




# Don't Vaccinate Kids: Urgent Message From Doctors' Summit



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[November 8, 2021](#)

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By Mary Beth Pfeiffer

Leading experts on flawed U.S. COVID policy issued an urgent warning at a summit Saturday: Young children will be harmed in an ill-advised rush to vaccinate a population with very little chance of severe infection from the virus.

"The real risk for healthy kids is about zero — it does appear to be lower than the flu," said Dr. Robert Malone, [inventor](#) of the mRNA technology on which the vaccine is based. Inoculating 28 million children 5 to 11 years old, Malone told attendees of the [Florida Summit on Covid](#), could lead to "a thousand or more excess deaths."

"That's a thousand kids," he told the audience of 800 doctors, nurses and advocates. "It's a thousand kids too many."





In addition to other pressing COVID issues, the summit addressed three central questions about childhood vaccination. Do young children need vaccination against COVID? Are the vaccinations safe? Are unvaccinated children a threat to adults? On each, they found the government's near-universal vaccination policy wanton and unsupported.

"Children don't get severely ill. Children don't die from this infection," said Dr. Paul Alexander, a clinical epidemiologist and former senior advisor on pandemic policy in U.S. Department of Health and Human Services. "We've been fed a lot of misleading information."

Though harshly criticized for keeping schools open, "Sweden had not a single death of a child from COVID," said Dr. Richard Urso, a Texas ophthalmologist citing [published data](#).

The U.S. Centers for Disease Control counts 576 U.S. children under 18 who succumbed to COVID from Jan. 1, 2020 to Nov. 3, 2021, among 60,811 who died in that period. But the [CDC figures](#) offer no perspective on whether another illness or COVID caused the deaths. In a [study](#) of 48,000 COVID-infected children under 18, no deaths were reported among those [without comorbidities](#) like leukemia or obesity. In other words, healthy kids did not die, suggesting vaccines are not needed for them.

## 'Willful blindness'

With the risk of serious illness low, panelists said the potential toll of vaccinating was unacceptably high, pointing to thousands of officially downplayed but real [side effects and deaths](#). The risks to children include – but aren't limited to – serious inflammation of the heart called myocarditis, which has been reported at [three to six times](#) the expected rate in vaccinated adolescents. A CDC [study](#) reported 14 vaccine-related deaths and 849 serious reactions in children 12 to 17 years old.

"There will be children lost with the vax — far more than ever happened with COVID," said Dr. Peter McCullough, a widely published cardiologist and leading voice on a rational pandemic response. Doctors are guilty of "willful blindness" to vaccine hazards, he said, having "bour

this...dream that this vax is both safe and effective. It is shattering their dreams that it is not sufficiently safe.”



The summit met just after the Pfizer vaccine was recommended by the CDC and as rollout began in pharmacies and clinics.

In Florida, where debate on vaccine mandates is vigorous, summit organizers see child vaccination as a line not to be crossed in a state that could set an example for the nation. They hope to stop the expanded vaccine program with an executive order by Gov. Ron DeSantis or legislation in an upcoming emergency session called to address vaccine mandates.

“We need to pull out all the stops,” Dr. John Littell, an Ocala physician who spearheaded the summit, told me. “We’ve only begun to fight for our children.”

With virtually universal media support, pressure is intense to vaccinate the pint-sized. On Twitter, the Muppet character Big Bird told of doing his duty for the public good. “I got the COVID-19 vaccine today!” he tweeted on the day of the summit. “My wing is feeling a little sore, but it’ll give my body an extra protective boost that keeps me and others healthy.”

A Pfizer video, meantime, widely shared on social media, showed “superhero” boys and girls, in capes, masks and wings, celebrating vaccination. Mouthing words written by a pharmaceutical giant, they praised other kids who took the needle for their “courage,” willingness to “try new things” and “helping the whole entire world.” Another video, of 13-year-old Madeline De Garay injured after vaccination during a trial, tells quite a different story but, sponsors say, was rejected for airing as a television ad.

## **‘One and done’**

The six-hour summit included a premier lineup of COVID doctors who, based on treatment experience and available science, also raised two other urgent concerns:

The effective suppression of physician freedom to treat early COVID with ivermectin, hydroxychloroquine, fluvoxamine and other drugs that could keep patients out of hospitals and save lives.



The protective value of having had COVID, which offers immune benefits that panelists said exceed – and forego the need for — vaccination.



“Natural immunity is robust; it’s complete; it’s durable,” Dr. McCullough told the group. “If it was possible to get it again, it would’ve happened hundreds of millions of times. It’s one and done.” Just 100 or so cases have been reported in the literature, he said, but there is confusion over whether they were actually second infections.

“With COVID, you develop immunity to 50 or so proteins” that spur production of antibodies, Malone said in his talk. “With the vaccine, you develop immunity to one structural protein,” namely the spike protein. “It’s a huge difference.”

“Don’t let them tell you that recovered-from-COVID does not lead to long-lasting immunity,” Dr. Ryan Cole, an Idaho pathologist, told the group, pitting a report on 106 science articles in favor of infection-acquired immunity against a single CDC “pretend paper” saying vaccines offer more protection.

The implications of natural immunity are enormous. The CDC estimates that 120 million Americans – a third of the population — have had COVID. If their immunity was recognized, that would dramatically reduce the lucrative market for vaccines and boosters – what many panelists believe motivates the rush to jab. More than 200 million Americans will have been infected after the Delta wave, McCullough estimates, broadening that population greatly.

Physicians at the summit left room for some to be vaccinated, including people whose compromised health puts them at risk for severe illness. Malone supports vaccination for high-risk groups, though he told me, “That may change as additional data become available.”

As it stands, however, the vast majority of Americans would be vaccinated under government recommendations that, if mandated by workplaces, schools and municipal governments, leave few exceptions.

## **‘Unmitigated corruption’**

While the urgency of vaccinations took center stage, the failure to treat people at the first sign of COVID – and its immense consequences — was cited as the product of a corrupt, Pharma-controlled system and government.

In a stirring talk, Pierre Kory, president of Frontline Covid-19 Critical Care Alliance and a voice for early treatment, pointed to a litany of methods that science journals, media and government have used to effectively deny care with inexpensive “repurposed” drugs like ivermectin.

Among them: Refusal to publish pro-treatment scientific papers and retraction, under pressure, of others. Insistence on pricey randomized control trials while not funding them. A double standard that has Merck’s expensive molnupiravir poised to become a prime outpatient drug, based on one pharma-sponsored trial, while tossing aside dozens of studies favoring ivermectin, hydroxychloroquine and other potential treatments. Rejection of the clinical experience of hundreds of doctors who have seen early treatment drugs keep people out of hospitals and coffins.

Having had “a front-row seat on the war on ivermectin,” Kory described in two words the reason for the monumental failure to treat COVID: “Regulatory capture.” In short, the alphabet agencies – NIH, CDC, FDA – aren’t making the decisions.

“It’s well described that all of those agencies are literally run by Pharma,” he said. “If you want to keep your job, you let the leaders do what they do.” This has led, he said, to “unmitigated and repeated acts of corruption, which are hurting public health.”

## **‘Get sicker’**

While Kory has strongly supported ivermectin – and several doctors in the audience said they had great success with it – he and others said there are other perhaps two dozen compounds that could help early. Nonetheless, public health leaders are silent on recommending any. Among them: aspirin, budesonide, colchicine, curcumin, melatonin, nitazoxanide, quercetin, zinc and vitamins C and D. Even a highly favorable trial on fluvoxamine has failed to earn the government’s endorsement.

“They tell you to go home and get sicker and come back and see us when you’re really sick and your body’s damaged,” Malone said. “Ask yourself, ‘does this make sense?’”

At the same time, speakers dismissed the unsupported contention that unvaccinated children are a threat to adults — who even when vaccinated can themselves get and spread COVID. “Children are not superspreaders,” said Urso. Further, said Malone, “It’s not the kids responsibility to protect the elders.”

It is, however, the responsibility of public health agencies to live up to protecting the public.

Instead, said Dr. Bruce Boros, owner of three urgent care centers in the Florida Keys, they thwack doctors at every turn.

“We’re getting the shit kicked out of us, there’s nowhere to go,” he told me.

“The CEOs and administrators of hospitals are threatening us. You’re going to be fired. You must walk in lockstep with our standard of care.”

After recounting harrowing experiences in New York City ICUs early in the pandemic, a critical care physician, Dr. Mollie James, concluded with this: “Doctors must not be blocked from prescribing life-saving medicine in the hospital. Doctors must not be blocked from giving life-saving treatment outpatient.”

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