death.²⁸ The Institute of Medicine has [warned](#) that systematic research on “key elements of the entire [childhood vaccine] schedule—the number, frequency, timing, order, and age at administration of vaccines”—has never been done,²⁹ an opinion [shared](#) (albeit reluctantly) by global vaccine experts at a World Health Organization (WHO) meeting in December 2019.³⁰

7. Government officials have indicated that they are willing to trample on parental rights and ability to protect children. [About half](#) of parents responding to an April poll stated that they either “definitely” would not be getting their child COVID-vaccinated or planned to wait and see; another 18% would allow the vaccine only if schools require it.³¹ To circumvent the hurdle of obtaining [consent from parents](#),³² a growing number of states and jurisdictions are purporting to give healthcare providers and medical practices leeway to dispense with [parental consent requirements](#) for COVID vaccines,³³ despite the injections’ [investigational](#) status.³⁴ At present, these include the [District of Columbia](#) (age 11 and up);³⁵ [North Carolina](#) (age 12 and up);³⁶ [Alabama](#), [Oregon](#) and [Tennessee](#) (ages 14 or 15 and up);³⁷⁻³⁹ [South Carolina](#) (age 16 and up);⁴⁰ and [Iowa](#) (at providers’ discretion).³³ This is an extraordinary abridgment of parental rights and puts children at risk.

8. Promising children and adolescents a return to “normalcy” is coercive. Acting FDA Commissioner [Janet Woodcock](#), CDC director [Rochelle Walensky](#) and Pfizer CEO [Albert Bourla](#) have promised youngsters that COVID vaccination is their ticket to a renewed “sense of normalcy” and a “faster return to social activities.”^{12,41,42} These pledges

are enticing [socially starved](#) teens—who are developmentally incapable of fairly weighing risks and benefits—to badger their parents about getting the injections or even to look into getting a vaccine [without their parents’ permission](#).^{40,43} Six hundred thousand 12- to 15-year-olds got COVID jabs [within the first week](#) of the EUA expansion.⁴⁴

9. Vaccine manufacturers are overpromising what their COVID injections can do—for both adults and children. The COVID vaccines were not designed to block [coronavirus transmission](#).⁴⁵ Thus, the vaccines’ reported “effectiveness” pertains only to the injections’ ability to [lessen symptom severity](#).⁴⁶ Moreover, effectiveness cannot be meaningfully understood unless one grasps the major distinction between [relative and absolute risk](#).⁴⁷ Reporting only relative risk, Pfizer declared its injection “[100% effective](#)” for 12- to 15-year-olds⁴² on the basis of trials with [2,260 younger adolescents](#) and 18 cases of COVID-19 in the placebo group (versus zero in the vaccine group).⁴⁸ These numbers equate to a “[teensy-tiny](#)” reduction in absolute risk⁴⁹ of 1.59% (18 divided by 1,129 teens in the placebo group). When researchers do not report absolute risk reduction, “[reporting bias is introduced](#), which affects the interpretation of vaccine efficacy”⁵⁰—raising questions about the investigators’ intent and integrity. Parents should also bear in mind that Pfizer, according to independent analysis, doctored its clinical trial effectiveness results for adults by [excluding](#) thousands of participants who had symptoms identical to COVID but not confirmed by PCR testing.⁵¹ Access to “full datasets and [independent scrutiny and analyses](#)”⁵⁰ are needed to assess whether similar sleight of hand might have produced the magic “100% effective” result for adolescents.

10. COVID vaccines in 2021 are just the beginning. Most parents and teens are not recognizing that accepting one to two COVID injections now will not be the end of the story. COVID [booster shots](#) are already in the offing—introducing the prospect of recurrent and cumulative risks.⁵² As parents familiar with the already burdensome childhood vaccine schedule can attest, vaccine requirements for children only ever seem to go in one direction—UP—while the status of [children’s health](#) continues on its alarming downhill trajectory.⁵³