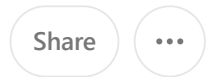
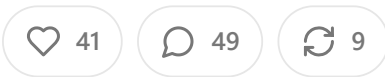


# "...children were so mildly affected by Covid-19 that they really have nothing to gain from a vaccine."



ELIZABETH HART  
NOV 23, 2024



In a recent post I questioned why were children vaccinated against Covid-19, a disease of little or no risk to them, see:



## "...what sort of society uses its children as human shields for their grandparents?"

ELIZABETH HART · 17 NOVEMBER 2024

[Read full story →](#)

The post includes reference to the [transcript](#) of a UK House of Lords Select Committee on Science and Technology meeting in June 2020, discussing 'the science of Covid-19'.

During this Lords Committee meeting, it was admitted by an Imperial College London professor of experimental medicine, Peter Openshaw, that **children were being vaccinated against flu to purportedly protect their grandparents**. Commentary during the meeting by Peter Openshaw and Arne Akbar, a professor of immunology at University College London, inferred children could be vaccinated against Covid-19 to protect the elderly, with this subsequently being reported by [The Guardian](#) as:

*Covid-19 vaccine may not work for at-risk older people, say scientists. Lords committee told children may have to be immunised to protect their grandparents.*

The titled folk in the Lords Committee meeting expressed no surprise at this shocking disclosure - **children being vaccinated against diseases of little or no threat to them to purportedly protect the elderly**.

*Did anyone speak up to protect the children?*

Retired consultant paediatrician Dr Ros Jones, founder of the [Covid Children's Vaccines Advisory Council](#), has been a stalwart defender of children throughout the Covid debacle.

Dr Jones discussed the adverse effects of Covid-19 measures on children's social lives and the ethical concerns of children's involvement in vaccine trials, during the recent [Stone Summit](#), the People's Vaccine Inquiry, held at Stormont in Belfast on 14 October 2024.

Dr Jones has been asked to provide a witness statement for the UK Covid-19 Public Inquiry. See also her [open letter](#) to the Medicines & Healthcare devices Regulatory Authority (MHRA) on Safety and Ethical Concerns Surrounding COVID-19 Vaccination in Children, 17 May 2021.

Please see below a video of Dr Jones' presentation at the Stone Summit.

During her presentation, Dr Jones notes the benefits of Covid-19 vaccination for children were very poor because,

*"...children were so mildly affected by Covid-19 that they really have nothing to gain from a vaccine".*

She concludes her presentation saying,

*'...in any civilised society, it's the adults' responsibility to protect children and not the other way round.'*

How could the medical and scientific establishment sacrifice children's natural immunity to purportedly protect the elderly, and support Covid-19 vaccine trials in children, and subsequent Covid-19 vaccination of children in the broader community, e.g. in Australia, with reportedly 2.3 million children aged 5-17 years injected with Covid-19 vaccines?

Please watch and share Dr Jones' presentation on Covid-19 vaccination of children, which includes discussion on how children were unnecessarily put at risk of adverse events, e.g. myocarditis.

A full transcript is included under the video.



This video is also accessible on the Odysee channel via [this link](#).

## **TRANSCRIPT OF PRESENTATION BY DR ROS JONES MBBS, MD, FRCPCH**

My task as a paediatrician is to advocate obviously for children, and looking at all the harms that they suffered because of the management of the Covid event.

### *Slide 1- Health impact of Covid on children*

This first slide is a stark reminder of the difference in death rate for the elderly compared with children.

If you're over 80 you are **19,000 times more likely to have died with a label of Covid-19 than if you are under 15**. The average age of death from Covid-19 was higher than the average age of death of all causes.

Now we knew that before SARS-CoV-2 ever reached our shores - we knew that from China and we knew it from Italy, that this would be a condition of the frail and elderly.

### *Slide 2 - Were lockdowns used to sweeten vaccines?*

But despite that we allowed ourselves to make **restrictions on children totally disproportionate to their risk**. And we turned social active childhood into a place of

fear and isolation. And we even threw in some scary messages like 'don't kill your granny'.

Quite apart from the havoc we wreaked on their education and their mental health, we primed their parents to accept the vaccines, first for themselves and then for their children, as being the only realistic plan back to normal.

### ***Slide 3 - Children's trials & the Helsinki Declaration***

Now if you take the children's trials, the pharmaceutical industry has quite a problem and it's called the **Helsinki Declaration**.

This is enshrined in national and international law.

And particularly Article 7 [*of the Universal Declaration on Bioethics and Human Rights*] is for those who lack capacity to consent, which is obviously all children or any adult who has some problem with mental capacity.

And I quote: ***“authorisation for research and Medical Practice should be obtained in accordance with the best interest of the person concerned. Research should only be carried out for his or her direct health benefit”***. In other words not for society, and not for the advancement of scientific knowledge.

### ***Slide 4 - AstraZeneca and Moderna children's trials***

But what did we do? Let's take AstraZeneca, January 2021. I think [Liz \[Evans\]](#) showed a picture on one of her slides of Stephen Wright, a young psychologist who died 10 days after his first dose of AstraZeneca from a brain blood clot. That was reported on a yellow card to the MHRA. But instead of thinking should we pause this, the following month they're actually approving a trial for children.

I wrote to the lead investigator at Oxford University who said ***“I certainly agree with you, we are yet to establish the safety of the vaccine in children”***. But they went ahead with the trial.

The following month, deaths started being reported in Europe, one day in Holland, the next day Denmark. **Denmark suspended AstraZeneca after one death**. And then over the next few days, several countries across Europe followed suit, and the Oxford children's trial was temporarily halted.

**But in the UK, our health regulators were still saying ‘oh well we've only had 10 deaths and it's just coincidence’.** But eventually over the next couple of months, as more deaths came to light, they eventually in May 21 banned the use of AstraZeneca for all under 40s, but that same time they actually reopened the children’s trial.

**So children were receiving, in a research project, a drug that was no longer available to any under 40s in the UK.**

But of course, that wasn't the end of it. Just take for example last year, Moderna had a trial to look at their new latest Covid booster, and they were comparing it with their existing Covid vaccine, and they were enrolling healthy 12 to 64s.

**Well why would children need it?** Covid vaccines had already stopped for all healthy under 65s, and boosters were never recommended for healthy children at any point in the UK. And one centre had actually offered a £1500 payment to children on completion of the trial, and that was based on a draft unapproved information leaflet, and I'm pleased to say our complaint to the regulators against Moderna was upheld on that one.

#### ***Slide 5 - MHRA Medicines Healthcare products Regulatory Agency***

But meanwhile, at this time, Pfizer were busy applying to the regulators for approval for their vaccine for the 12-15s. And the trials that this was based on were **woefully inadequate for determining safety - they had 1,131 children, and they were followed for two months.** You don't have to be a research expert to know, I think any parent could say, that doesn't really feel enough, for knowing that this drug is going to be safe.

**They also admitted that their approval was based only on information provided by Pfizer, and they hadn't looked at all at any experience of the countries that had already gone ahead with this vaccine.**

Also of note, **the vaccine was never studied for its effect on infection and transmission rates and that's quite important.** I'll come back to that when we look at the marketing for children.

And then they said, ‘well you know it's over to the Joint Committee on Vaccinations whether they go ahead with this, we've just said it's authorised’.

*Slide 6 - Joint Committee on Vaccination & Immunisation (JCVI) June - September 2021*

The JCVI, in fairness, they sat on this for two or three months. They kept meeting and deliberating. **The benefits were clearly very poor because children were so mildly affected by Covid-19 that they really have nothing to gain from a vaccine.**

**But on the risk side it had already become apparent that myocarditis, that's heart inflammation, was commoner the younger you were, so adolescents had the highest risk.**

Also there was no follow up data on the teenagers in the United States and Israel and various countries on what happened to them following their episode of myocarditis.

And also there was no long-term safety data whatever on the mRNA technology itself.

**So the JCVI concluded that the benefit/risk balance was too close for routine use in healthy children.**

But they were then asked to reconsider, so they had another meeting, and then they were asking for a delay to the decision - could they wait six months to get the follow-up data from the United States? But, no, that wasn't good enough.

So, in the end they passed the decision to the Chief Medical Officers of the Four Nations. **They in their wisdom decided to authorise it, well advise the Secretary of State, on the grounds of children's mental health.**

If you think that sounds a bit illogical, but they had worked out that closing schools was bad for mental health, and if they could roll out the vaccine maybe it would reduce the impact of disruption at school.

But of course, what they didn't really take into account was that **the disruption wasn't from Covid, it was from the management.** So you would do routine testing, and if even one person tested positive, the whole class, or in some cases the whole year group, was sent home for ten days.

**So it wasn't the illness itself that was causing the problem.**

And also, in their calculations, they said that even if they rolled out this vaccine, it was only going to maybe achieve 15 minutes more time in school per child - **15 minutes!** Well actually having the vaccination, that's more than 15 minutes by the time you've

gone down to wait and get it done and sit around after. And also they acknowledged that they never put into the equation any time for side effects, and time off school with either minor or more serious side effects.

***Slide 7 - Myocarditis - “very rare and recovers quickly”***

Now I'll just say something about myocarditis (I think Dean [Patterson] will talk about this a bit more later). But it's the one adverse event that was quite early acknowledged, and it's in the information leaflets, but we were still being told that it was 'very rare and it recovers quickly, it's mild don't worry about it'.

**Well how rare is 'rare'?** I think if we look here, this is just boys after their second dose of Pfizer. The American study is looking at a passive reporting system that they use very similar to our Yellow Cards here, they found about 1 in 9,500 with myocarditis.

Israel on the other hand, they'd had a cluster of cases and they then had contacted all paediatricians, cardiologists and emergency care physicians to warn them to look out for this. So they then found 1 in 6000.

Hong Kong on the other hand, gave an information leaflet to the patients, or the parents, at the time of the vaccine with symptoms to look out for, and they suddenly found 1 in 2,500.

**But Thailand did what we all should have done in the first place, they did a proper prospective study.** They took a load of secondary school children who were about to have their second dose, and they had a cardiograph and a blood test before, and then repeated on day three and day seven, and they had a symptom diary card to fill out. And they found a really scary **one in 29 of the boys had evidence of either clinical or subclinical myo- or peri-carditis.**

***So it is not rare.***

Then the next thing, **is it mild?** Well, it seems most of the kids who get this, they get a bit of chest pain and a bit of palpitations - I wouldn't want to say that was mild - and they get into hospital and then usually they settle down within a day or two and they seemed to be okay.

But a group in the States had decided that, although they seemed mild, because it's a new problem, they had better do scans. And they did specialist cardiac MRI scans and

they, to their surprise, found that **9 out of 10 of the children had changes on those scans suggesting scarring of the heart muscle**. And then they were going to follow them up, and I have to say only last month they've eventually published [a six-month follow-up study](#) - it's taken them three years - and they found that **at follow up 60% of these kids have still got scarring on their MRIs**, and we have no idea what the impact will be for their health or life expectancy, but it can't be helpful.

### *Slide 8 - Other potential risks - known & unknown*

Now I just want to talk briefly about other potential risks, both known and unknown.

And I think first I'll just say something about the **novel technology** involved. There's no long-term safety data whatsoever for this.

I think a lot of people are under the illusion that this was just a standard vaccine, and they were allowed to use the vaccine regulatory system for getting approval.

**But it's not.** With a normal vaccine you get a fixed amount of protein from either a bacteria or a virus, it's a fixed amount that you're given and then you make antibodies to it.

But in these vaccines, we take a bit of genetic material from the virus and we then have to give it to the patient, and tell their own cells to make the viral protein, which then has to get back out of the cells so that you'll make antibodies.

So it's a sort of two-step process, it's quite complex. And in order to get the mRNA - that's the genetic material - to go into the recipient's cells, they first have to wrap it up in the little lipid particles so it can get across the cell membrane, so this is the so-called lipid nanoparticles (LNPs).

Well of course, they'll get across the membrane into the cell, well that means they'll cross any old membranes, **so the idea of saying this would stay in your arm was a bit bizarre.**

We now have evidence that these particles can cross the blood brain barrier. And we'll see, I think in Stormont this afternoon, we'll see a number of vaccine injured people who have got neurological symptoms.

We also know that the lipid nanoparticles in the animal studies from Pfizer were concentrating in the gonads, that's the testes and the ovaries. **We also know they were**

**exempt from doing the genotoxicity type studies that you would have expected if this had been called a gene product.**

Israeli sperm donors had a study where they did a before and after [samples], and the sperm counts dropped after their vaccination, which is a bit worrying.

**I think most important also for children is the effect on the immune system.** Kids have a very healthy immune system, it's designed to last them a life-time.

But we know that people who have been vaccinated multiply are getting more Covid infections than the unvaccinated, and it seems that the more doses you get the more problems you get.

We've also seen inflammatory and autoimmune conditions, where the body starts making antibodies to its own tissues, as well as to the vaccine. So things like Bell's Palsy where you get a facial droop, or transverse myelitis, that's a spinal cord inflammation.

Most worrying of all I think for kids, given their whole lifetime ahead, **is the possibility of increased cancer risks**, and I think you'll hear more about that a bit later on - whether from the direct toxic effects of the products, or from failure of your normal immune system, which normally screens out and removes any cancerous cells.

### ***Slide 9 - 'DON'T KILL YOUR GRANNY'***

But for me, **I think the oddest thing was the way that this was all marketed, the inducements.** I've never in all my career seen people being offered pizzas and donuts or even free football tickets to go and get a vaccine.

And also, **it was very clearly not being marketed for the children's own benefit**, so it's definitely not compliant with the GMC guidance, but it has to be for their benefit.

So here, these two kids, one says ***'I got my vaccine for my friends'*** and the other, ***'I got one for my family'***.

And you look at the picture on the left, and there's somebody missing from this what should be a three-generation photo. You've got this little girl sitting with her granny **but it's the parent who's being asked to get her children vaccinated.**

So you're torn - are you going to try and protect your child from having a drug that might have total devastating long-term consequences that you don't yet know about, or are you going to protect your elderly mother who you also care about?

But of course, as I said, they never tested for infection and transmission, and we know that it doesn't stop those.

So actually even if you vaccinated this little girl, it's not going to stop granny getting Covid, she'll either get it or she won't.

I think the bottom line for me is that...

***...in any civilised society, it's the adults' responsibility to protect children and not the other way round.***



41 Likes · 9 Restacks

## Discussion about this post

Comments

Restacks



Write a comment...



Lisa Novakowski Lisa's Substack 23 Nov 2024

♥ Liked by Elizabeth Hart

To me, parents were requested to give children inoculations for selfish, diabolical reasons. It was to harm them.

♥ LIKED (6) REPLY

SHARE



DemocracyManifest DemocracyManifest Substack 23 Nov 2024

♥ Liked by Elizabeth Hart

In contrast, John Ioannidis on children and COVID vaccines (December 2021):

"When we're moving to the younger age groups, indeed, the risks are very very very low: Both the risks from the vaccine - they're extremely low, probably - and also the risks from coronavirus itself."

<https://www.youtube.com/watch?v=YvEOwKUYur0> (at 11:30)

Ioannidis's was always a proponent of a "vaccine solution" to lockdowns -- including in Australia.

PS. Whenever this is raised on substack it is extremely unpopular!

 LIKED (3)  REPLY

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14 replies by Elizabeth Hart and others

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