Pediatric implications of COVID and 'vaccines'

FLCCC
ALLIANCE

Dr. Elizabeth Mumper, MD, FAAP, IFMCP
Founder and CEO, Rimland Center for Integrative Medicine
President and CEO, Advocates for Families
Former Medical Director, Autism Research Institute

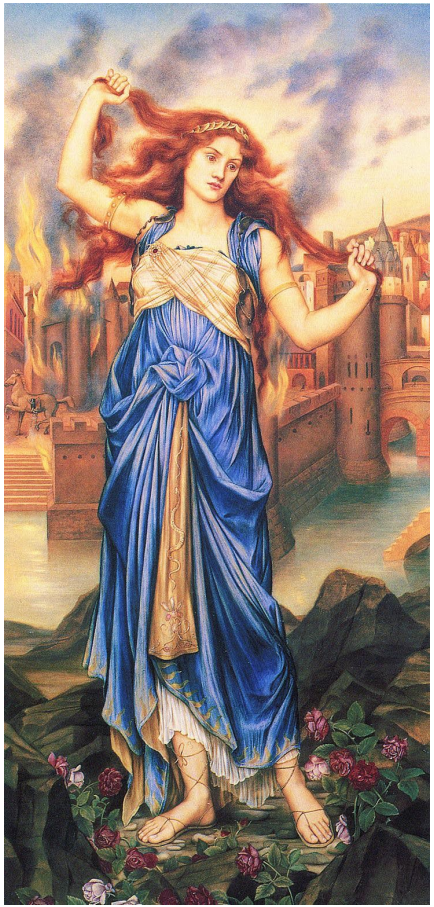
www.flccc.net/drliz

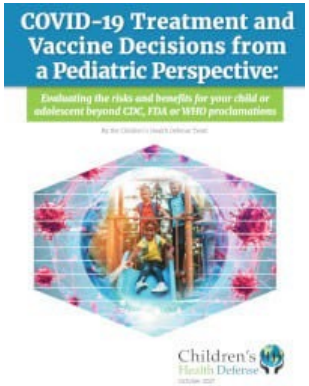
Cassandra

Best-known for her prophetic powers, within Greek mythology Cassandra is a princess of Troy who lived during the era of the Trojan War.

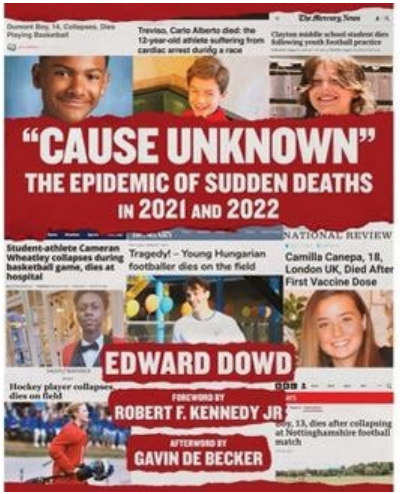
Her gift of prophecy, however, was accompanied by a curse – no one believed in her prophecies, making her powerless to stop fate from running its course.

Lissandra:
Written August 2020





Lissandra June 2021



KID'S CORNER
WITH DR. LIZ

I CARE treatment guidelines for children now available FLCCC website
Series of short videos about children's health

FLCCC
ALLIANCE

Background experience dealing with chronic conditions in children

Original Research

Can Awareness of Medical Pathophysiology in Autism Lead to Primary Care Autism Prevention Strategies?

Elizabeth Mumper, MD, FAAP*

2919 Confederate Avenue, Lynchburg, VA

Emerging research suggests that the timing of environmental factors in the presence of genetic predispositions has influenced the increase in autism spectrum disorders over the past several decades. A review of the medical literature suggests that autism may be impacted by environmental toxicants, breastfeeding duration, gut flora composition, nutritional status, acetaminophen use, vaccine practices and use of antibiotics and/or frequency of infections. The author reports her retrospective clinical research in a general pediatric practice (Advocates for Children), which shows a modest trend toward lower prevalence of autism than her previous pediatric practice or recent CDC data. Out of 294 general pediatrics patients followed since 2005 there were zero new cases of autism (p value 0.014). Given the prevalence of autism for that cohort of 1 in 50 children in the United States, it is important to consider implementing strategies in primary care practice that could potentially modify environmental factors or affect the timing of environmental triggers contributing to autism.

[N A J Med Sci. 2013;6(3):134-144. **DOI:** *10.7156/najms.2013.0603134]*

Key Words: *primary care, autism, prevention strategies*

Of 294 inborn patients, none developed autism

Background rate:
1 in 50 US
vs 1 in 297 Mumper

P value 0.014

Latest data from CDC:
1 in 36 children
1 in 22 males
1 in 10 Black/Hispanic
(birth cohort 2012)

Analysis of Results: 4821 pediatric patients

Diagnosis	Vaccinated Cases/Total	Unvaccinated Cases/Total	Odds Ratio (95% CI)	P-value
Developmental Delay	153/1407 (10.9%)	34/630 (5.4%)	**2.18** (1.47 – 3.24)	**0.0001**
Asthma	67/1412 (4.7%)	7/629 (1.1%)	**4.49** (2.04 – 9.88)	**0.0002**
Ear Infection	324/1116 (29.0%)	104/533 (19.5%)	**2.13** (1.63 – 2.78)	**<0.0001**
Gastrointestinal Disorder	55/1382 (4.0%)	18/619 (2.9%)	1.47 (0.84 – 2.57)	0.17
Head Injury	93/1398 (6.7%)	31/627 (4.9%)	1.26 (0.82 – 1.94)	0.29

Number of Vaccines by Quartile

Diagnosis	Quartile 1 1-5 Vaccines (95% CI)	Quartile 2 6-10 Vaccines (95% CI)	Quartile 3 11-12 Vaccines (95% CI)	Quartile 4 13-21 Vaccines (95% CI)
Developmental Delay	1.36 (0.53 – 3.48)	**2.54 (1.30 – 4.96)**	**3.22 (1.70 – 6.09)**	**2.42 (1.17 – 4.99)**
Asthma	1.94 (0.59 – 6.40)	**6.48 (2.64 – 15.9)**	**3.66 (1.42 – 9.46)**	**4.62 (1.68 – 12.7)**
Ear Infection	1.43 (0.98 – 2.07)	**2.48 (1.72 – 3.60)**	**2.26 (1.53 – 3.33)**	**2.81 (1.80 – 4.40)**
Gastrointestinal Disorder	0.49 (0.19 – 1.31)	1.61 (0.68 – 3.84)	**3.77 (1.65 – 8.59)**	**4.03 (1.57 – 10.3)**
Head Injury	0.68 (0.32 – 1.44)	1.56 (0.93 – 2.62)	1.12 (0.65 – 1.94)	1.37 (0.73 – 2.56)

Peer reviewed May 2020

Original Article

SAGE Open Medicine

SAGE Open Medicine
Volume 8: 1–11

DOI: 10.1177/2050312120925344
journals.sagepub.com/home/smo
SAGE

Analysis of health outcomes in vaccinated and unvaccinated children: Developmental delays, asthma, ear infections and gastrointestinal disorders

Brian S Hooker[1] and Neil Z Miller[2]

Abstract

Objective: The aim of this study was to compare the health of vaccinated versus unvaccinated pediatric populations.

Methods: Using data from three medical practices in the United States with children born between November 2005 and June 2015, vaccinated children were compared to unvaccinated children during the first year of life for later incidence of developmental delays, asthma, ear infections and gastrointestinal disorders. All diagnoses utilized International Classification of Diseases–9 and International Classification of Diseases–10 codes through medical chart review. Subjects were a minimum of 3 years of age, stratified based on medical practice, year of birth and gender and compared using a logistic regression model.

Results: Vaccination before 1 year of age was associated with increased odds of developmental delays (OR = 2.18, 95% CI 1.47–3.24), asthma (OR = 4.49, 95% CI 2.04–9.88) and ear infections (OR = 2.13, 95% CI 1.63–2.78). In a quartile analysis, subjects were grouped by number of vaccine doses received in the first year of life. Higher odds ratios were observed in Quartiles 3 and 4 (where more vaccine doses were received) for all four health conditions considered, as compared to Quartile 1. In a temporal analysis, developmental delays showed a linear increase as the age cut-offs increased from 6 to 12 to 18 to 24 months of age (ORs = 1.95, 2.18, 2.92 and 3.51, respectively). Slightly higher ORs were also observed for all four health conditions when time permitted for a diagnosis was extended from ⩾ 3 years of age to ⩾ 5 years of age.

Conclusion: In this study, which only allowed for the calculation of unadjusted observational associations, higher ORs were observed within the vaccinated versus unvaccinated group for developmental delays, asthma and ear infections. Further study is necessary to understand the full spectrum of health effects associated with childhood vaccination.

Keywords

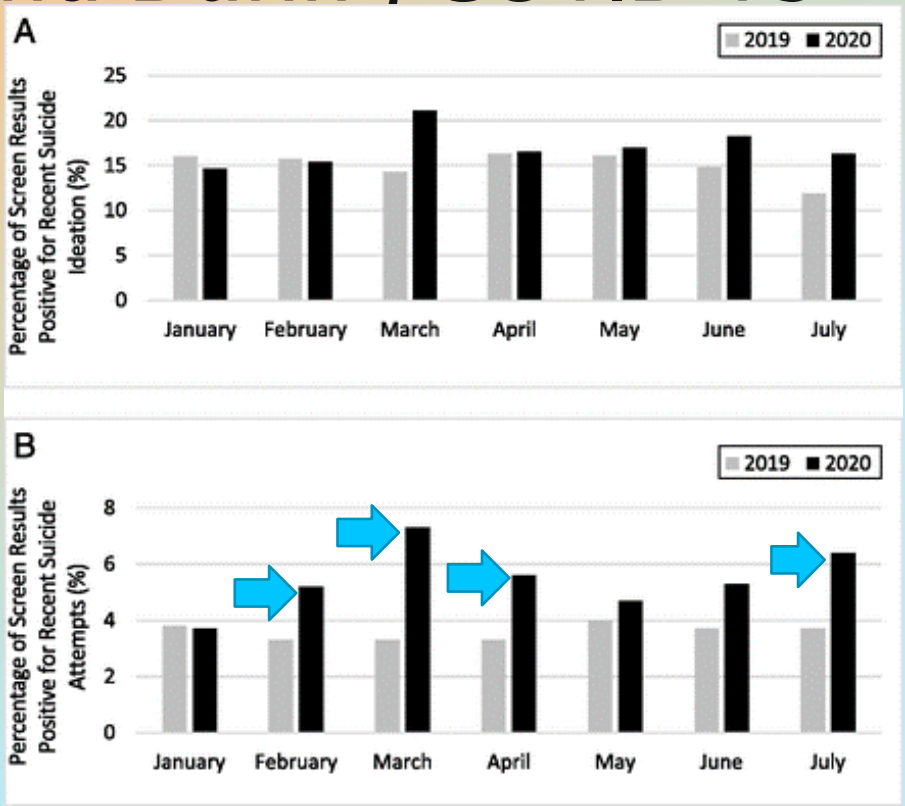
Vaccination, developmental delays, asthma, ear infections, gastrointestinal disorders

Date received: 18 June 2019; accepted: 20 April 2020

FIRST, DO NO HARM

Suicide Ideation and Attempts in a Pediatric ER Before and During COVID-19”

- Suicide attempts began rising in February 2020
- In March suicide attempts were double the previous year
- Attempts stayed elevated through the summer



- Hill RM, et al. Pediatrics, Dec. 16, 2020

The Biology of Trauma

The brain is not structurally complete at birth.

- Myelination, proliferation of synaptic connections, then pruning and development of glial and circulatory support systems all continue long after a child has entered the world.
- Nature gives children a chance to adapt to the specific needs presented by the environment into which they have been born.
  - Opportunities for optimal development:
    - Adequate nutrition vs. school closures during COVID
    - Avoidance of toxins like lead, mercury, alcohol, artificial spike proteins
    - Nurturing, loving and stimulating environment
    - Development of the ability to “read” faces
    - Caregivers present, attentive and consistent vs. COVID trauma to adult population

Brown University Study

Impact of the COVID-19 Pandemic on Early Child Cognitive Development: Initial Findings in a Longitudinal Observational Study of Child Health

Sean CL Deoni, Jennifer Beauchemin, Alexandra Volpe, Viren D'Sa, the RESONANCE Consortium

medRxiv 2021.08.10.21261846; doi: https://doi.org/10.1101/2021.08.10.21261846

- Leveraging a large on-going longitudinal study of child neurodevelopment, we examined general childhood cognitive scores in 2020 and 2021 vs. the preceding decade, 2011-2019.
- We find that children born during the pandemic have **significantly reduced verbal, motor, and overall cognitive performance compared to children born pre-pandemic.**
- **Moreover, we find that males and children in lower socioeconomic families have been most affected.**
- Results highlight that even in the absence of direct SARS-CoV-2 infection and COVID-19 illness, the environmental changes associated COVID-19 pandemic is significantly and negatively affecting infant and child development.

TAKE AWAY WHAT HARMS

GIVE WHAT HEALS

Diversity in gut flora promotes health

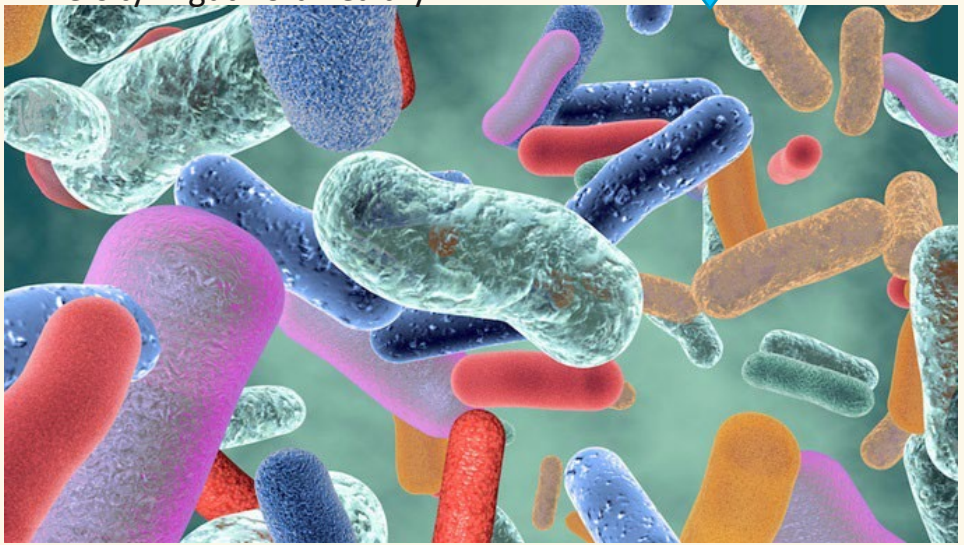
Wide varieties of different types of gut flora are associated with less chronic disease later

Feeding your kids whole foods from nature and including fermented foods like pickles, kiefer, kombucha, sauerkraut, and miso leads to gut flora diversity

Diversity in kids and cultures

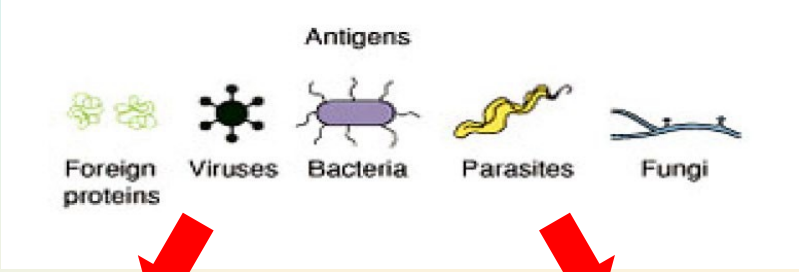
The first Thousand days

Diversity in gut flora healthy



KIDS HAVE RESILIENT INNATE IMMUNE SYSTEMS

Two Branches of Immune Defense



Innate Immunity
- invariant (generalized)
- early, limited specificity
- the first line of defense

1. **Barriers** - skin, tears
2. **Phagocytes** - neutrophils, macrophages
3. **Cells that release inflammatory mediators**
4. **Natural Killer cells**
5. **Complement and proteins**

Adaptive Immunity
- variable (custom)
- later, highly specific
- "remembers" infection

1. **APCs (Antigen Presenting Cells)present Ag to T cells**
2. **Activated T cells provide help to B cells and kill abnormal and infected cells**
3. **B cells - produce antibody specific for antigen**

THE RISK OF BAD OUTCOMES FROM COVID IS LOW IN PEDIATRIC PATIENTS

Childhood COVID deaths compared to bikes, cars, and suicide

- In seven countries (the US, UK, Italy, Spain, France, Germany and South Korea), the death rate from COVID in pediatric patients was 1.7 per 1 million.

•COVID 19 deaths in children analyzed up until February 2021 comprise 0.48% of total mortality from all causes in a normal year.

- COVID 19 deaths in children update July 2021: comprise 0.6% of all cause pediatric mortality

- Bhopal, Sunil S, et al. "Children and Young People Remain at Low Risk of COVID-19 Mortality." *The Lancet Child & Adolescent Health*, vol. 5, no. 5, May 2021, pp. e12–e13, www.thelancet.com/action/showPdf?pii=S2352-4642%2821%2900066-3, 10.1016/s2352-4642(21)00066-3. Accessed 25 Apr. 2021.

Mortality data does not justify covid vax for healthy kids if there are NOT any signals of adverse events

- Causes of death (2018 data for comparison)
  - Transport accidents 14.6 per million
  - Suicides 9.4 per million (doubled during COVID lockdowns)
  - Cancer 13.5 per million
- In the 5-14 age group, risk of dying from or “with” COVID is 1 in a million
  - One study of 48,000 claims could not find a healthy child who died from COVID
  - Deaths occur in children with chronic illness, not in healthy kids who would get COVID ‘vaccines’

Table. Age-Specific Mortality Rates (per Million) for COVID-19 (March-October 2020) and Other Leading Causes of Death (March-October 2018)[a]

	Causes of death[b]										
					Unintentional injuries		Intentional injuries		Leading causes of infant deaths		
Age, y	COVID-19	Heart disease	Malignant neoplasms	Chronic lower respiratory disease	Transport accidents	Accidental drug overdoses	Suicide	Homicide	Birth defects	Short gestation	SUID
<1	7.4	51.6	8.6	2.9	15.5	1.6	0.0	46.7	773.7	682.2	603.4
1-4	1.0	4.8	13.1	2.0	17.5	0.3	0.0	15.6	15.9		
5-14	1.0	2.7	13.5	2.0	14.6	0.4	9.4	4.7	6.4		
15-24	9.9	13.8	20.9	2.8	108.3	66.1	97.0	72.1	5.5		
25-34	38.6	52.1	53.7	4.2	113.2	220.7	120.9	78.8	6.4		
35-44	109.9	169.1	172.0	10.1	93.8	234.0	128.1	54.7	7.2		
45-54	294.8	509.7	597.5	56.1	100.7	208.2	140.3	33.9	11.2		
55-64	683.3	1239.8	1802.4	285.8	105.0	161.2	139.8	23.7	17.8		
65-74	1574.6	2516.9	3702.0	809.9	99.2	50.8	114.1	15.7	13.4		
75-84	3832.4	6478.5	6845.7	2117.3	129.9	16.0	129.6	13.2	14.9		
≥85	10 699.7	24 530.2	10 442.4	4278.4	139.1	14.7	133.4	13.3	31.2		
Total	698.8	1287.7	1219.8	307.5	89.2	122.3	102.3	39.0	19.4		

Abbreviations: COVID-19, coronavirus disease 2019; SUID, sudden unexpected infant death (including sudden infant death syndrome).

[a] Table presents 8-month aggregate COVID-19 mortality rates during the period of March through October 2020[5] and mortality rates for other causes during the period of March through October 2018,[4] the most recent year for which detailed cause-of-death data are available.

[b] Causes of death are defined by *International Statistical Classification of Diseases and Related Health Problems* codes for heart disease (I00-I09, I11, I13, I20-I51), malignant neoplasms (C00-C9), chronic lower respiratory disease (J40-J47), transport accidents (injuries) (V01-V99, Y85), accidental drug overdoses (X40-X44), suicide (*U03, X60-X84, Y87.0), homicide (*U01-*U02, X85-Y09, Y87.1), birth defects (Q00-Q99), short gestation (P05-P08), and sudden unexpected infant death (R95, R99, W75).

2018 baseline
Compared to 2020

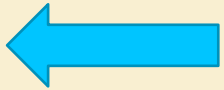
JAMA December 17, 2020
Steven H. Woolf

Ages 5-14 1 in 1,000,000
From or with COVID

Suicides 9.4 per million

Summary COVID death rates 2020

- Overall deaths from COVID in kids under 18 in 2020=182 (8 in healthy kids)
- Overall number of COVID cases in kids under 18 in 2020=17.5 million (CDC estimate as of January 15, 2021)
- Death rate from COVID in kids under 18: 182/17.5M=0.0000104 or about 1:100,000 (includes chronically ill and no access to appropriate treatment)
- **Death rate from COVID in healthy kids under 18**: 8/17.5M=0.00000046 or about 1 in 2.5 million



https://web.archive.org/web/20210201052324/https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/burden.html

NATURAL IMMUNITY IS ROBUST & DURABLE & SUPERIOR

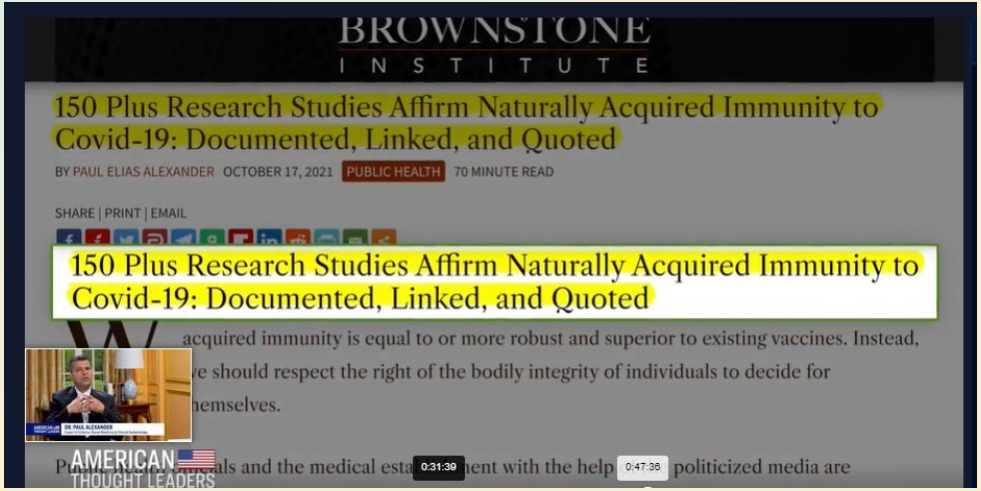
Most children have already had COVID*

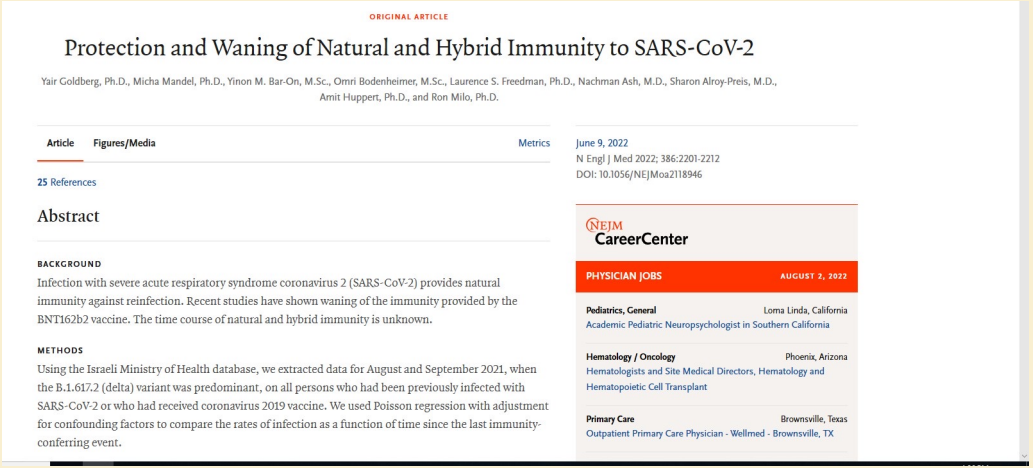
If your child already has had chicken pox, we do not give a chicken pox vaccine

If your child has had COVID, they have natural immunity

Given the lack of long term safety data and potential significant side effects, FLCCC recommends against COVID shots for healthy kids

*89% of toddlers by **June 2022**





Natural Immunity Superior and Longer Lasting than “Vaccine” induced immunity

- **Prevalence and Durability of SARS-CoV-2 Antibodies Among Unvaccinated US Adults by History of COVID-19: Jennifer L. Alejo et al,** *JAMA. Feb 3* 2022;327(11):1085-1087. doi:10.1001/jama.2022.1393
  - Evidence of natural immunity in unvaccinated healthy US adults (NOT KIDS) up to 20 months
  - In some age groups in children, vaccine induced antibodies only last 5 weeks

- **Past SARS-CoV-2 infection protection against re-infection: a systematic review and meta-analysis. Lancet Feb 16, 2023.** https://doi.org/10.1016/S0140-6736(22)02465-5
  - “We identified a total of 65 studies from 19 different countries. Our meta-analyses showed that protection from past infection and any symptomatic disease was high for ancestral, alpha, beta, and delta variants, but was substantially lower for the omicron BA.1 variant.”

- **Evolutionary biology show pattern of viral variants becoming less severe with time**

HEALTHY CHILDREN SURVIVE COVID ALMOST ALL THE TIME

CHILDREN SURVIVE COVID 99.997% OF THE TIME

FLCCC ALLIANCE

Why are children at less risk of bad outcomes?

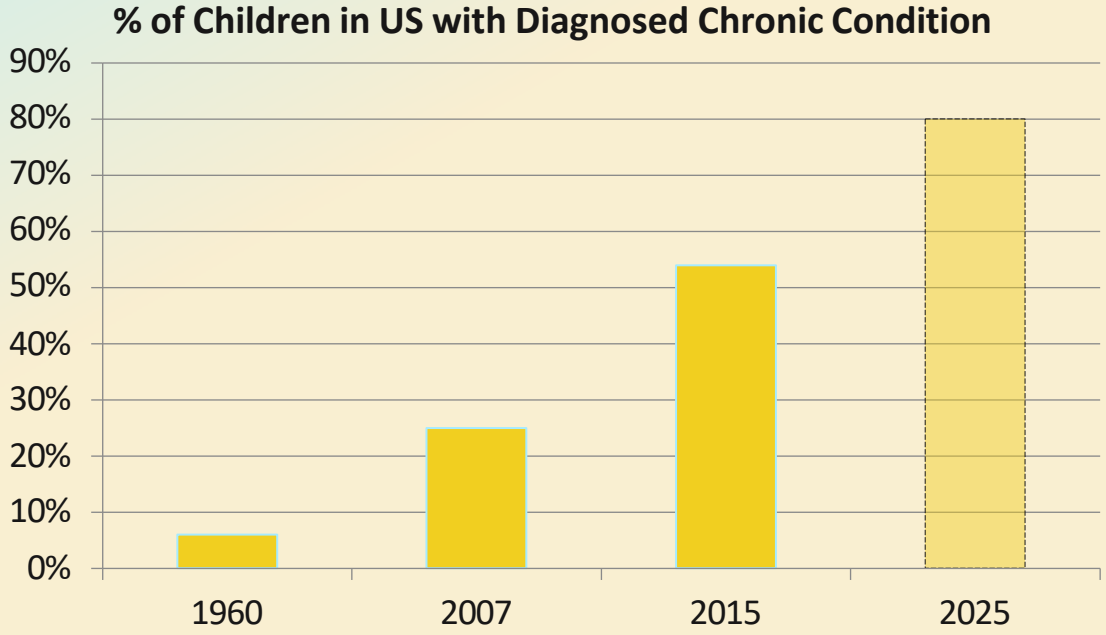
Some possibilities

1. Children have excellent innate immune systems
2. Children are less likely to mount an immune over-reaction to COVID
3. Children have fewer ACE-2 receptors for the COVID virus to bind to*
4. Children have fewer co-morbidities than adults

KID'S CORNER WITH DR. LIZ

*Bunyavanich, Supinda, Anh Do, and Alfin Vicencio. "Nasal gene expression of angiotensin-converting enzyme 2 in children and adults." *JAMA* 323, no. 23 (2020): 2427-2429.

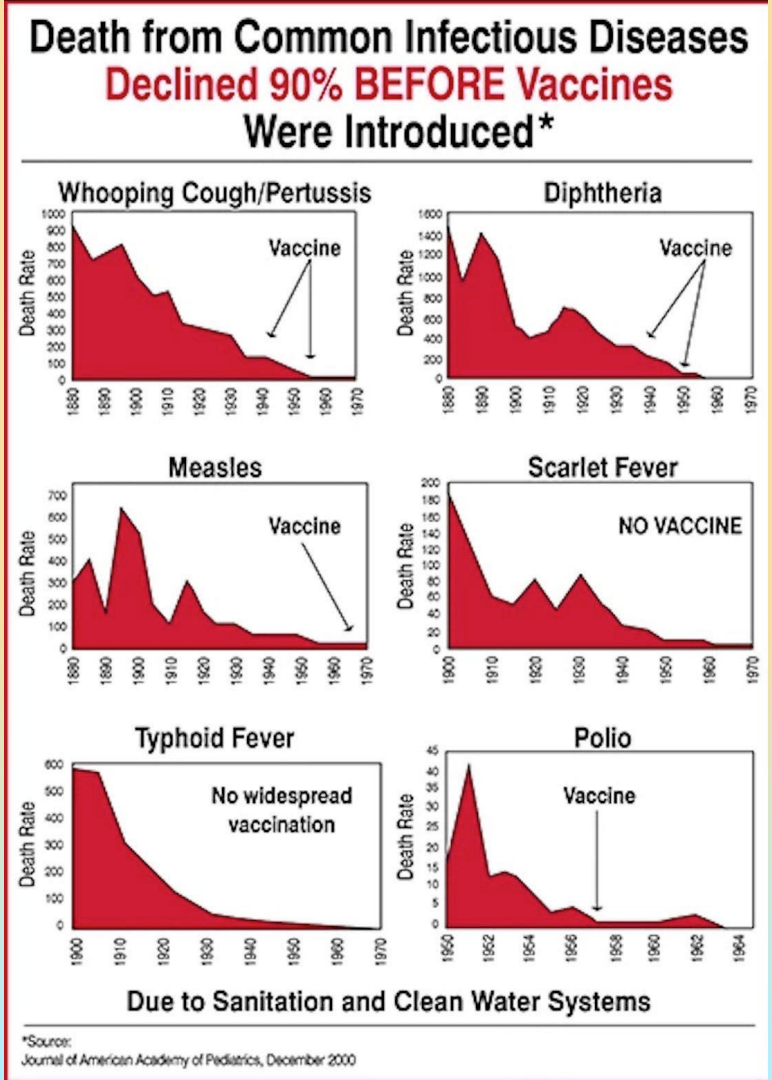
More than ½ of U.S. children have at least one chronic health condition



SOURCE: Bethel, Christina D. A National and State Profile of Leading Health Problems and Health Care Quality for U.S. Children. Academic Pediatrics, 2011. Estimate of future impact is conservative given historical growth rates

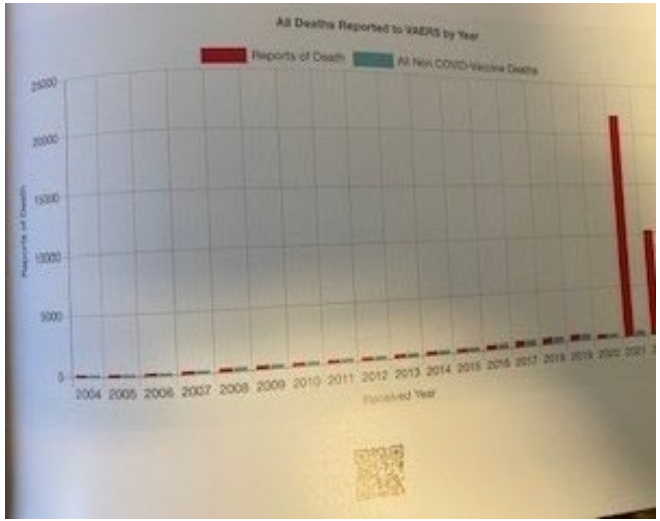
AVOID SIDE EFFECTS BY NOT GIVING AN UNNECESSARY VACCINE

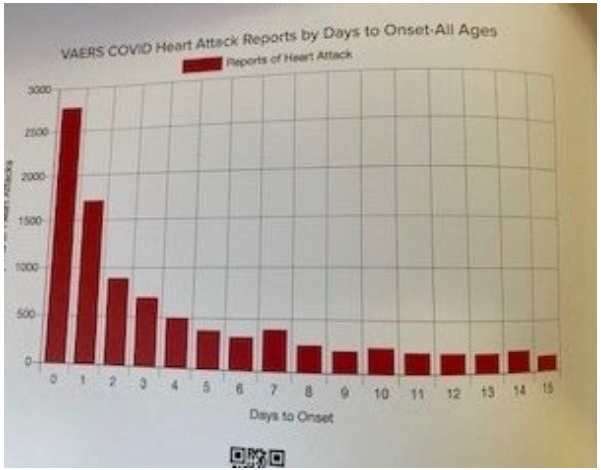
Putting vaccine benefits in perspective



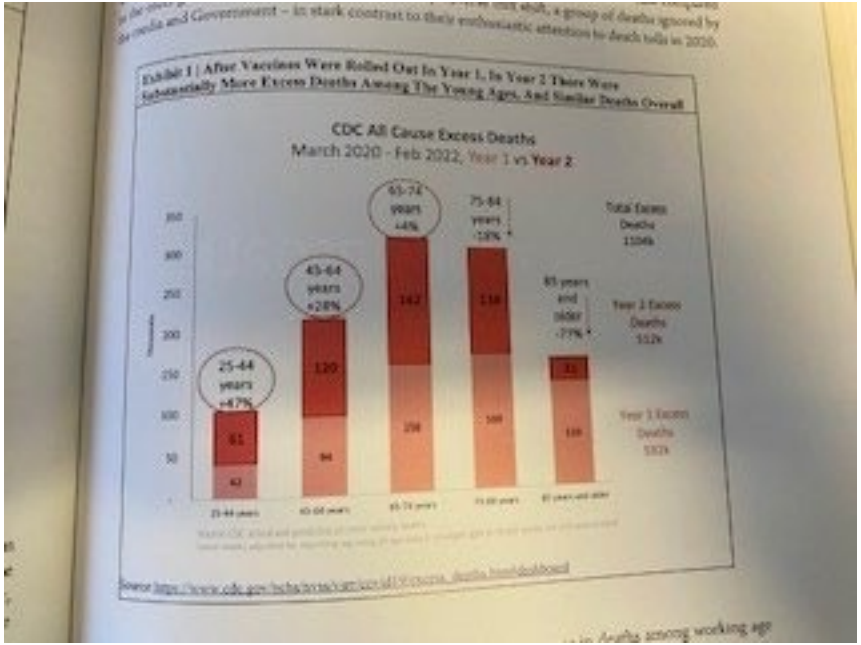
How to recognize a vaccine injury

- Temporality
  - Distinguishing “normal” reactions from concerning
  - Onset of reactions based on type of vaccine
    - DPAT: first 48-72 hours
    - MMR and varicella: 7-12 days
- Plausible mechanism of action
  - High index of suspicion for immune activation syndromes
- New onset of symptoms
  - Neurologic changes: encephalopathic cry, internal vibrations, paresthesias
  - Changes in GI patterns
  - Regression of milestones
  - Immune dysregulation: new eczema, new asthma, etc.



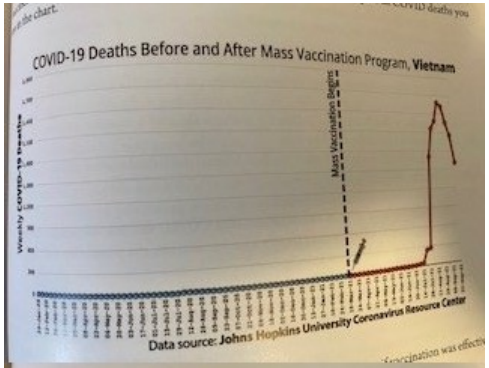


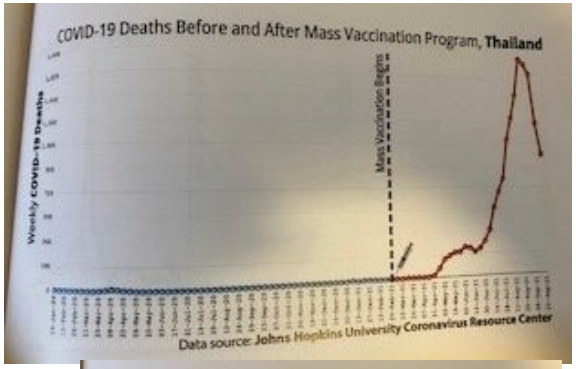
Temporal correlation with injections
Historical comparison to all prior vaccines
Excess mortality

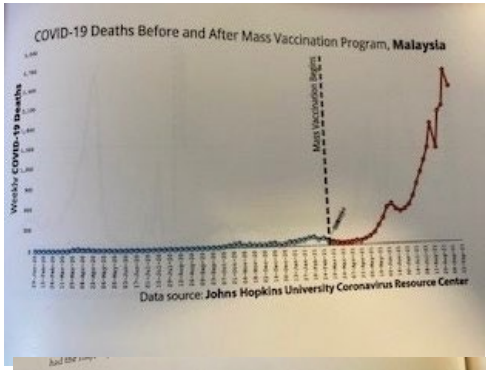


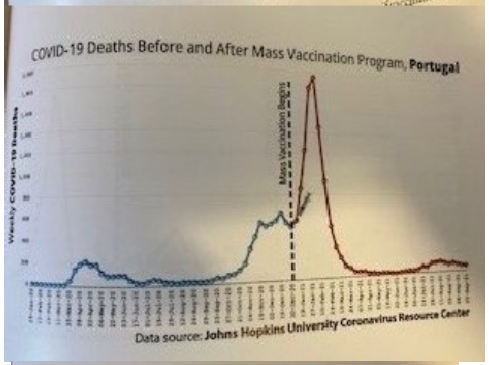
BRADFORD HILLS CRITERIA OF CAUSATION

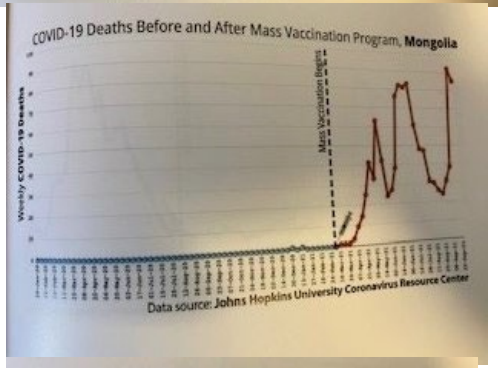
THE COVID "VACCINES" HAVE NOT BEEN SHOWN TO WORK WELL OR LAST LONG IN PEDIATRIC PATIENTS

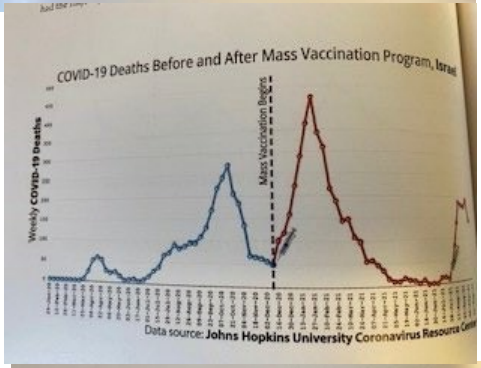


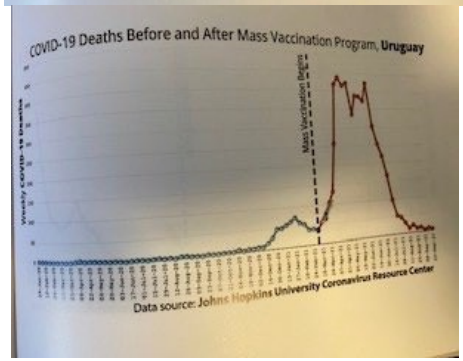




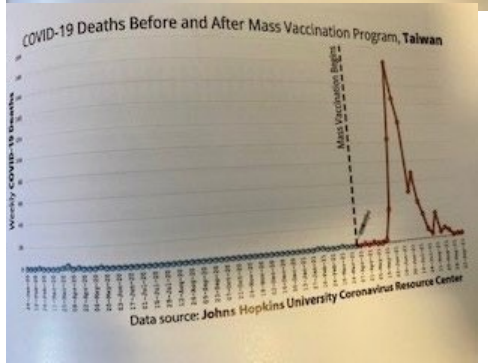


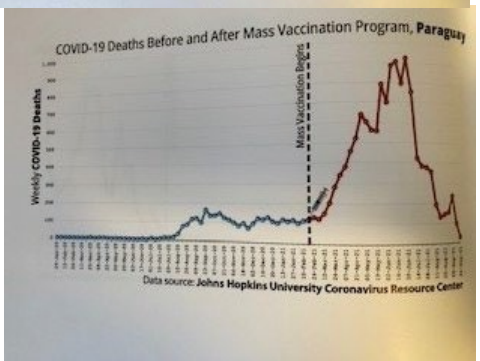






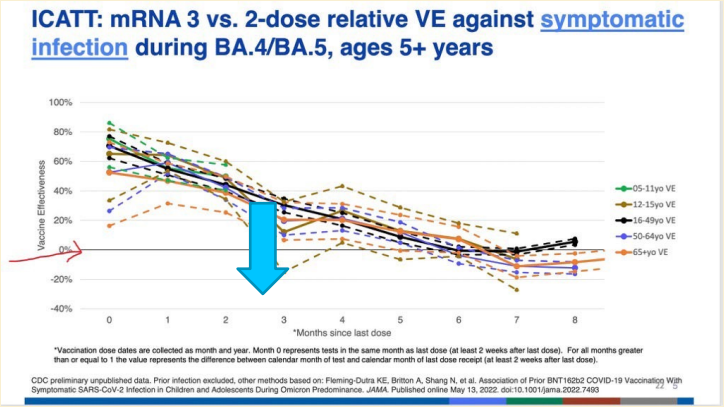
Dowd
Cause
Unknown





Any protection from the vaccine against COVID symptoms wanes in several months

- Vaccine efficacy drops by 2-3 months
- Then the vaccinated are more likely to get symptomatic infection than the unvaccinated
  - **Negative efficacy**



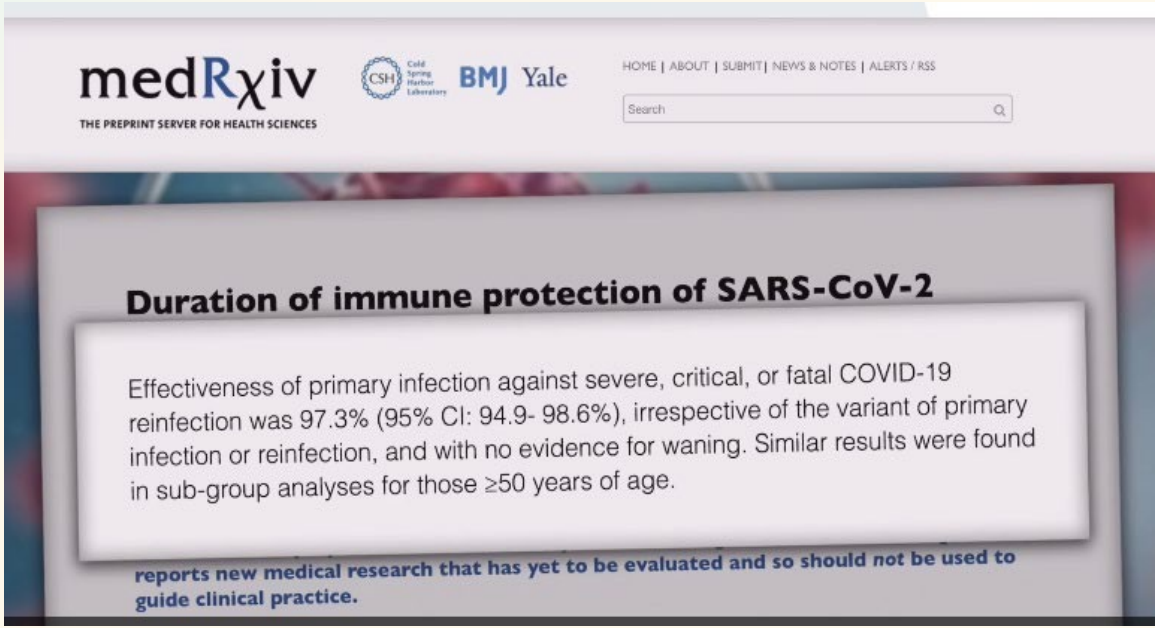
Duration of immune protection in unvax'd with primary COVID infection: Qatar study

97.3%

- Duration of protection from vaccine drops quickly in pediatric population
- Efficacy wanes after 3-4 months
- Pediatric studies only lasted 60 days

NY Health Dept data:

- 12% protection at 5 weeks after jab in 5-12 yo



FLAWS IN VACCINE TRIALS IN CHILDREN ESPECTIALLY COVID

VACCINES ARE NOT TESTED AGAINST TRUE PLACEBOS (inert saline)

Unlike drugs, which are required to be safety tested against an inert placebo, **vaccines fall under the category of "biologics" and are not tested against an inert saline placebo.**

As an example, Merck's HPV vaccine was tested against a dangerous aluminum adjuvant that can trigger autoimmune disorders and not against an inert saline placebo.

A SAFE VACCINE WOULD BE TESTED FOR A LONG ENOUGH PERIOD TO PROPERLY TRACK ADVERSE EVENTS.
In addition, post approval surveillance would be conducted to measure long-term effects.

Most vaccines are only monitored for side effects for a period of 2 to 5 days, as stated on the vaccine insert literature and can take months to years to be detected.

Autoimmune, neurodevelopmental, and chronic conditions can take months or years to be detected.

As an example, Merck's **hepatitis B vaccine given to one-day-old infants was only safety tested for 5 days.**

COVID vaccines for kids under 6 won't have to meet FDA 50% efficacy standard

- The FDA's top vaccine official told a congressional committee on May 6, 2022 that **COVID-19 vaccines for kids under 6 will not have to meet the agency's 50% efficacy threshold** for blocking symptomatic infections required to obtain Emergency Use Authorization.
- "If these vaccines seem to be mirroring efficacy in adults and just seem to be less effective against Omicron like they are for adults, we will probably still authorize," Dr. Peter Marks, director of the Center for Biologics Evaluation and Research at the FDA told the House Select Subcommittee on the Coronavirus Crisis.

Shortcomings of Pfizer trials COVID vax for children: use of “immunobridging”

- “Approval for the COVID vaccines in infants and toddlers is based on two trials that **used changes in antibody levels as an estimate of efficacy, but did not assess protection from severe disease, hospitalization or multisystem inflammatory syndrome in children (MIS-C),** important outcomes that parents worry about.
- “In a Food and Drug Administration (FDA) meeting on June 28, Pfizer Vice President for Viral Vaccines, Kena Swanson conceded that ‘there is **no established correlate’ between antibody levels and protection from disease.**
- “In the Pfizer trial, the **confidence interval** — which shows the possible range of protection level — was **alarmingly wide**, with the lower bound suggesting the possibility of a 380% increase in the chance of infection after the third dose.

Limitations of the clinical study: Pfizer/biontech Kids

Outcome	Importance[a]	Description
Benefits		
Symptomatic lab-confirmed COVID-19	Critical	Current studies use PCR + specific symptoms; immunobridging
Hospitalization due to COVID-19	Important	Phase 3 trials not designed to detect statistical differences between treatment groups for this outcome
Multisystem inflammatory syndrome in children (MIS-C)	Important	Phase 3 trials not designed to detect statistical differences between treatment groups for this outcome
SARS-CoV-2 seroconversion	Important	Measured using antibodies to non-spike protein to differentiate seroconversion due to natural infection from immunogenicity to vaccine; no data available
Asymptomatic SARS-CoV-2 infection	Important	Measured using serial PCR; no data available

https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-05-12/03-COVID-Wallace-508.pdf

Pfizer/biontech: Kids trial results based on ~1000 children in each arm of trial

- Summary:
  - Conclusions based on only **16 cases** of clinical COVID
  - **No results** on reducing **hospitalizations or deaths**
  - **No results** on reducing **Multisystem Inflammatory Syndrome-C** (although MIS-C was a big justification for using the vaccine in this age group)
  - **No results** on formation of antibodies, or **prevention of carriers**
  - **No results** to prove **decreased transmission** to others

Shortcomings of Pfizer trial in children

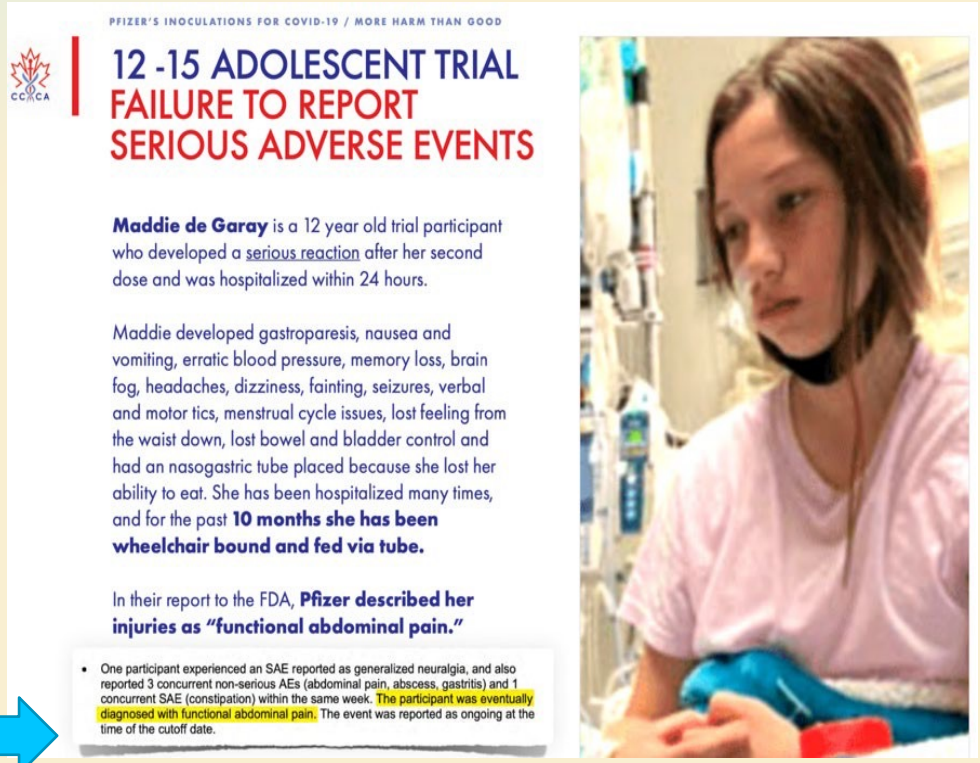
- “The protocol was **changed mid-trial**:
  - The original two-dose schedule exhibited poor immunogenicity with efficacy far below the required standard.
  - A third dose was added by which time many of the original placebo recipients had been vaccinated.”

Shortcomings

- Pediatric patients only tested for COVID if symptomatic
  - So **do not even know true infection rate**
- 3,000 of the 4,526 children (aged 6 months through 4 years) enrolled in Pfizer's pediatric COVID trial were **excluded without explanation**.
- Oftentimes, trial participants drop out or are excluded due to severe side effects. Here, we don't know why two-thirds of the participants were eliminated
  - In my medical school classes about how to analyze research, a 66% dropout rate should have been sufficient to deem the trial null and void

When Maddie was 12 years old, she heard about the Pfizer vaccine trials at Cincinnati's Children's Hospital and told her parents she wanted to sign up as a test subject. Her brother, Lucas, also volunteered.

- Maddie is now **paralyzed** from the waist down.
- She has g**astroparesis** with great difficulty swallowing food and water.
- Maddie needs a **wheelchair** or walker to get around, and a **feeding tube** for nourishment.
- At one point, Maddie was having **20 or more blackout/fainting episodes per day**. POTS
  - Reported as functional abdominal pain



PFIZER'S INOCULATIONS FOR COVID-19 / MORE HARM THAN GOOD

CCMCA

12 -15 ADOLESCENT TRIAL FAILURE TO REPORT SERIOUS ADVERSE EVENTS

Maddie de Garay is a 12 year old trial participant who developed a serious reaction after her second dose and was hospitalized within 24 hours.

Maddie developed gastroparesis, nausea and vomiting, erratic blood pressure, memory loss, brain fog, headaches, dizziness, fainting, seizures, verbal and motor tics, menstrual cycle issues, lost feeling from the waist down, lost bowel and bladder control and had an nasogastric tube placed because she lost her ability to eat. She has been hospitalized many times, and for the past **10 months she has been wheelchair bound and fed via tube.**

In their report to the FDA, **Pfizer described her injuries as "functional abdominal pain."**

- One participant experienced an SAE reported as generalized neuralgia, and also reported 3 concurrent non-serious AEs (abdominal pain, abscess, gastritis) and 1 concurrent SAE (constipation) within the same week. The participant was eventually diagnosed with functional abdominal pain. The event was reported as ongoing at the time of the cutoff date.

THERE IS NO LONG TERM SAFETY DATA; SHORT TERM DATA IS WORRISOME

Pfizer original trials eliminated the control groups

FLCCC ALLIANCE

After 2 months, the placebo group in the original trial was offered the COVID vaccine and most took it

So we do not have long term follow up on the ~22,000 people who were to be the controls for long term differences in the health of vaxxed/unvaxxed

In the initial pediatric trial, no long term comparisons of overall health or all cause mortality can be made

In the pediatric trials, control group eliminated after 6 months

KID'S CORNER WITH DR. LIZ

CDC removes statement about mRNA being broken down in a few days and spike protein leaving in a few weeks.

web.archive.org/web/20220722133644/https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html

with COVID-19.

4. At the end of the process, our bodies have learned how to help protect against future infection with the virus that causes COVID-19. The benefit is that people get this protection from a vaccine, without ever having to risk the potentially serious consequences of getting sick with COVID-19. Any side effects from getting the vaccine are normal signs the body is building protection.

Get Email Updates

To receive email updates about COVID-19, enter your email address:

Email Address

What's this? Submit

Facts About mRNA COVID-19 Vaccines

mRNA COVID-19 vaccines cannot give someone COVID-19 or other illnesses.

- mRNA vaccines do not use any live virus.
- mRNA vaccines cannot cause infection with the virus that causes COVID-19 or other viruses.

They do not affect or interact with our DNA.

- mRNA from these vaccines do not enter the nucleus of the cell where our DNA (genetic material) is located, so it cannot change or influence our genes.

The mRNA and the spike protein do not last long in the body.

- Our cells break down mRNA from these vaccines and get rid of it within a few days after vaccination.
- Scientists estimate that the spike protein, like other proteins our bodies create, may stay in the body up to a few weeks.

web.archive.org/web/20220723161304/https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html

U.S. COVID-19 Vaccination Data

Developing COVID-19 Vaccines

Communication Resources

Get Email Updates

To receive email updates about COVID-19, enter your email address:

Email Address

What's this? Submit

COVID-19. After the protein piece is made, our cells break down the mRNA and remove it, leaving the body as waste.

3. Next, our cells display the spike protein piece on their surface. Our immune system recognizes that the protein does not belong there. This triggers our immune system to produce antibodies and activate other immune cells to fight off what it thinks is an infection. This is what your body might do if you got sick with COVID-19.

4. At the end of the process, our bodies have learned how to help protect against future infection with the virus that causes COVID-19. The benefit is that people get this protection from a vaccine, without ever having to risk the potentially serious consequences of getting sick with COVID-19. Any side effects from getting the vaccine are normal signs the body is building protection.

Facts About mRNA COVID-19 Vaccines

mRNA COVID-19 vaccines cannot give someone COVID-19 or other illnesses.

- mRNA vaccines do **not** use any live virus.
- mRNA vaccines **cannot** cause infection with the virus that causes COVID-19 or other viruses.

They do not affect or interact with our DNA.

- mRNA from these vaccines do **not** enter the nucleus of the cell where our DNA (genetic material) is located, so it cannot change or influence our genes.

Myocarditis and COVID mRNA vax

In the 12- to 17-year-old male cohort, the risk of myo/pericarditis is at least 11 times higher than the background rate.

“a kinder, gentler, milder myocarditis”

Preliminary myocarditis/pericarditis reports to VAERS following dose 2 mRNA COVID-19 vaccination, Exp. vs. Obs. using 21-day risk window (data thru Jun 11, 2021)

	Females			Males		
Age groups	Doses admin	Expected*,†	Observed*	Doses admin	Expected*,†	Observed*
12–17 yrs	2,189,726	1–7	20	2,039,871	1–12	132
18–24 yrs	5,237,262	2–18	27	4,337,287	2–21	233
25–29 yrs	4,151,975	1–15	11	3,625,574	2–21	69
30–39 yrs	9,356,296	5–54	14	8,311,301	5–48	71
40–49 yrs	9,927,773	6–57	23	8,577,766	5–49	40
50–64 yrs	18,696,450	11–108	25	16,255,927	9–94	34
65+ yrs	21,708,975	12–125	17	18,041,547	10–104	16
Not reported	—	—	1	—	—	9

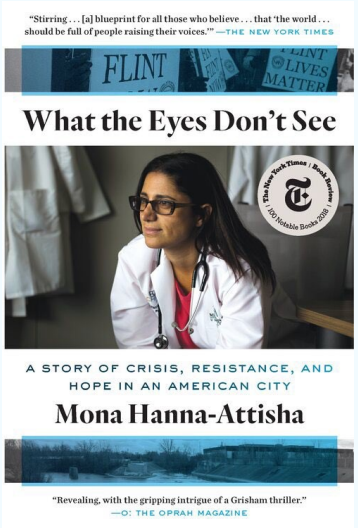
presented June 23, **2021**

ARE THERE PRECEDENTS FOR COMPANIES PUTTING PROFITS ABOVE CHILDREN'S HEALTH?

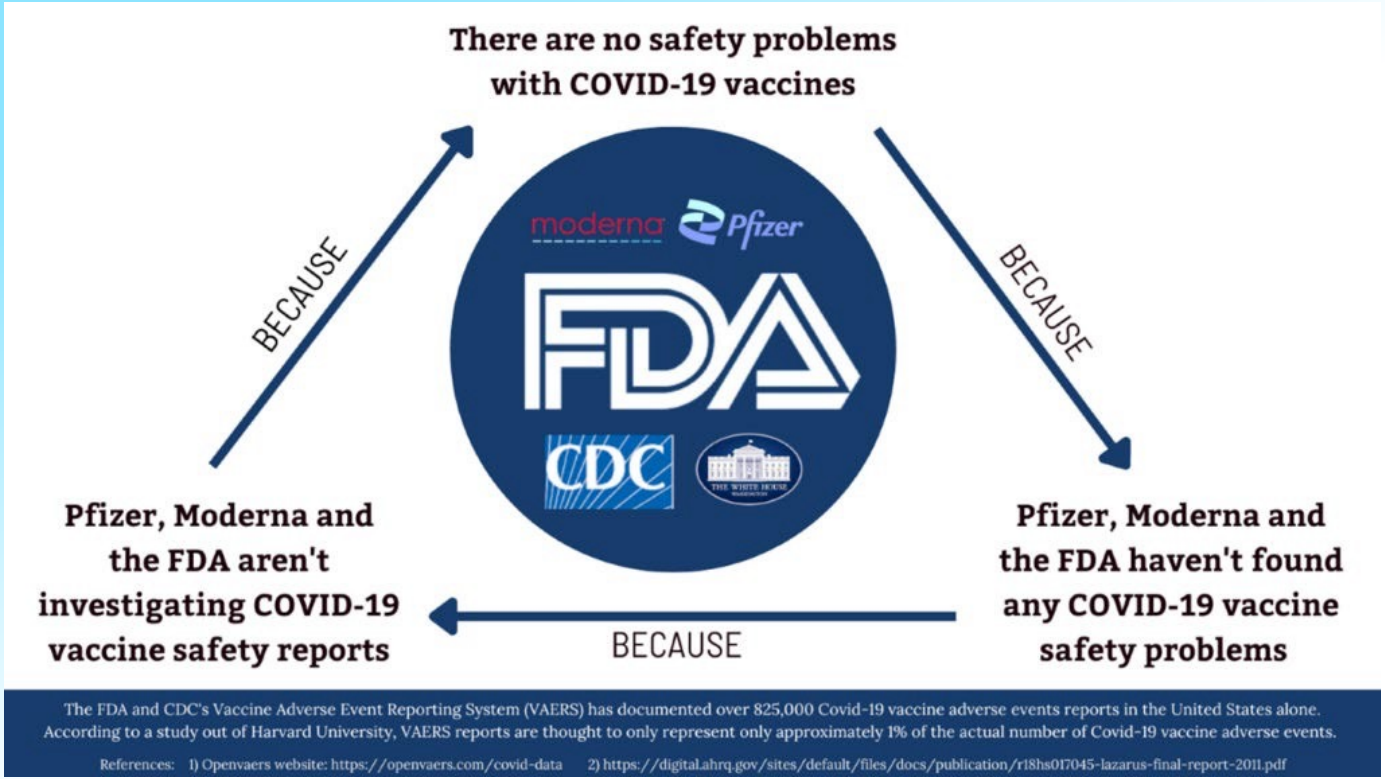
Happy Baby Lawsuit Toxic Heavy Metals

APRIL 2023

3 former execs arrested and charged for marketing faulty lead testing devices



“Safe and effective”



KID'S CORNER WITH DR. LIZ

06/15/22 CHILDREN'S HEALTH DEFENSE
The Evidence Is Clear: Healthy Children Simply Don't Need COVID Vaccines: Dr. David Gortler

TRUE INFORMED CONSENT FOR PARENTS TO DECIDE FOR CHILDREN

True Informed Consent

- All medical decisions require a **full disclosure of risks, benefits and alternatives to treatment**, and an individualized risk-benefit analysis, in a sober discussion between a qualified healthcare professional and the patient, or parent/guardian of a child under 16 (the legal age of consent).
- Nuremburg code specifically forbids coercion or bribery.
  - Use of **peer pressure**
  - Gift cards, pizza parties, donuts, etc.

I CARE PEDIATRIC PROTOCOLS

KID'S I CARE PROTOCOL

Vitamin D
Vitamin C
Vitamin A

Zinc

Ibuprofen

Quercetin

Probiotics

Ivermectin
Melatonin

Essential oils

I-CARE

FOR KIDS

Download I-CARE For Kids Summary

Download I-CARE For Kids Protocol

A Parent's Guide to Prevention and Early COVID Treatment for Children

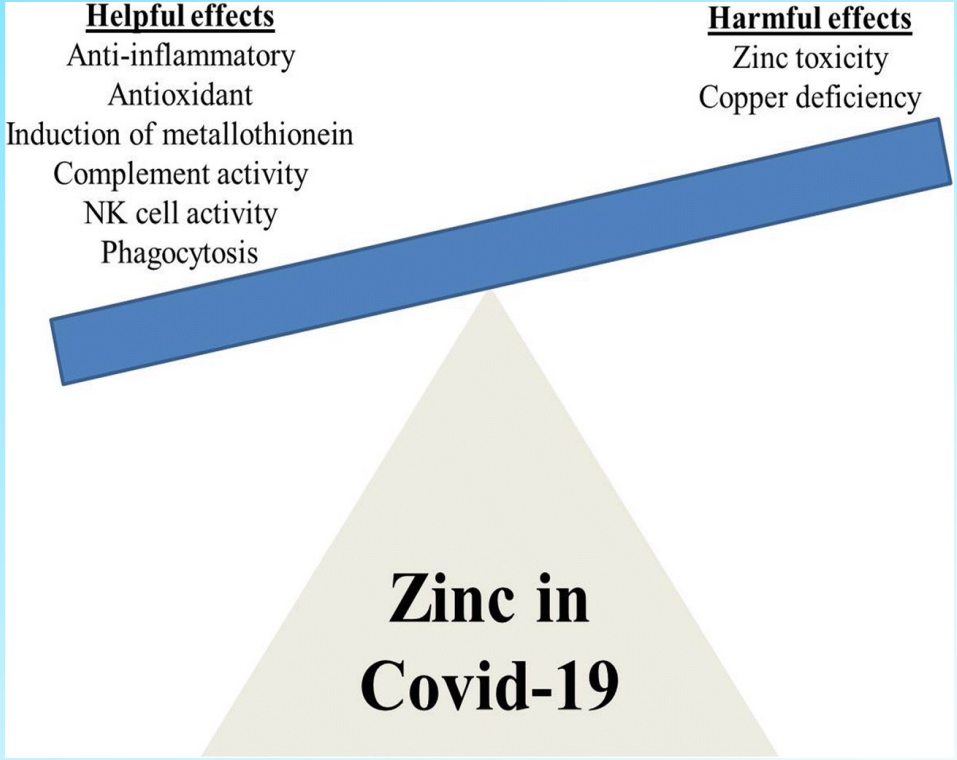
Most children with COVID-19 handle the virus well and recover fully. Despite a lot of fear-mongering, COVID is not a deadly disease for most children. In fact, data show that the death rate is extremely low in patients under 17 years old. This guide aims to help you understand the real risks and know how to respond. The best thing you can do is focus on making sure your child is healthy overall and that their immune system is strong and robust.

Recommended Therapies

Dosage varies based on size and age of child; see I-CARE For Kids protocol for full details

Vitamin D: Adequate Vitamin D levels help our bodies fight inflammation and boosts immunity.
Vitamin C: An excellent antiviral that protects against a wide variety of viruses including COVID-19.
Vitamin A: Found in red, yellow, and orange vegetables and a main component in cod liver oil.
Zinc: Strengthens innate and adaptive immunity and inhibits the virus from entering cells.
Ibuprofen: Reduces fever, treats aches, and fights inflammation. Do not use for low-grade fever.
Quercetin: Kills the virus, and is a potent antioxidant and anti-inflammatory.
Probiotics: Helps train the immune system to attack pathogens (rather than itself).
Ivermectin: Clinical experience shows ivermectin to be safe and effective in children.
Melatonin: A potent antioxidant with important anti-inflammatory effects.
Essential oils: Do not ingest; diffuse in the room or apply topically to the skin.

Ionophore: a substance which is able to transport particular ions across a lipid membrane in a cell.



Give with food
Start low (10 mg)
Go slow
Divide doses: AM & PM

More aggressive treatment for children with chronic diseases

Hydroxychloroquine: Not needed in most cases; decision to use in selected high-risk individuals would involve informed consent discussions between the clinician and family.

Azithromycin: Acts as a zinc ionophore; little in the published literature about COVID and azithromycin and children.

Asthma medications: Children with asthma are at higher risk of complications from COVID infection. When COVID is circulating, it is wise to make sure that your asthmatic child keeps taking any controller medications (such as inhaled steroids) and has refills of any rescue medications (like albuterol).

N-acetyl cysteine (NAC): Helps promote detoxification.

Omega-3 essential fatty acids: Excellent anti-inflammatories.

Mouthwashes and nasal sprays: Have not been studied in children with SARS-CoV2.

Not routinely recommended

- Acetaminophen in repeated doses
- Antihistamines
- Antibiotics early in the illness
- Decongestants
- Cough suppressants
- Aspirin for fever

QUECERTIN

- Food sources: fruits, veggies, seeds, grains, kale, red onions
  - Rapidly cleared with 1-2 hour half life after food
- Mast cell stabilizer: role in allergic, inflammatory and autoimmune diseases which release IL 8 & TNF alpha
- Also anti-clotting mechanism
- Therapeutic effects enhanced when given with Vitamin C
- Doses:
  - Toddlers: up to 250 mg bid
  - Elementary: up to 500 bid
  - Adolescents 400-600 mg up to tid

MELATONIN

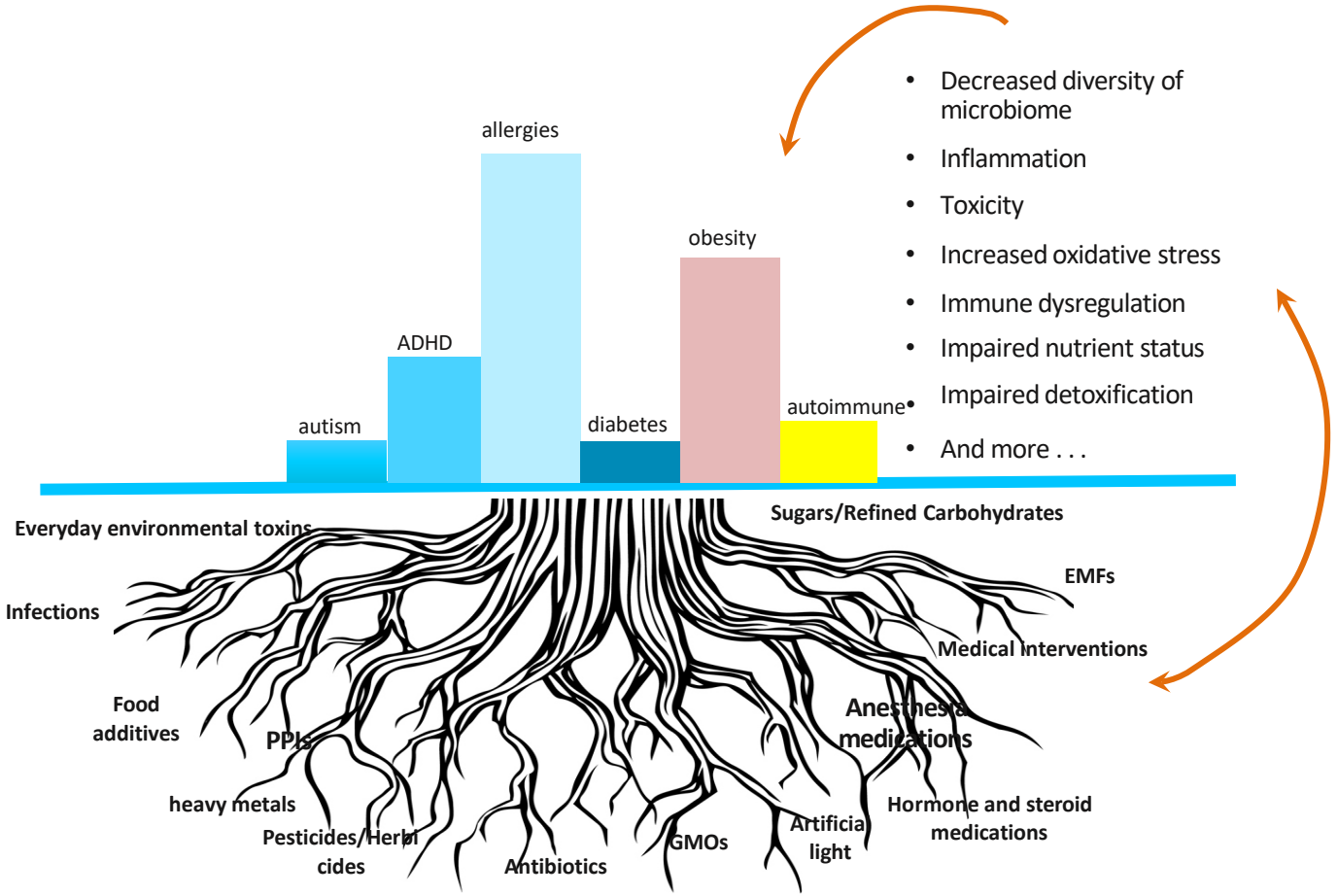
- Beyond sleep – excellent anti-oxidant (independent of M1 and M2 receptors that are important for sleep induction)
- Regulation of mood, learning, memory and immune activity
- Doses:
  - Not recommended in babies who are still establishing sleep/wake rhythms
  - most toddlers do well with between 0.5 and 3 mg
  - In special circumstances, we use 5-10 mg
- Pediatric limitations on long acting forms
  - If kids cannot swallow pill without chewing, hard to use long acting forms
  - Some kids have rebound waking between 2-3 am – vivid nightmares

FAMOTIDINE: H2 receptor antagonist

- Approved in infants down to 1 month of age
- Dose 0.5 – 1 mg/kg/day q day or divided bid
- Caution with alpha gal patients: pill form has mag stearate, which sometimes has mammal products, sometimes not
- Caution in pregnancy and breastfeeding but good R:B ratio IMO
  - Pregnancy: animal studies showed problems only at >250 times human doses
  - Breastfeeding: animal studies showed growth suppression at 600 times human doses

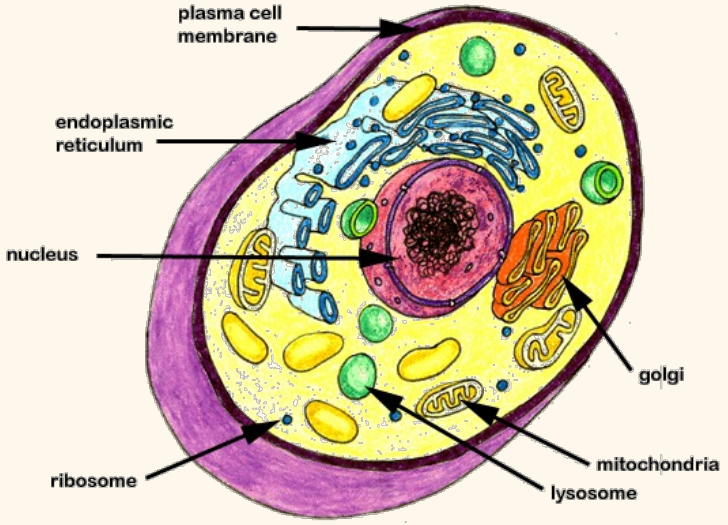
BASIC PRINCIPLES FOR LONG COVID & VACCINE INJURY

Varied conditions share the same set of root causes



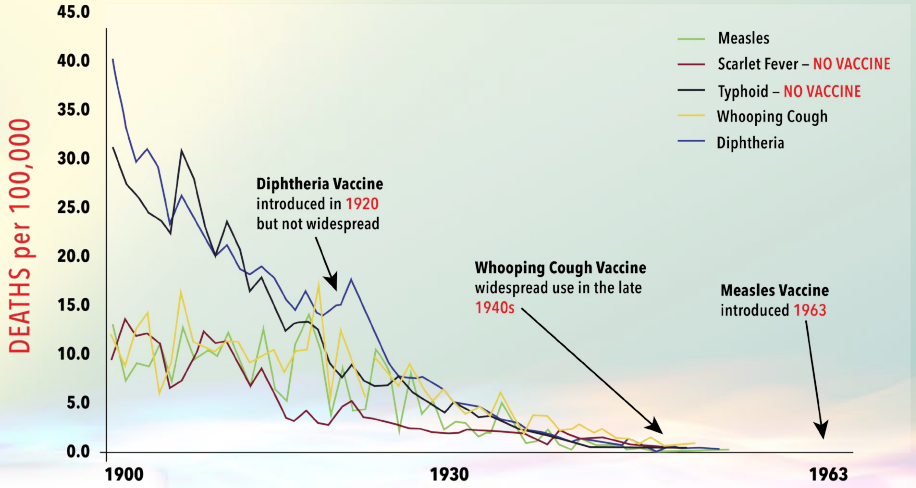
Principles for treating vaccine injury

- Treating Oxidative Stress
- Optimizing detoxification strategies
- Balancing immune dysregulation
- Supporting mitochondrial function
- Correcting dysfunctional metabolism
- Restoring optimal gut function



BASED ON SCIENTIFIC EVIDENCE, COVID ‘VACCINES’ ARE NOT INDICATED IN PEDIATRIC PATIENTS

UNITED STATES: DISEASE MORTALITY RATES



DESPITE COMMON BELIEF, INFECTIOUS DESEASE DEATHS *DECREASED 85-90%* BEFORE VACCINES* WERE INTRODUCED IN THE US. DISEASES *WITHOUT VACCINES* – INCLUDING SCARLET FEVER, TUBERCULOSIS, CHOLERA AND TYPHOID – FOLLOWED THE SAME TREND.

*Trends in the health of Americans During the 20th Century. Pediatrics. **www.LearnTheRisk.org/diseases**

References: Vital Statistics of the United Stated 1937, 1938, 1943, 1944, 1949, 1960, 1967, 1976, 1987, 1992: Historical Statistics of the United States: Colonial Times to 1970 Part 1

VACCINES SOMETIMES GET MORE CREDIT THAN THEY DESERVE

THEY ARE NOT THE SILVER BULLET MANY BELIEVE

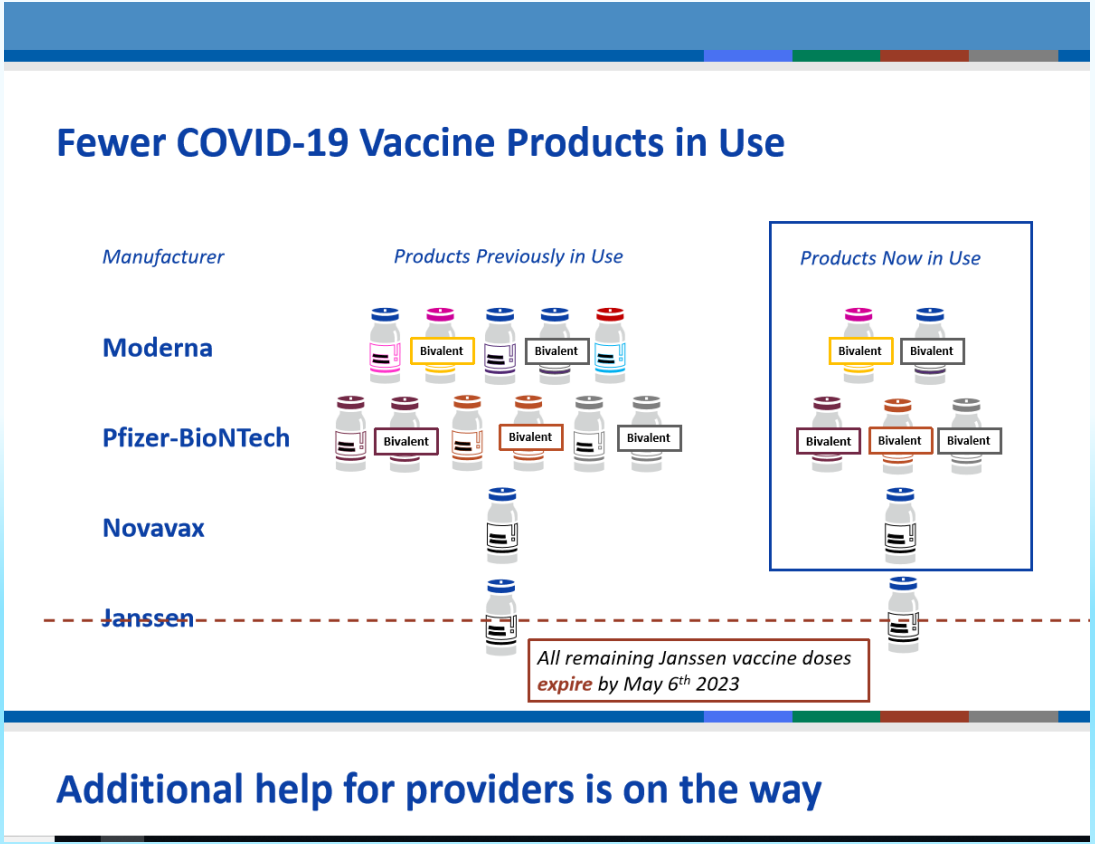
ACIP recs April 2023

Table 1. COVID-19 vaccination schedule for people who are NOT moderately or severely immunocompromised by COVID-19 vaccination history, April 2023: Ages 6 months–4 years

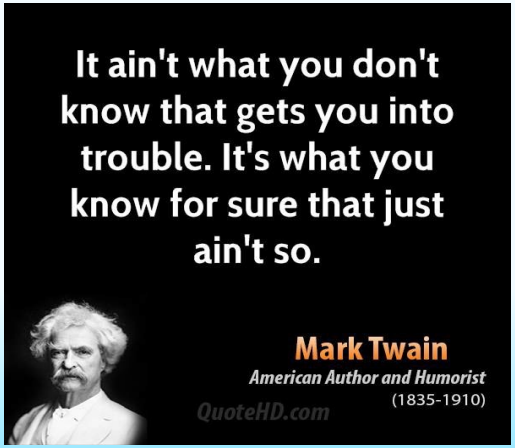
COVID-19 vaccination history	Bivalent vaccine	Number of bivalent doses indicated	Dosage (mL/ug)	Vaccine vial cap and label colors	Interval between doses
Unvaccinated	Moderna ___or___	2	0.25 mL/25 ug	Dark blue cap; gray label border	Dose 1 and Dose 2: 4–8 weeks
	Pfizer BioNTech	3	0.2 mL/3 ug	Maroon	Dose 1 and Dose 2: 3–8 weeks Dose 2 and dose 3: At least 8 weeks
1 dose monovalent Moderna	Moderna	1	0.25 mL/25 ug	Dark blue cap; gray label border	4-8 weeks after monovalent dose
2 doses monovalent Moderna	Moderna	1	0.2 mL/10 ug	Dark pink cap; yellow label border	At least 8 weeks after last monovalent dose
2 doses monovalent Moderna and 1 dose bivalent Moderna	NA; previously received 1 bivalent vaccine dose	NA	NA	NA	NA
1 dose monovalent Pfizer-BioNTech	Pfizer BioNTech	2	0.2 mL/3 ug	Maroon	Dose 1: 3–8 weeks after monovalent dose Dose 1 and Dose 2: At least 8 weeks
2 doses monovalent Pfizer-BioNTech	Pfizer BioNTech	1	0.2 mL/3 ug	Maroon	At least 8 weeks after last monovalent dose
3 doses monovalent Pfizer-BioNTech	Pfizer BioNTech	1	0.2 mL/3 ug	Maroon	At least 8 weeks after last monovalent dose
2 doses monovalent Pfizer-BioNTech and 1 dose bivalent Pfizer-BioNTech	NA; previously received 1 bivalent vaccine dose	NA	NA	NA	NA

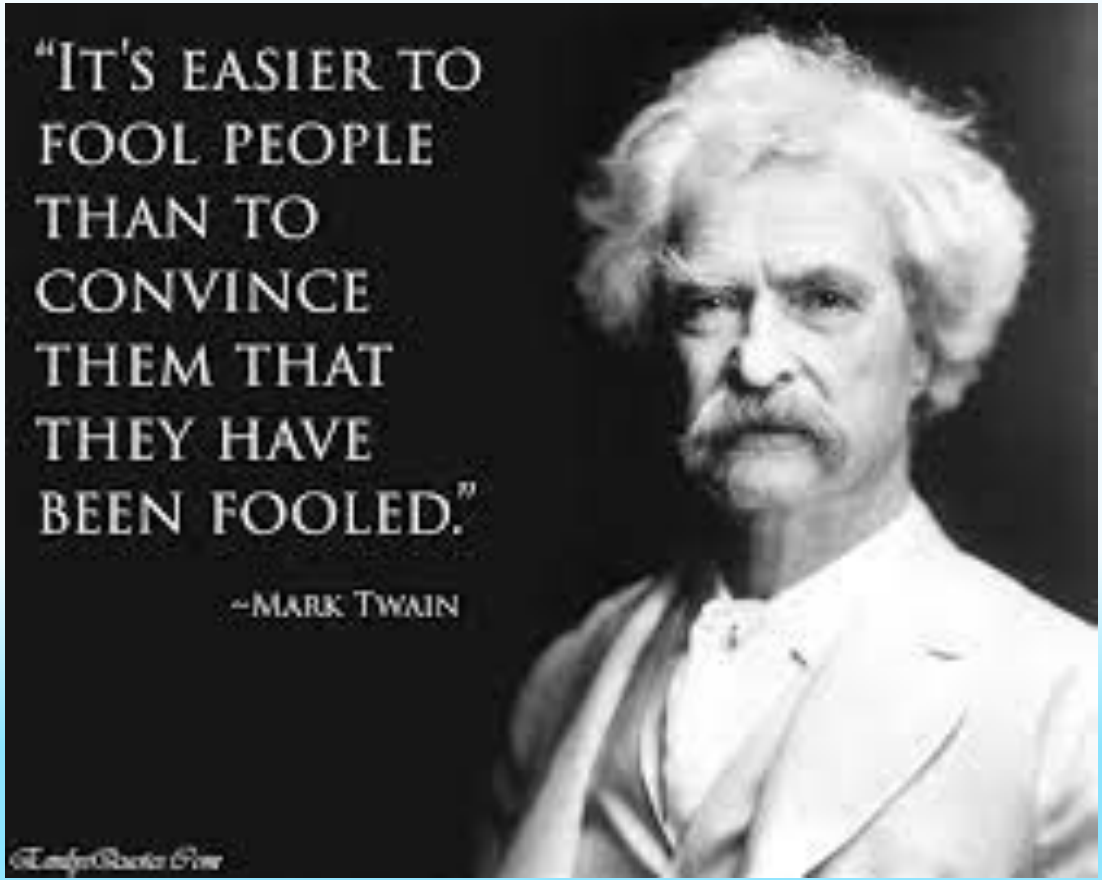
ACIP recs April 2023 vs. Mumper recs

- Since the risk of disease is minimal, any vaccine should have minimal side effects
- Even rare side effects will affect lots of children if a new injection is deployed widely



Wisdom vs. Knowledge





FLCCC

ALLIANCE

www.flccc.net/drliz