

The Elephant in the Room

By Tim Wilcox, 20th August 2021

This is a detailed look at the medical case - or lack thereof - for vaccinating children in the U.K. Not adults, just children. It will show there is virtually no justification for jabbing those under age 18. Moreover, the vaccines represent a bigger threat to the health of youngsters than does Covid-19, the disease they are supposed to protect them against. It's necessarily long, but please stick with it as it might just help you to prevent a child from becoming seriously ill or, dare I say it, from dying.

Throughout the text there are ^{red} numbers which relate to the 'Footnotes' section at the end of the article. There, you'll find links to official sites such as the National Health Service (NHS), Office for National Statistics (ONS) etc., and to respected medical journals and distinguished medical professionals. No wacko conspiracy theory sites to be found here, promise! On a similar note, it must be emphasised that I (Tim Wilcox, the article's author) am not some tin hat wearing swivel eyed loon - a so-called 'anti-vaxxer'. I'm totally in favour of **provably effective** and **provably safe** vaccines. I accept fully that no vaccine can be 100% effective and safe, so the 'provably' criterion must be that the Covid-19 vaccines at least meet - and preferably exceed - all the efficacy and safety standards of established vaccines currently in widespread use. As will be demonstrated, they fall well short of this benchmark.

The government's vaccine roll-out has been a spectacular success but the vaccines themselves are anything but. On 19th July 2021, the Joint Committee on Vaccination and Immunisation (JCVI) issued a recommendation not to vaccinate 16-17 year olds,

except those that are at increased risk from Covid-19 due to severe neurodisabilities, Down's syndrome, immunosuppression and multiple or severe learning disabilities. They said: "As evidence shows that **COVID-19 rarely causes severe disease in children without underlying health conditions**, at this time the JCVI's view is that the **minimal health benefits** of offering universal COVID-19 vaccination to children **do not outweigh the potential risks.**"¹ Clear and unequivocal. However, just two weeks later, they revised their guidance, advising all 16-17 year olds to receive their first dose of the Pfizer-BioNTech vaccine - with a second dose at an unspecified later date.² What happened in those two weeks, what new data or other evidence came to light that warranted a complete u-turn? We don't know, as none was provided. On top of that, it looks increasingly likely that vaccines will be offered to all children as young as 12 before the year end.³

For there to be a moral and ethical justification to vaccinate youngsters, surely this must be supported by watertight medical necessity? To wit, the following key criteria need to be met . . .

1. The need to prove that youngsters are key spreaders of the virus

They aren't.

We know this for the simple reason that they have mild or no symptoms and, therefore, insufficient viral load to be effective carriers and spreaders of the disease. To be a good source of infection, the carrier must have a lot of virus in their airway, i.e. large viral load. Make no mistake, people that have a lot of virus in their airway will have symptoms. People without symptoms can't have much virus and, therefore, insufficient viral load to infect others. These are the words (paraphrased) of Dr. Mike Yeadon.⁴ Who is he and why listen to him? He's a scientist with a degree in

biochemistry and toxicology, and a research-based PhD in respiratory pharmacology. He has spent over 30 years leading new medicines research in the pharmaceuticals industry, culminating in being Vice President & Chief Scientist for Allergy & Respiratory Research at Pfizer, before leaving to found his own biotech company, Ziarco, which he sold to the world's biggest drug company, Novartis, in 2017. Suffice to say, he knows a thing or two about viruses and how they spread!

For those of you who like hard data to support the hypothesis, a massive general population study in Wuhan, China dispels the myth of asymptomatic transmission of SARS-CoV-2: ". . .No new symptomatic cases and 300 asymptomatic cases (detection rate 0.303/10,000, 95% CI 0.270–0.339/10,000) were identified. There were no positive tests amongst 1,174 close contacts of asymptomatic cases. . ." ⁵ Additionally, a recent study published by The Lancet shows that in secondary schools: "SARS-CoV-2 infection, seropositivity and seroconversion rates were similar in staff and students, and comparable to local community rates". ⁶ From this we can conclude that schools and children do not drive the spread of coronavirus infections. So, kids won't kill granny, not least because granny's double jabbed.

2. The need for youngsters to be at risk of serious harm from the virus

They aren't.

It is widely accepted that the risk of serious illness and death to those under 18 is practically zero. According to official NHS data, as of 12th August 2021, **a total of nine people** aged 19 or under with no pre-existing conditions have died in England in hospital with a positive PCR test since the start of the pandemic. ⁷ Just nine. Remember, PCR tests for the virus (SARS-CoV-2) which can be present in someone who is not necessarily ill and infectious with the disease (Covid-19). In other words, we can't even

be sure that the nine youngsters who tragically lost their lives died **of** Covid-19, as opposed to other causes **with** Covid-19.

Some have argued that vaccinating children protects them against Long-Covid but, as yet, little hard data is available to substantiate this. In fact, a preprint study published in the medical journal MedRxiv casts doubt on whether symptoms attributed to Long-Covid are really associated with Covid-19 at all, at least in adolescents. The study found that among 1,560 students with a median age of 15 years, the prevalence of Long-Covid is considerably exaggerated, and that the presumed symptoms of the ailment are **common to those who have and haven't had the virus**.⁸ Be that as it may, perhaps this is the 'minimal health benefits' mentioned earlier that the JCVI referred to in their original 19th July announcement?

3. The need for youngsters not already to have any immunity to the virus

The majority do.

We know this because according to ONS data, as of 18th July 2021, 95% of all adults tested positive for antibodies to SARS-CoV-2 and, in **the 16-24 age group, almost 80% tested positive**.⁹ Given that few people in the younger cohort are double jabbed, this level of immunity has been achieved through a mix of natural infection and from prior infections and cross-coronavirus immunity.

4. The need for vaccines to be safe

They're not.

We know this from the adverse reactions published by VAERS in the U.S., EudraVigilance in the EU and the Medicines and Healthcare products Regulatory

Agency (MHRA) Yellow Card reporting system in the U.K.¹⁰ Vaccine advocates dismiss adverse reactions reported via the Yellow Card scheme on the following grounds . . .

1. *'It's a self-reporting scheme'*, they say. The inference being that the reports are either bogus or exaggerated. Well, a handful perhaps, but surely not the massive numbers we're seeing? Why would someone voluntarily go and get vaccinated one day and then go to the trouble to lodge a false report the next? That doesn't make sense.
2. *"Adverse reactions including a pain in the arm,"* says Jeremy Vine somewhat dismissively on his BBC Radio 2 show.¹¹ A sore arm is indeed listed, but his condescending attitude towards 'John in Manchester' is unlikely to endear him to his listeners, many of whom will have family and friends who've suffered serious side effects from the vaccines. As of 4th August 2021, these include - but are not limited to: [condition (No. of reactions) **deaths**] anaphylaxis (1,287), blindness (377), cardiac arrest (239) **65**, cardiac failure (74) **9**, cerebral haemorrhage (201) **51**, deafness (539), dyspnoea (10,063) **12**, facial paralysis including bell's palsy (1,550), guillain barré syndrome (423), multiple organ dysfunction syndrome (18) **8**, myocardial infarction (608) **91**, myocardial ischaemia (22) **10**, paralysis (1,039), pneumonia (324) **36**, pulmonary embolism (1,838) **115**, sepsis (101) **12** and spontaneous abortions (441) + 9 stillborn. The list goes on and on . . .
3. *'Correlation doesn't necessarily prove causation'*, they say. The implication being that the reported cases are just coincidence and not caused by the vaccines. **North of 1,000,000 adverse reactions and over 1,500 deaths** are one hell of a lot of coincidences! In the highly unlikely event that a large percentage of them are mere coincidence, then surely the same could be said of those who've died

within 28 days of having a positive PCR test, making a mockery of the total number of deaths allegedly due to Covid-19? Try as they might, the government can't have it both ways.

4. *'There's no evidence that links the Yellow Card reports to the vaccines'*, they say. That doesn't mean none exist and, obviously, none will be found if no one's looking (for links)! Besides which, surely the onus is on those who make this point to produce the research, peer reviewed studies, post-mortem results and pathologist reports etc. that conclude there are no links - not the other way round? Bizarrely, it appears that **no such studies are being undertaken**, from which it's hard to surmise anything other than the MHRA aren't commissioning them for fear of what they might find.

If ever there was a time to invoke the precautionary principle and not vaccinate children until vaccines are provably safe - surely now is the time? Common sense says that it would be wise to assume the bulk of the reported adverse effects are bona fide and caused by the vaccines unless and until there's compelling evidence to the contrary.

The government admits that: *"It is estimated that only 10% of serious reactions and between 2 and 4% of non-serious reactions are reported"*. However, they are at pains to point out that: *"...these estimates should not be used as indicators of the reporting rate for COVID-19 vaccines, for which there is high public awareness of the Yellow Card scheme and the reporting of suspected reactions. . ."*¹² Okay then, let's be ultra conservative and up the 10% figure to 50%. This still means that in the U.K. alone, as of 4th August 2021, the true number of adverse reactions could be ***in excess of two million and the number of deaths above three thousand***. And counting. . . If these are

all just coincidences then you'd think - would you not - that the government, JCVI and the MHRA in particular, would be very keen to produce the reports and studies etc. that prove this in order to dispel fears that the vaccines aren't safe. But, as has been noted already, they're not doing that. Instead, they're just sticking doggedly to the mantra that the benefits of vaccines outweigh the risks.

We have to look to Germany for autopsies on those who've died to see if there's a link between vaccines and death. And guess what, surprise surprise, there is.¹³

Additionally, U.S. pathologist Dr. Ryan Cole MD has given a presentation summarizing what the vaccines do to the brain and other vital organs. Spoiler alert: it's not good, not good at all.¹⁴

5. The need for vaccines to be effective

Again, sadly, they're not.

Okay, there's a caveat here in that vaccines may prevent serious illness and death in older adults but, as has been shown, except for a few incredibly rare cases, youngsters aren't at risk. So, the only other reason to vaccinate them is to prevent them from catching and spreading the virus to vulnerable people - i.e. those who are old and/or have comorbidities. As indicated in 1. above, kids don't do this. However, even if they did, ***it's morally and ethically reprehensible to put them at risk from a vaccine that represents a bigger threat to their health than the virus does*** - just to protect the elderly.

Dr. Ros Jones, a retired paediatrician, has written an open letter to Dr. June Raine, MHRA Chief Executive, which is signed by dozens of medical professionals expressing their grave concerns surrounding the ethics and safety of vaccinating children.¹⁵

Additionally, in an interview with TalkRadio's 'Christo' - she says it's against international law.¹⁶

What has been suspected by many for some time is now openly acknowledged by mainstream medical authorities such as the 'Centers for Disease Control and Prevention' (CDC) in the U.S. Namely, that while the vaccines may prevent hospitalisation and death (in older adults), one thing they absolutely do not prevent is contracting and transmitting the virus - especially the Delta variant.¹⁷ In an interview with Cable News Network (CNN), CDC Director Rochelle Walensky stated **vaccines do not prevent Covid-19 infection, nor do they stop the vaccinated person from transmitting the infection to others.**¹⁸ Walensky's comments are confirmed by a preprint study in MedRxiv which reports no difference in viral loads when comparing unvaccinated people to those who have 'breakthrough' infections post-vaccine, suggesting that: *"if vaccinated individuals become infected with the Delta variant, they may be sources of SARS-CoV-2 transmission to others"*.¹⁹

It gets worse. Incredible though this may sound, using vaccinated children as a shield to protect the elderly and those with underlying health conditions may actually be counterproductive. The inventor of mRNA technology, Dr. Robert Malone, says that current data shows a worrying trend of possible ADE (Antibody-Dependent Enhancement), as the vaccines may cause the virus to be **more dangerous in the vaccinated than in the unvaccinated.**²⁰ Needless to say, all this completely destroys the justification for vaccine passports. That in turn begs the question: why is the government seemingly so hell bent on introducing them? The official narrative simply doesn't stack up, but that's another topic for another day.

Many of you reading this will have undertaken your own risk / benefit analysis and concluded the latter outweighs the former and are 'double jabbed'. Fair play to you - each to their own. Nonetheless, please be objective and accept that your circumstances and reasons for getting vaccinated are not reflected across all age groups - especially the young. There really is no benefit in vaccinating the young and, remember, **no one knows what the long term cumulative effects of the vaccines - plus subsequent 'booster' jabs - might be.** Heaven forbid there's a repeat of past tragedies when vaccines were rushed to market. For example, following the swine flu pandemic of 2010, Pandemrix was rolled out, resulting in over 1,000 cases of narcolepsy. Dengvaxia, a new vaccine against Dengue, was also rolled out to children ahead of the full trial outcomes, and 19 of them died of possible ADE. Both vaccines were subsequently withdrawn.

So, based on all of the above, we can conclude that. . .

- Children do not spread the virus.
- Children are not at risk of serious harm from the virus.
- Children are largely already immune to the virus.
- Vaccines are not provably safe for children.
- Vaccines are not provably effective for children.

Lastly, during my research, I corresponded with various people, a number of whom are highly experienced experts in their respective fields. Specifically with regard to the safety of the vaccines, one of them (an academic who wishes to remain anonymous), noted: ". . .we have no idea whatsoever what the longer-term harms may be (cancer, auto-immune disease, infertility...). So the overall vaccine mortality + morbidity rate cannot be known yet. **One might even advise youngsters to consider freezing their**

sperm/eggs if opting for the vaccine. More generally, it is worth noting that authorities have withdrawn previous vaccines that caused even a small fraction of the deaths and harms that we see from the covid vaccines." (Emphasis added.)

The objective of this article has been to establish the medical case for vaccinating children. Hopefully, it's clear there isn't one, whereas, the case against vaccination is overwhelming. Vaccines provide no explicit benefit to children and will, almost certainly, make many of them ill and, tragically, some may die. It's akin to playing Russian roulette with their lives. This raises serious political issues regarding the modus operandi and motives of the key players: JCVI, MHRA and government. To address them here is waaaaaay beyond the scope of this document but, like the unresolved loose ends in the final episode of a gripping drama that leaves the door open for a future series, it's fitting to leave them hanging in the air.

First and foremost: why is the government investing so much time, effort and money into jabbing youngsters when, on the face of it, there are so few (no?) health benefits? Moreover, what few benefits there might be are completely outweighed by potentially catastrophic risks. In the event that something were to go wrong, these risks include the abrupt end in ignominy of many ministerial jobs and political careers, the reputation of scientists being shredded, the JCVI and MHRA falling into disrepute and public trust in the healthcare system being completely undermined. The motive to risk all of that - on top of the threat to children's health - is unclear. However, what is clear is that whatever it may be, ***it has little or nothing to do with protecting either children or the adults around them from Covid-19.*** Needless to say, that is the elephant in the room and if it doesn't set alarm bells ringing and send shivers down your spine - then nothing will! While you ponder that little conundrum, please help avert a potential

disaster by stopping the vaccination roll out to those under 18 by doing as many of the following as you can . . .

- Contact everyone you know - don't worry if they don't have grand/children - they'll know someone who does. Either send them this pdf, copy it verbatim and/or plagiarise it as you see fit.
- Get this issue debated in parliament. Sign and share this petition: [Do not vaccinate children against COVID-19 until Phase 3 trials are complete](#)
- Share this video far and wide: [COVID Vaccine Secrets](#). It's very U.S. centric, but the bulk of the points made apply equally well to the U.K. It's only 15 minutes or so long and is produced using simple cartoon style illustrations, making it accessible to youngsters and easy for them to understand.
- Write to the JCVI and demand that they reinstate their original 19th July recommendation not to vaccinate 16-17 year olds.
- Write to your MP, the Secretary of State for Health and the Prime Minister to let them know that you'll hold them personally responsible for any adverse effects and deaths suffered by children.
- Support [The Covid19 Assembly](#) in their legal case against the MHRA.
- One way or another, make your voice heard. Join the next Freedom March or [A Stand in the Park](#) gathering.
- Finally, under 'Footnotes', below, there's 'Resources'. Most of what's written in this paper is contrary to the 'official' portrayal of the vaccines, so you won't have heard much (any?) of it via mainstream media. If it's news to you and you want to learn more, there are some links to sites and channels where you can get the big picture - the full picture - rather than just the biased and tightly controlled

government narrative delivered by legacy media - especially the BBC. Again, please share far and wide.

Footnotes (numbered in ^{red} in the main body text):

1. [JCVI issues advice on COVID-19 vaccination of children and young people](#)
2. [JCVI statement on COVID-19 vaccination of children and young people aged 12 to 17 years: 4 August 2021](#)
3. [The MHRA concludes positive safety profile for Pfizer/BioNTech vaccine in 12- to 15-year-olds](#)
4. [PFIZER VP: "THE THING TO BE TERRIFIED OF IS YOUR GOVERNMENT"](#) Skip to the 18.30' mark for Dr. Yeadon's comments on asymptomatic spread. The study he refers to is this one: [Household Transmission of SARS-CoV-2](#)
5. [Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China](#)
6. [SARS-CoV-2 infection, antibody positivity and seroconversion rates in staff and students following full reopening of secondary schools in England: A prospective cohort study, September–December 2020](#)
7. [COVID-19 Daily Deaths](#) Scroll down to: 'Covid 19 total announced deaths 12 August 2021 - weekly file' > 'Tab3, COVID-19 deaths by age group and pre-existing condition'
8. [Mental health of Adolescents in the Pandemic: Long-COVID19 or Long-Pandemic Syndrome?](#)
9. [Antibodies by age](#)
10. US: [VAERS](#), EU: [EudraVigilance](#), UK: [MHRA Yellow Card](#) (Source data linked at the foot of the page.)
11. [The BBC's vaccine cheerleader Jeremy Vine gets his comeuppance](#)

12. [Don't wait for someone else to report it](#)
13. [German chief pathologist sounds alarm on fatal vaccine injuries](#)
14. [Dr. Ryan Cole presentation](#) plus a bonus interview: ["A crime against humanity"](#)
15. [COVID-19 child vaccination: safety and ethical concerns](#)
16. [Dr Ros Jones' TalkRadio interview: Should teenagers be vaccinated?](#)
17. [Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021](#)
18. [CDC's Dr. Rochelle Walensky interview on CNN](#)
19. [Vaccinated and unvaccinated individuals have similar viral loads in communities with a high prevalence of the SARS-CoV-2 delta variant](#)
20. [The Vaccine Causes The Virus To Be More Dangerous](#)

Resources (in no particular order):

- [The Daily Sceptic](#) Formerly known as Lockdown Sceptics, this site was set up by journalist and free speech campaigner Toby Young. Well written articles published throughout the day, every day, with a lively comments section.
- [HART](#) (Health Advisory Recovery Team) U.K. doctors and scientists who challenge the official Covid-19 narrative. Start with their [Covid-19 Quiz](#)
- [Doctors for Covid Ethics](#) Doctors and scientists from around the world who challenge the official Covid-19 narrative.
- [UK Medical Freedom Alliance](#) U.K. medical professionals, scientists and lawyers who are campaigning for medical freedom, informed consent and bodily autonomy to be preserved and protected.
- [Covid19 Assembly](#) a U.K. based, non-profit organisation working to end all Coronavirus related restrictions and to prevent them happening again.

- [America's Frontline Doctors](#) a U.S. based (the clue's in the name!) non-partisan, not-for-profit organization providing science-based facts about Covid-19.
- [UKCOLUMN](#) An independant news organisation based in Plymouth. Warning: this ain't the BBC! ;-). Before you watch or read anything, go to their 'About UKC' page and read the section headed: 'Why should I trust the UK Column?'
- [Great Barrington Declaration](#) An alternative approach for dealing with the pandemic. Unfairly maligned and ridiculed, often by people who prostrate themselves at the feet of consistently wrong soothsayers like Prof. Neil Ferguson, aka 'Professor Lockdown!'
- [The New Normal](#) An hour long documentary about how we got to where we are and where, possibly, we're all heading. Spoiler alert: it's a dystopian vision!

----- E N D -----