

## **Dr. Sandy Reider: COVID AND OUR YOUTH**

*The purpose of putting together this commentary is to provide an overview of what we know regarding Covid-19 as it relates to children and youth. I have tried to present a risk/benefit analysis based on the real world data that we now have at our fingertips.*

Putting aside the issues of the pandemic inspired, mind-numbing promotion of fear and division, ongoing scientific censorship, as well as political / economic agendas, one must ask the simple question: Are proposed mandates to administer the experimental injection to our children and youth, evidence-based? Equally important, are they ethical?

The media drumbeat of “safe and effective” has been impossible to ignore. When the pandemic began over a year ago, we had no data upon which to make informed public health decisions. We now know that the risk of severe illness and death is highly dependent on age and associated health problems.

### **COVID-19 risk by age: The data are now available.**

The survival rate for unvaccinated 0-19 year olds who may catch Covid-19 is 99.9973% (death rate 0.0027%). For 19-29 yr olds, the survival rate is 99.986% (death rate 0.014%).

Institutionalized persons older than 70, particularly those with comorbidities, have been at highest risk of death from Covid-19, with survival estimated to be 94.5% (death rate 5.5%). About 70% of all Covid-19 deaths have occurred in this age cohort. If one is older than 70 but not in an institution, your survival rate is 97.6% (death rate 2.4%).

The American children in the USA (400 children in a population of 350 million) who have tragically died with a positive Covid-19 test have been very immune compromised (cancer, organ transplant, etc.).

Every death of child is a tragedy. A sickened child with immune compromise is a tragedy. Yet vaccination will confer no benefit to children, whatsoever.

Here's why:

## **SAFETY DATA NOW AVAILABLE ON THESE EXPERIMENTAL SHOTS**

These Covid-19 shots are not vaccines, as they fail to fulfill the goals of vaccination: They do not prevent a vaccinated individual from becoming infected, nor do they prevent the transmission and spread of the virus in one who is vaccinated. Indeed, a vaccinated person may show few or no symptoms and is still quite capable of infecting others – and as such there will be no achievement of “herd immunity” by giving these shots, even with 100% vaccine coverage. Any mention of that goal, touted by our public health “experts” at the outset of the pandemic, has quietly disappeared from news releases, here in Vermont and elsewhere.

Meanwhile, the government has vaccinated much of Vermont and the data are in on the results of this program, too.

The Vaccine Adverse Effects Reporting System (VAERS), co-managed by the CDC and FDA, is the official system the US government uses for vaccine surveillance. By reviewing the weekly updated VAERS reports (available at [vaers.hhs.gov](https://vaers.hhs.gov), [medalerts.org](https://medalerts.org), [openvaers.com](https://openvaers.com)), it is quite clear, even with the system’s acknowledged shortcomings, that there has never in history been a drug or “vaccine” that has caused anywhere near this level of harm.

Through Oct. 8<sup>th</sup>, 2021 reports have tallied 16,766 deaths, 18,000 life threatening reactions, 24,805 permanently disabled, 9470 cases of myocarditis/pericarditis (HEART INFLAMMATION) as well as other serious events, including neurological damage, anaphylaxis, heart attacks, blood clots/strokes, paralysis, miscarriage.... the list goes on.

Vermont VAERS data shows there have been 1621 reports of adverse events thus far. Of this total, 87 are categorized as serious (i.e., life threatening, hospitalized, disabled, and/or died). Close to 23% of these serious reactions occurred in the 17-44 age group. I recently saw a mother in my office whose healthy 24 year old son, two days after receiving his 2<sup>nd</sup> Moderna jab, developed severe myocarditis and was rapidly placed on a heart transplant waiting list.

The CDC now openly acknowledges about 5000 cases of myocarditis, mostly in adolescents and young men. The four Scandinavian countries have either stopped giving or no longer recommend the Moderna shot to their youth for this reason. The FDA has delayed approving Moderna’s shot in this age group as well. The UK no longer recommends Covid-19 jabs in 12-15 year olds.

Just considering the risk of heart injury alone in young men, or the risk of blood clots in young women (never mind other adverse reactions), makes the known harms of these shots greater than the risk of contracting and recovering from Covid-19. Additionally, there is zero long-term safety data for these mRNA shots, which employ an experimental genetic technology that has never been used in humans on this scale, let alone proven safe.

Many of our youth have already contracted and recovered from Covid-19, and thus now have robust and durable immunity that is far superior to what the shots provide. Immunity from natural infection has in every instance been far superior to that provided by vaccines. There are no exceptions. There is now abundant scientific evidence that this is true of Covid-19 as well. Any person, particularly a child, being injected must first be screened for already existing immunity.

One good reference to read more about this subject would be: <https://childrenshealthdefense.org/defender/research-natural-immunity-covid-brownstone-institute/>

## **ETHICS**

It is abundantly clear that children have everything to lose and nothing to gain by getting the Covid-19 jab; the risks exceed the benefits, and some will certainly be harmed if the mandates are imposed. Medical personnel, the state, and drug companies cannot be held accountable and bear no liability at all in the event their jab kills or permanently disables. The injured person and family are left entirely on their own. The medical, financial, and emotional costs of a severe vaccine injury for families are devastating.

Children and students have already paid a high price in terms of education, social isolation, mental health, and masking, not to mention being trained to avoid and fear others. Our societal norm has always been to protect the most vulnerable, especially children and pregnant women. Is it ethical to use them as a means to protect the old and frail, particularly when that strategy has never been proven? Haven't they sacrificed and suffered enough? This utilitarian tactic, euphemistically termed "the greater good", employed by all authoritarian regimes, is in the final analysis quite cruel, regardless of the risk/benefit equation. Mandating Covid-19 jabs in our young can, and should, be understood to be medical abuse.

This is exactly the kind of medical experimentation that the Nuremberg Code (1947), The Declaration of Helsinki (2013), the Geneva Declaration (2017), the Universal Declaration on Bioethics and Human Rights (1998), and the AMA Code of Ethics were all written to prevent.

Alarming, the fundamental right of each person to bodily autonomy and true informed consent, without coercion, no longer seems to be valued by many doctors, politicians, and public health “authorities”.

Like so many of our human rights in this pandemic, informed consent of individuals, or parents on behalf of their minor children, has become a privilege to be granted, or suspended, at the whim of the state and the stroke of a pen. It is time to wake up.

**Parents, school staff, teachers: Please pass this article on to your school boards, local House reps and Senators, family, and friends. Our children and youth have too much at stake for us to remain silent.**

I trust that the school boards everywhere will keep the wellbeing and health of their students as their first and only priority. Please feel free to contact me with any questions.

**With Great Concern,  
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*Dr. Reider graduated from Harvard Medical School in 1971, and completed his medical internship at the Medical Center Hospital of Vermont. He practiced family medicine and emergency medicine in Vermont from 1972-1985, and for the past 30 years has maintained a private medical practice in northern Vermont. He serves on the board of Health Choice Vermont (HealthChoiceVT.com), and is a founding member of Physicians for Informed Consent (PhysiciansforInformedConsent.org).*