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More Children Die from the Covid-Shot than from Covid¹.

By Dr. Joseph Marcola 7 januar 2022

STORY AT-A-GLANCE.

The video related to this article features Collette Martin, a practicing nurse who testified before a Louisiana Health and Welfare Committee hearing December 6, 2021^{2,3}. Martin claims she and her colleagues have witnessed "terrifying" reactions to the COVID shots among children — including blood clots, heart attacks, encephalopathy and arrhythmias — yet their concerns are simply dismissed.

- The average number of adverse event reports following vaccination for the past 10 years has been about **39,000 annually, with an average of 155 deaths**. That's for all available vaccines combined. **The COVID jabs alone now account for 983,756 adverse event reports as of December 17, 2021, including 20,622 deaths — and this doesn't include the underreporting factor, which we know is significant**
- Children are at risk for potentially lifelong health problems from the jab. Myocarditis (heart inflammation) has emerged as one of the most common problems, **especially among boys and young men.**
- **Myocarditis is inversely correlated to age, so the risk gets higher the younger you are.** The risk is also dose-dependent, with boys having a six fold greater risk of myocarditis following the second dose.
- British data show deaths among teenagers have spiked since that age group became eligible for the COVID shots. Between the week ending June 26 and the week ending Sept. 18, 2020, 148 deaths were reported among 15- to 19-year-olds. During those same weeks in 2021, 217 deaths occurred in that age group — an increase of 47%
- Among elderly patients, she's noticed an uptick in falls and acute onset of confusion

Resumé:

Videoen relateret til denne artikel indeholder Collette Martin, en praktiserende sygeplejerske, der vidnede før en Louisiana Health and Welfare Committee høring den 6^{te} December 2021^{2,3}. Martin hævder, at hun og hendes kolleger har været vidne til "skræmmende" reaktioner på covid-injektioner især blandt børn – Dette omfatter men er ikke begrænset til blodpropper, hjerteanfald, encefalopati og arytmier - men deres bekymringer afvises simpelthen.

- Det gennemsnitlige antal indberetninger om bivirkninger efter vaccination i de seneste 10 år har været omkring **39.000 om året med et gennemsnit på 155 dødsfald**. Det er for alle tilgængelige vacciner kombineret. F.s.v.a. Covid-19-injektioner udgør de alene 983.756 indberetninger om utilsigtede begivenheder pr. 17. december 2021, og omfatter nu 20.622 dødsfald – og det indbefatter ikke underrapporteringsfaktoren, (Mørketal) som vi ved udgør en væsentlig del.
- Børn er i risiko for potentielt livslange helbredsproblemer fra jab. Myokardie betændelse (hjertebetændelse) har vist sig som et af de mest almindelige problemer, **især blandt drenge og unge mænd.**
- **Myokardie betændelse er omvendt korreleret med alderen, således at forstå at risikoen bliver højere, jo yngre man er.** Risikoen er også dosisafhængig, idet drenge har en 6 gange større risiko for Myokardie betændelse især hvis de får anden injektion.
- Også Britiske data påviser, at antallet af dødsfald blandt teenagere er steget, efter at aldersgruppen blev frigivet til covid-injektioner. Mellem ugen, der sluttede 26. juni, og ugen, der sluttede 18. september 2020, blev der rapporteret om 148 dødsfald blandt de 15- til 19-årige. I de samme uger i 2021 skete der 217 dødsfald i den aldersgruppe – altså en stigning på 47 %
- Blandt ældre Klienter har Martin endnu ikke kunne identificere en så markant incidens i de

¹<https://articles.mercola.com/sites/articles/archive/2022/01/07/child-mortality-covid-shot.aspx>

²[Louisiana Health and Welfare Committee Meeting December 6, 2021](#)

³[Louisiana Government Archived Videos 2021 \(see Health and Welfare\)](#)

<p>"without any known etiology." Coworkers are also experiencing side effects, such as vision and cardiovascular problems.</p> <p>Martin points out that few doctors or nurses are aware the U.S. Vaccine Adverse Events Reporting System (VAERS) even exists, so injury reports are not being filed. Hospitals also are not gathering data on COVID job injuries in any other ways, so there's no data to investigate even if you wanted to.</p>	<p>tilgængelige data " før der er en entydig ætнологisk udsultning af de tilgængelige data . Dog opleves der for den gruppe lignende bivirkninger, herunder og fortrinsvis syn og hjerte-kar-problemer.</p> <p>Martin påpeger, at der er for få læger eller sygeplejersker er klar over den amerikanske Vaccine Adverse Events Reporting System (VAER's) Hvorfor der er et markant antal hændelser der ikke bliver indrapporteret. Hospitaler indsamler heller ikke data om covid skader på andre måder, så der ingen fulgyldige data at undersøge, selvom du gerne ville.</p>
<p><i>According to Martin:</i> <i>"We are not just seeing severe acute [short term] reactions with this vaccine, but we have zero idea what any long-term reactions are. Cancers, autoimmune [disorders], infertility. We just don't know.</i> <i>We are potentially sacrificing our children for fear of MAYBE dying, getting sick of a virus — a virus with a 99% survival rate. As of now, we have more children that died from the COVID vaccine than COVID itself.</i> <i>And then, for the Health Department to come out and say the new variant [Omicron] has all the side effects of the vaccine reactions we're currently seeing. It's maddening, and I don't understand why more people don't see it. I think they do, but they fear speaking out and, even worse, being fired. Which side of history will you be on? I have to know that this madness will stop."</i></p> <p>Martin also states she believes the hospital treatment protocol is killing COVID patients. Doctors agree that it's "not working," but that "it's all we have." But "that's simply not true," she says. "It's just what the CDC will allow us to give."</p>	<p>Ifølge Martin: <i>"Vi ser ikke bare alvorlige akutte [kortsigtede] reaktioner med denne vaccine, men vi har ingen idé om, hvad eventuelle langsigtede reaktioner er. Kræftformer, autoimmune [lidelser], infertilitet. Vi ved det bare ikke.</i> <i>Vi er potentielt ved at ofre vores børn for en frygt for at vi måske kan dø, eller blive syg af en virus - en virus der har vist sig at have en overlevelsesrate på +99%. Status i dag er at vi har flere børn, der døde af covid-vaccinen end af selve covid-19 vira.</i> <i>Oven i dette kommer Sundheds ministeriet ud og siger den nye variant [Omicron] har alle og samme bivirkninger som vaccinen.</i></p> <p><i>Det er galskab, og jeg forstår virkelig ikke, hvorfor flere mennesker ikke kan se det. Jeg tror, de gør, men de frygter at tale ud og endnu værre, at blive fyret. Hvilken side af historien vil du være på? Jeg er nødt til at vide, hvornår dette vanvid stopper."</i></p> <p>Martin fortæller også, at hun mener, at hospitalernes behandlingsprotokol dræber covid-patienter. Lægerne er enige om, at det "ikke virker", men at "det er alt, hvad vi har." Men "det er simpelthen ikke sandt," siger hun. "Det er bare, hvad CDC vil give os mulighed for at tilbyde."</p>

What the VAERS Data Tell Us About COVID Jab Risks

<p>I recently interviewed Jessica Rose, Ph.D., a research fellow at the Institute for Pure and Applied Knowledge in Israel, about what the VAERS data tell us about the COVID jabs' risks. As noted by Rose, the average number of adverse event reports following vaccination for the past 10 years has been about 39,000 annually, with an average of 155 deaths. That's for all available vaccines combined. The COVID jabs alone now account for 983,756 adverse event reports as of December 17, 2021, including 20,622 deaths⁴</p>	<p>For nylig interviewede jeg Jessica Rose, Ph.D., en forsker ved Institute for Pure and Applied Knowledge i Israel om, hvad VAERS-data kan informere os om risici ved covid-19 injektioner. Som bemærket af Rose, har det gennemsnitlige antal rapporterede bivirkninger de forrige 10 år efter vaccination været ca. 39.000 årligt, med et gennemsnit på 155 dødsfald om året. Dette var samlet for alle vacciner typer. Opgjort per 17 dec. 2021 omfatter Covid injektionerne nu for 983.756 indberetninger om bivirkninger hændelser, herunder 20.622 dødsfald⁴.</p>
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⁴[Open VAERS Data as of December 17, 2021](#)

<p>— and this doesn't include the underreporting factor, which we know is significant and likely ranges from five to 40 times higher than reported. Most doctors and nurses don't even know what VAERS is and even if they do, they chose not to report the incidents.</p> <p>You can't even compare the COVID shots to other vaccines. They're by far the most dangerous injections ever created, yet there doesn't appear to be a cutoff for acceptable harm. No one within the CDC or Food and Drug Administration, which jointly run VAERS, has addressed these shocking numbers. Both agencies outrageously deny that a single death can be attributed to the COVID jabs, which is simply impossible. It's not statistically plausible.</p>	<p>og da dette ikke omfatter de mørketal, som vi ved er betydelig og sandsynligvis varierer fra 5 til 40 gange højere end der er indrapporteret. De fleste læger og sygeplejersker ved ikke engang, hvad VAERS er, og selv om de gør, vælges det ofte ikke at indrapportere bivirkninger.</p> <p>Til dette kan man ikke engang sammenligne covid-injektionerne med andre vacciner. De er langt de farligste injektioner der nogensinde er skabt, ligesom der syntes at være en total mørkelægning af hvad der er acceptable bivirkninger. Ingen inden for CDC eller Food and Drug Administration, der i fællesskab har ansvaret for VAERS, har behandlet disse chokerende data. Begge instanser benægter skandaløst, at ingen dødsfald kan tilskrives covid-injektioner, hvilket simpelthen ikke er statistisk plausibelt.</p>
<p>The FDA and CDC are also ignoring standard data analyses that can shed light on causation. It's known as the Bradford Hill criteria — a set of 10 criteria that need to be satisfied in order to show strong evidence of causal relationship. One of the most important of these criteria is temporality, because one thing has to come before the other, and the shorter the duration between two events, the higher the likelihood of a causative effect. Well, in the case of the COVID jabs, 50% of the deaths occur within 48 hours of injection. It's simply not conceivable that 10,000 people died two days after their shot from something other than the shot. It cannot all be coincidence. Especially since so many of them are younger, with no underlying lethal conditions that threaten to take them out on any given day. A full 80% have died within one week of their jab, which is still incredibly close in terms of temporality⁵.</p>	<p>FDA og CDC ignorerer også standard dataanalyser, der kan kaste lys over årsagssammenhæng. Dette er kendt som Bradford Hill kriterier, hvilket er 10 kriterier, der skal opfyldes for at vise stærke evidens for en given årsagssammenhæng. Et af de vigtigste af disse kriterier er temporalitet, fordi den ene ting skal komme før den anden, og jo kortere varigheden mellem to begivenheder er, jo højere er sandsynligheden (højere evidens) er der for en årsagssammenhæng.</p> <p>Hvad angår covid-injektioner sker mere end 50% af dødsfaldene inden for 48t efter injektionen. Det er simpelthen ikke tænkeligt, at 10.000 mennesker dør to dage efter deres injektion hvis ikke injektionen er årsagen.</p> <p>Det er altså ikke tilfældigt, især ikke når så mange af dem er yngre, uden underliggende dødelige forhold, der statistisk kan sandsynliggøre at de dør. Hele 80% er døde inden for en uge efter deres jab, som stadig er utroligt tæt når det kommer til temporalitet⁵.</p>

Children Risk Permanent Heart Damage

<p>Aside from the immediate risk of death, children are also at risk for potentially lifelong health problems from the jab. Myocarditis (heart inflammation) has emerged as one of the most common problems, especially among boys and young men.</p> <p>In early September 2021, Tracy Beth Hoeg and colleagues posted an analysis⁶ of VAERS data on the preprint server medRxiv, showing that more than 86% of the children aged 12 to</p>	<p>Bortset fra den umiddelbare risiko for død, er børn også i fare for potentielt livslange sundhedsproblemer fra injektionerne.</p> <p>myokardie betændelse (hjertebetændelse) har vist sig som et af de mest almindelige problemer, især blandt drenge og unge mænd.</p> <p>Primo september 2021 fremsatte Tracy Beth Hoeg og kolleger en analyse⁶ af VAERS-data på "klade" serveren medRxiv, der viste, at mere end 86% af de børn i alderen 12 til 17 år, der indrapporteres</p>
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⁵[Dare to Seek the Truth Dr. Peter McCullough](#)

⁶[medRxiv September 8, 2021 DOI: 10.1101/2021.08.30.21262866](#)

<p>17 who report symptoms of myocarditis were severe enough to require hospitalization. Cases of myocarditis explode after the second shot, Hoeg found, and disproportionately affect boys. A full 90% of post-jab myocarditis reports are males, and 85% of reports occurred after the second dose. According to Hoeg et. al.:⁷</p> <p><i>"The estimated incidence of CAEs [cardiac adverse events] among boys aged 12-15 years following the second dose was 162 per million; the incidence among boys aged 16-17 years was 94 per million. The estimated incidence of CAEs among girls was 13 per million in both age groups."</i></p>	<p>har symptomer på myocarditis, så alvorlige at de straks måtte hospitalsindlægges. For dem der fik 2nd injektion eksploderede myokardie betændelse. Hoeg afslørede at uforholdsmæssigt var drenge blevet ramt, idet 90% af allemyocarditis rapporter er mænd der havde fået covid injektion, og af dem var 85% sket efter 2nd anden dosis. Ifølge Hoeg et. Al⁷ .:</p> <p><i>"Den anslåede forekomst af CAEs [hjerte bivirkninger] blandt drenge i alderen 12-15 efter den anden dosis var 162 pr. million; forekomst blandt drenge i alderen 16-17 år var 94 pr. million. Den anslåede forekomst af CAEs blandt piger var 13 per million i begge aldersgrupper."</i></p>
<p>No doubt, doctors are seeing an increase in myocarditis, but few are willing to talk about it. In a recent Substack post, Steve Kirsch writes⁸:</p> <p><i>"I just read a comment on my private 'healthcare providers only' substack. An estimated 100X elevation in rate of myocarditis, but nobody will learn of it since cardiologists aren't going to speak out for fear of retribution. His comment was a private conversation he had with a pediatric cardiologist. The cardiologist is never going to say this in public, to the press, or have his name revealed since his first duty is to his family (keeping his job). If a 'fact checker' called the cardiologist, he might either refuse to comment or say 'I'm seeing somewhat more cases after the vaccine rolled out.' Here's the exact comment that was posted to the private substack:</i></p> <p><i>'Pre-jab, one or two cases per year of myocarditis. Now, half his waiting room. Tells parents they are 'studying' the causality. Refers them to infectious disease specialist for discussions on their other children. Admits he and about 50% of his colleagues know what's going on but are too terrified to speak out for fear of retaliation from hospitals and state licensing boards. Other 50% don't want to know, don't care and/or are reveling in the cognitive dissonance (like Dr. Harvey [Cohen] at Stanford) and/or letting loose their authoritarian demon. Good luck with these former colleagues of mine. The stench is overpowering.'</i></p> <p><i>From 1 or 2 cases per year to 'half his waiting room.' I don't know the size of his waiting room, but it's at least two people since he said 'half.'</i></p> <p><i>So, the rate has increased by: 250 day per year open/1.5 avg cases per year=166X."</i></p>	<p>Der er ingen tvivl om, at lægerne ser en stigning i myokardie betændelse, men kun få er villige til at tale om det. I en nylig substack post, skriver Steve Kirsch⁸:</p> <p><i>"Jeg har lige læst en kommentar til min private 'sundhedspersonale kun i uddrag. En anslået 100 gange større udbredelse af myokardie betændelse, men ingen vil lære af det, da kardiologer ikke vil udtale sig af frygt for gengældelse. En kommentar var fra private samtaler, han havde med en pædiatrisk kardiolog. Kardiologen vil aldrig sige dette offentligt, til pressen, eller få hans navn afsløret, da hans primære opgave er at sikre hans familie (dvs. at beholde sit job). Hvis jeg 'faktatjekkede ved at' ringe til kardiologen, kunne han enten nægte at kommentere eller sige 'Jeg ser noget flere tilfælde, efter at vaccinen rullede ud.' Her er den nøjagtige kommentar, der blev sendt til det private nyhedsbrev (substack) "Før vi startede disse injektioner, havde vi en eller to tilfælde om året med myokardie betændelse. Nu er det Halvdelen af venteværelset, og vi må fortælle forældre, at de 'undersøger' kausaliteten, og henviser dem til specialist i infektionssygdomme med hensyn til deres børn. Han indrømmer, at han og ca. 50% af hans kolleger er vidende om hvad der foregår, men at alle er for bange til at tale rent ud af posen ud af frygt for repressalier fra hospitaler og administratorer af statslige licenser. De sidste 50% ønsker vender det blinde øje til, er ligeglade for at tilslutte sig den kognitive dissonans (som Dr. Harvey [Cohen] på Stanford) og / eller give afkald deres autoritære pligt. Det er frygteligt at se denne faglige afmagt hos mine kollegaer. Fra at have 1 eller 2 sager om året er nu er mere end 'halvdelen af hans venteværelse, fyldt med vaccine skader. Det er ubærligt, Nuvel jeg kender ikke hans venteværelse, men der kan vel være mindst to personer, og siden han sagde 'halvdelen'. Så er omfanget med 250 åbne dage om året med 1,5 per dag vel i størrelses orden af +1660."</i></p>

⁷[medRxiv September 8, 2021 DOI: 10.1101/2021.08.30.21262866](https://doi.org/10.1101/2021.08.30.21262866)

⁸[SteveKirsch.substack December 30, 2021](https://www.substack.com/p/stevekirsch)

Myocarditis Is Not a Mild, Inconsequential Side Effect

<p>Together with Dr. Peter McCullough, in October 2021 Rose also submitted a paper⁹ on myocarditis cases in VAERS following the COVID jabs to the journal Current Problems in Cardiology. Everything was set for publication when, suddenly, the journal changed its mind and took it down.</p> <p>You can still find the pre-proof on Rose's website, though. The data clearly show that myocarditis is inversely correlated to age, so the risk gets higher the younger you are. The risk is also dose-dependent, with boys having a sixfold greater risk of myocarditis following the second dose.</p> <p>While our health authorities are shrugging off this risk saying cases are "mild," that's a frightening lie. The damage to the heart is typically permanent, and the three- to five-year survival rate for myocarditis has historically ranged from 56% to 83%¹⁰. Patients with acute fulminant myocarditis (characterized by severe left ventricular systolic dysfunction requiring drug therapy or mechanical circulatory support¹¹) who survive the acute stage have a survival rate of 93% at 11 years, whereas those with acute nonfulminant myocarditis (left ventricular systolic dysfunction, but otherwise hemodynamically stable¹²) have a survival rate of just 45% at 11 years¹³.</p> <p>This could mean that anywhere from 7% to 55% of the teens injured by these shots today might not survive into their late 20s or early 30s. Some might not even make it into their early 20s! How is this possibly an acceptable tradeoff for a virus you have practically zero risk of dying from as a child or adolescent?</p>	<p><i>Sammen med Dr. Peter McCullough afleverede Rose i oktober 2021 også et indlæg⁹ om myocarditistilfælde til VAERS efter covid-injektioner til fagbladet Current Problems in Cardiology. Alt var klar til offentliggørelse, da tidsskriftet pludselig skiftede mening og fravalgte at publicere artiklen.</i></p> <p><i>Du kan dog stadig finde det oprindelige skrift på Roses hjemmeside, og man vil af data tydeligt kunne se, at myokardie betændelse er omvendt korreleret med alder, det vil sige at risikoen bliver højere jo yngre du er. Risikoen er dog afhængig af dosis, dog således at drenge, viser sig at have en seksdobling af risikoen for myokardie betændelse efter 2nd injektion.</i></p> <p><i>Imens ser vi at sundhedsmyndighederne hårdnakket og vedholdende affærdiger denne risiko og siger, at se registrerede bivirkninger er "milde". Det er mildt sagt en skræmmende løgn. Skaderne på hjertet er typisk permanent, og den tre- til femårige overlevelsesrate for myokardie betændelse har vist sig at historisk er blive reduceret til at udgøre 56% - 83%¹⁰.</i></p> <p><i>Patienter med akut fulminant myokardie betændelse (karakteriseret ved svær venstre ventrikulær systolisk dysfunktion, kræver lægemiddelbehandling eller mekanisk kredsløbsstøtte¹¹), som overlever det akutte stadium, har en overlevelsesrate på 93% ved år 11, mens patienter med akut ikke-fuldmyminerende myokardie betændelse (venstre ventrikulær systolisk dysfunktion, men ellers hæmodynamisk stabil¹²) har en overlevelsesrate på kun 45% ved år 11¹³.</i></p> <p><i>Dette betyder, at et sted mellem 7% og 55% af de teenagere der er skadet af disse injektioner i dag måske ikke overleve i slutningen af 20'erne eller begyndelsen af 30'erne. Nogle oplevere måske ikke engang at deres tidlige 20'er! Hvordan kan dette forsvares i forhold til en virus, hvor der næsten ingen risiko er for at dø af slet ikke som barn eller teenager?</i></p>
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Excess Deaths Are Exploding, Including Among Teens

<p>Throughout the pandemic, the COVID jab was held out as the way back to normalcy. Yet, despite mass injections and boosters, excess deaths keep rising. For example, in the week</p>	<p>Under hele pandemien blev covid-injektioner præsenteret som om det var vejen tilbage til en fælles normalitet. Men på trods af masseindsprøjtninger og boostere fortsætter antallet af overdødsfald med at</p>
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⁹ [Journal Pre-proof, A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System \(VAERS\) in Association with \[...\]](#)

¹⁰ [European Heart Journal September 2008; 29\(17\): 2073–2082](#)

¹¹ [Journal of the American College of Cardiology July 23, 2019; 74\(3\):299-311](#)

¹² [Journal of the American College of Cardiology July 23, 2019; 74\(3\):299-311](#)

¹³ [European Heart Journal September 2008; 29\(17\): 2073–2082](#)

<p>ending Nov 12th, 2021, the U.K. reported 2,047 more deaths¹⁴ than occurred during the same period between 2015 and 2019. COVID-19 cannot be entirely to blame, as it was listed on the death certificates for only 1,197 people. Even more telling is the fact that, since July 2021, non-COVID deaths in the U.K. have been higher than the weekly average in the five years prior to the pandemic. Heart disease and strokes appear to be behind many of the excess deaths, and both are known side effects of the COVID jab. In a Nov. 28th, 2021, Twitter post¹⁵, Silicon Valley software engineer Ben M. (@USMortality) revealed that in the preceding 13 weeks, about 107,700 seniors died above the normal rate, despite a 98.7% vaccination rate. In another example, he used data from the CDC and census.gov to show excess deaths rising in Vermont even as the majority of adults have been injected¹⁶.</p>	<p>stige. For eksempel rapporterede Storbritannien i ugen, der sluttede 12^{te} nov 2021, 2.047 flere dødsfald¹⁴ end i samme periode mellem 2015 og 2019. COVID-19 kan på ingen måder bære hele skylden, da det kun fremgik af dødsattesterne i kun 1.197 tilfælde. Signifikant er det, at ikke-covid-dødsfald i Storbritannien siden juli 2021 nu er højere end det de ugentlige gennemsnit i de fem år forud.</p> <p>Hjertesygdomme og slagtilfælde rapporteres at være årsag til denne overdødelighed diagnoser der begge er kendte bivirkninger af covid-injektioner.</p> <p>Den 28. nov. 2021 afslørede Twitter-indlæg¹⁵, Silicon Valley softwareingeniør Ben M (@USMortality), at der i de foregående 13 uger døde omkring 107.700 flere seniorer til trods for en vaccinationsrate på 98,7% I et andet eksempel brugte han data fra CDC og www.census.gov til at vise overdødeligheden i Vermont, hvor langt de fleste voksne var blevet injiceret.</p>
<p><i>"Vermont had 71% of their entire population vaccinated by June 1, 2021," he tweeted. "That's 83% of their adult population, yet they are seeing the most excess deaths now since the pandemic!"</i> Even more disturbing, British data show deaths among teenagers have spiked since that age group became eligible for the COVID shots¹⁷. Between the week ending June 26 and the week ending September 18, 2020, 148 deaths were reported among 15- to 19-year-olds. Between the week ending June 25, 2021, and the week ending September 17, 2021, 217 deaths occurred in that age group. That's an increase of 47%! <i>"Correlation does not equal causation, but it is extremely concerning to see that deaths have increased by 47% among teens over the age of 15, and COVID-19 deaths have also increased among this age group since they started receiving the COVID-19 vaccine, and it is perhaps one coincidence too far ~ The Exposé"</i>. Deaths from COVID-19 also went up among 15 to 19-year-olds after the shots were rolled out for this age group. Significant concerns have been raised about the possibility that COVID-19 vaccines could worsen COVID-19 disease via antibody-dependent enhancement (ADE¹⁸). Is that what's going on here? As reported by The Exposé, which conducted the investigation¹⁹:</p>	<p>Vedr. <i>"Vermont der havde vaccineret 71% af deres befolkning inden 1. juni 2021,"</i> tweetede han. <i>"For mere end 83% af den voksne befolkning, ser vi den største overdødelighed siden pandemiens start!"</i> Endnu mere foruroligende, er de britiske data der viser at dødsfald blandt teenagere er steget markant efter at denne aldersgruppe blev frigjort til COVID-injektioner. I ugen, der sluttede 26. juni, og ugen, der sluttede 18. sept. 2020, er der registreret 148 dødsfald blandt de 15- til 19-årige. I ugen, der sluttede den 25. juni 2021, og ugen, der sluttede den 17. sept 2021, var der 217 dødsfald i den aldersgruppe. Det er en stigning på 47%! <i>"Korrelation kan ikke sidestilles med årsagssammenhæng, dog er det er ekstremt bekymrende at se, at dødsfaldene er også steget for denne aldersgruppe, der siden de 13-16 årige begyndte at modtage covid-19 vacciner, og det er nok for meget at konkludere at dette er tilfældigt ~ The Exposé"</i> Dødsfaldene som følge af covid-19 steg også blandt de 15 til 19-årige, efter at injektioner blev rullet ud for denne aldersgruppe. Der kan være et udtryk for en betydelig bekymring over muligheden for, at covid-19-vacciner vil forværre covid pandemien ved en øget antistof afhængig. (ADE¹⁸). Er det hvad vi ser der foregår? Som indrapporert af The Exposé, der gennemførte undersøgelsen¹⁹</p>

¹⁴[Financial Times November 23, 2021](#)

¹⁵[Twitter, Ben M. November 28, 2021](#)

¹⁶[Twitter, Ben M. November 24, 2021](#)

¹⁷[The Exposé September 30, 2021](#)

¹⁸[Int J Clin Pract. 2020 Oct 28 : e13795](#)

¹⁹[The Exposé September 30, 2021](#)

"Correlation does not equal causation, but it is extremely concerning to see that deaths have increased by 47% among teens over the age of 15, and COVID-19 deaths have also increased among this age group since they started receiving the COVID-19 vaccine, and it is perhaps one coincidence too far."

"Korrelationen er ikke lig med en årsagssammenhæng men det er ekstremt bekymrende at se, at antallet af dødsfald er steget med 47 % blandt teenagere over 15 år, og antallet af covid-19-dødsfald er også steget blandt denne aldersgruppe, siden de begyndte at modtage covid-19-vaccinen, og det er vel næppe helt tilfældigt"

Omicron Poses No Risk to Young People

As noted in a recent analysis by Dr. Robert Malone²⁰, (who recently got banned from Twitter but can be found on Substack), the risk-benefit ratio of the COVID shot is becoming even more inverted with the emergence of Omicron, as this variant produces far milder illness than previous variants, putting children at even lower risk of hospitalization or death from infection than they were before, and their risk was already negligible.

Malone is currently spearheading the second Physicians Declaration²¹ by the International Alliance of Physicians and Medical Scientists, which has been signed by more than 16,000 doctors and scientists, stating that "healthy children shall not be subjected to forced vaccination" as their clinical risk from SARS-CoV-2 infection is negligible and long-term safety of the shots cannot be determined prior to such policies being enacted. Not only are children at high risk for severe adverse events from the shots, but having healthy, unvaccinated children in the population is crucial to achieving herd immunity.

Som det bemærkes af seneste analyse af Dr. Robert Malone²⁰, (der for nylig blev blokeret af Twitter, kan findes på mediet "Substack"), er risikoforhold mellem COVID-injektion markant vendt på hovedet ved fremkomsten af Omicron, da varianten har et langt mildere sygdom end tidligere varianter, nu med børn der derudover er i en endnu lavere risiko for hospitalsindlæggelse eller død ved corona smitte end de var før. Deres risiko var forinden ubetydelig.

Malone der i øjeblikket står i spidsen for den 2nd Læger Erklæring fra International Alliance of Physicians and Medical Scientists²¹, der er blevet underskrevet af mere end 16.000 læger og forskere, om, at *"raske børn ikke må udsættes for tvungen vaccination"*, da deres kliniske risiko fra SARS-CoV-2 infektion er ubetydelig og langsigtet sikkerhed samt at injektion ikke bør bestemmes ud fra politiske beslutninger.

Ikke alene er børn i høj risiko for alvorlige bivirkninger efter injektioner, men at have sunde, u vaccinerede børn i befolkningen er også afgørende for at opnå den ønskede flokkimmunitet.

Shots Double Risk of Acute Coronary Syndrome

Researchers have also found Pfizer and Moderna mRNA COVID-19 shots dramatically increase biomarkers associated with thrombosis, cardiomyopathy and other vascular events following injection²². People who had received two doses of the mRNA jab more than doubled their five year risk of acute coronary syndrome (ACS), the researchers found, driving it from an average of 11% to 25%. ACS is an umbrella term that includes not only heart attacks, but also a

Forskere har også fundet Pfizer og Moderna mRNA COVID-19 injektioner dramatisk øger biomarkører relateret til trombose, kardiomyopati og andre vaskulære begivenheder efter injektion²². Personer, der har fået 2 doser af mRNA har nu mere end fordoblet deres 5 års risiko for akut koronar syndrom (ACS), og forskerne har også afsløret at dette driver gennemsnittet fra 11% til mere end 25%. ACS er en paraply beskrivelse, der ikke kun omfatter hjerteanfald, men også en række andre tilfælde, der involverer markant reduceret

²⁰[RWMaloneMD.substack.com COVID Vaccine Safety in Children](https://www.rwmalonemd.substack.com)

²¹[Physicians Declaration by the International Alliance of Physicians and Medical Scientists](#)

²²[Circulation November 16, 2021; 144\(Suppl_1\)](#)

<p>range of other conditions involving abruptly reduced blood flow to your heart. In a November 21, 2021, tweet, cardiologist Dr. Aseem Malhotra wrote²³:</p> <p><i>"Extraordinary, disturbing, upsetting. We now have evidence of a plausible biological mechanism of how mRNA vaccine may be contributing to increased cardiac events. The abstract is published in the highest impact cardiology journal so we must take these findings very seriously."</i></p>	<p>blodgennemstrømning til hjertet. I et tweet den 21nd Nov, 2021, skrev, kardiolog Dr. Aseem Malhotra²³:</p> <p><i>"Det er ekstraordinært, foruroligende, at vi nu har nu beviser for en plausibel biologisk mekanisme for, hvordan mRNA-vaccine kan bidrage til øgede hjertehændelser. Det abstrakte er publiceret i det velanskrevne kardiologi tidsskrift (Cardiology Journal) med forventning om at vi tager disse resultater meget alvorligt."</i></p>
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AMA Is A-OK With Sacrificing Children

<p>Tragically, it's not only the CDC and FDA that have been captured by the drug industry and who are sacrificing public health, including the health of our children, in order to further the technocratic Great Reset agenda. Even the American Medical Association, which is supposed to lobby for physicians and medical students in the U.S. and promote medicine for the betterment of public health, has abandoned all semblance of ethics, transparency and honesty. In a mid-November 2021 article on the AMA's website, <i>"COVID-19 Vaccine for Kids: How We Know It's Safe²⁴"</i>, contributing news writer Tanya Albert Henry cites data straight from Pfizer's press release, and then goes on to claim we <i>"know it's safe"</i> because <i>"younger children see the same side effects as has been seen in adults and teens."</i> Based on the VAERS data, that should send shivers down parents' backs. <i>"The American Academy of Pediatrics is on board with vaccinating this age group, along with the American Academy of Family Physicians and the Pediatrics Infectious Diseases Society, said Dr. Fryhofer, chair-elect the AMA Board of Trustees,"</i> Henry writes. <i>"Dr. Fryhofer noted that myocarditis has been a rare occurrence after the second dose of the mRNA vaccines. 'The observed risk is highest in young males age 12 to 29, but COVID infection can also cause myocarditis,' she pointed out. 'For adolescents and young adults, the risk of myocarditis caused by COVID infection is much higher than after mRNA vaccination.'"</i></p> <p>Really? Where did Fryhofer get that idea? I've not seen any data to back that up, and Henry doesn't provide any.</p>	<p>Det er tragisk, det er ikke kun CDC og FDA, der er blevet indfanget af medicinalindustrien, med folkesundheden som ofre, ikke mindst sundheden for vores børn, for at fremme den teknokratiske Great Reset dagsorden.</p> <p>Selv American Medical Association, som formodes at lobby for læger og medicinstuderende i USA og fremme medicin til forbedring af folkesundheden, har opgivet alle antydning af etik, gennemsigtighed og ærlighed. I en artikel fra nov. 2021 på AMA's hjemmeside, <i>"COVID-19 Vaccine for Kids: How We Know It's Safe²⁴"</i>, citerer Journalist Tanya Albert Henry direkte fra Pfizers pressemeddelelse og fortsætter derefter med at hævde, at vi <i>"ved, at det er sikkert"</i>, fordi <i>"yngre børn ser de samme bivirkninger, som det er set hos voksne og teenagere."</i></p> <p>Ser man på VAERS data, der bør det sende kuldegysninger ned enhver forældres ryg. <i>"American Academy of Pediatrics er fortalere for at vaccinere denne aldersgruppe, sammen med American Academy of Family Physicians og Pediatrics Infectious Diseases Society, sagde Dr. Fryhofer, valgte formand for AMA's bestyrelse,"</i> skriver Henry.</p> <p><i>"Dr. Fryhofer noterer sig at Myokardie betændelse har indtil nu forekommet sjældent indtil efter den anden dosis af mRNA-vaccinerne. "Den observerede risiko er størst hos unge mænd i alderen 12 til 29 år, men påpeger at covid-infektion også kan forårsage myokardie betændelse " 'For unge og unge voksne er risikoen for Myokardie betændelse forårsaget af covid-infektion meget højere end efter mRNA-vaccination.'"</i></p> <p>Virkelig? Hvor har Fryhofer den idé fra? Jeg har ikke set nogen data til at bakke det op, og Henry har heller ikke leveret nogle.</p>
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What Do the VAERS Data Show?

²³[Twitter Aseem Malhotra November 21, 2021](#)

²⁴[AMA November 15, 2021](#)

<p>Research published in 2017²⁵ calculated the background rate of myocarditis in children and youth, showing it occurs at a rate of 4 cases per million per year. According to the U.S. Census Bureau, as of 2020 there were 73.1 million people under the age of 18 in U.S.²⁶. That means the background rate for myocarditis in adolescents (18 and younger) would be about 292 cases per year. As of December 17, 2021, looking only at U.S. reports and excluding the international ones, VAERS had received²⁷</p>	<p>Forskning offentliggjort i 2017²⁵ udregnede baggrundsfrekvens for myokardie betændelse hos børn og unge, og efterviser, at det sker en øget forekomst på mere end fire tilfælde pr. Million om året. Ifølge U.S. Census Bureau var der fra 2020 73,1 millioner mennesker under 18 år i USA²⁶. Det betyder, at baggrundsfrekvensen for myokardie betændelse hos unge (18 og yngre) fremover vil øges til 292 tilfælde om året.</p>								
<table border="0"> <tr> <td>308 cases of myocarditis among 18- year-olds</td> <td>252 cases among 17- year-olds</td> </tr> <tr> <td>226 cases in 16-year-olds</td> <td>256 cases in 15-year-olds</td> </tr> <tr> <td>193 in 14-year-olds</td> <td>132 in 13-year-olds</td> </tr> <tr> <td>108 in 12-year-olds</td> <td></td> </tr> </table>	308 cases of myocarditis among 18- year-olds	252 cases among 17- year-olds	226 cases in 16-year-olds	256 cases in 15-year-olds	193 in 14-year-olds	132 in 13-year-olds	108 in 12-year-olds		<p>Den 17 dec 2021 alene fokuseret på tal fra USA havde VAERS modtaget²⁷</p>
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<p>In total, that's 1,475 cases of myocarditis in teens aged 18 and younger — five times the background rate. And again, this does not take into account the underreporting rate, which has been calculated to be anywhere from five to 40. Meanwhile, the CDC claims²⁸ that, between March 2020 and January 2021, <i>"the risk for myocarditis was 0.146% among patients diagnosed with COVID-19,"</i> compared to a background rate of 0.009% among patients who did not have a diagnosis of COVID-19.</p>	<table border="0"> <tr> <td>308 tilfælde af myocarditis blandt 18 årige</td> <td>252 tilfælde blandt 17-årige</td> </tr> <tr> <td>226 blandt 16 årige</td> <td>256 blandt 15 årige</td> </tr> <tr> <td>193 blandt 14 årige</td> <td>132 blandt 13 årige</td> </tr> <tr> <td>108 blandt 12 årige</td> <td></td> </tr> </table>	308 tilfælde af myocarditis blandt 18 årige	252 tilfælde blandt 17-årige	226 blandt 16 årige	256 blandt 15 årige	193 blandt 14 årige	132 blandt 13 årige	108 blandt 12 årige	
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<p>After adjusting for "patient and hospital characteristics," COVID-19 patients between the ages of 16 and 39 were on average seven times more likely to develop myocarditis than those without COVID. That said, the CDC stressed that "Overall, myocarditis was uncommon" among all patients, COVID or not. What's more, only 23.7% of myocarditis patients between the ages of 16 and 24 had a history of COVID-19, so a majority of the cases in that age group were not due to COVID. We're also not talking about big numbers in terms of actual COVID infections. The weekly adolescent hospitalization rate peaked at 2.1 per 100,000 in early January 2021, declined to 0.6 per 100,000 in mid-March, and rose to 1.3 per 100,000 in April²⁹.</p>	<p>I alt er der registreret 1475 tilfælde af myokardie betændelse hos teenagere på 18 år og under, eller fem gange baggrundsfrekvensen. Og igen tager dette ikke højde for underrapporteringsraten, som er beregnet til at være alt fra fem til 40. I mellemtiden hævder CDC²⁸, at imellem march 2020 og januar 2021, <i>"risikoen for myokardie betændelse mellem marts 2020 og januar 2021 var 0,146% blandt patienter diagnosticeret med COVID-19"</i>, sammenlignet med en baggrundsgrad på 0,009% blandt patienter, der ikke havde en diagnose på COVID-19.</p>								
<p>After adjusting for "patient and hospital characteristics," COVID-19 patients between the ages of 16 and 39 were on average seven times more likely to develop myocarditis than those without COVID. That said, the CDC stressed that "Overall, myocarditis was uncommon" among all patients, COVID or not. What's more, only 23.7% of myocarditis patients between the ages of 16 and 24 had a history of COVID-19, so a majority of the cases in that age group were not due to COVID. We're also not talking about big numbers in terms of actual COVID infections. The weekly adolescent hospitalization rate peaked at 2.1 per 100,000 in early January 2021, declined to 0.6 per 100,000 in mid-March, and rose to 1.3 per 100,000 in April²⁹.</p>	<p>Efter en justering af "patient & hospitals karakteristika" var covid-19-patienter mellem 16 og 39 år i gennemsnit syv gange mere tilbøjelige til at udvikle myokardie betændelse end patienter uden covid. Når det er sagt, understreger CDC, at "Samlet set var myocarditis ualmindeligt" blandt alle patienter, COVID eller ej. Derudover havde kun 23,7% af myokardie betændelse patienterne mellem 16 og 24 år en historie med COVID-19, så størstedelen af tilfældene i den aldersgruppe skyldtes ikke COVID infektion. Vi taler heller ikke om store tal i forhold til faktiske covid-smittede. Den ugentlige unge indlæggelsesrate toppede med 2,1 pr. 100.000 i begyndelsen af januar 2021, faldt til 0,6 pr. 100.000 i midten af marts og steg til 1,3 pr. 100.000 i april²⁹.</p>								

²⁵[Journal of the American Heart Association November 18, 2017; 6:e005306](#)

²⁶[Census.gov 2020 Statistics](#)

²⁷[OpenVAERS Myocarditis cases by age as of December 17, 2021](#)

²⁸[CDC MMWR September 3, 2021; 70\(35\):1228–1232](#)

²⁹[CDC MMWR September 3, 2021; 70\(35\):1228–1232](#)

<p>Using that peak hospitalization rate of 2.1 per 100,000 (or 21 per million) in this age group, and assuming the risk for myocarditis is 0.146% among COVID-positive patients, we get a myocarditis-from-COVID rate among adolescents of 0.03 per million. That's a far cry from the normal background rate of four cases per million, so the risk of getting myocarditis from SARS-CoV-2 infection is probably quite small.</p> <p>Now, assuming the COVID hospitalization rate for adolescents is 21 per million, and we have 73.1 million adolescents, we could expect there to be 1,535 hospitalizations for COVID in this age group in a year. If 0.146% of those 1,535 teens develop myocarditis, we could expect 2.2 cases of myocarditis to occur in this age group each year, among those who come down with COVID.</p> <p>In summary, based on CDC statistics, we could expect just over two teens to contract myocarditis from COVID-19 infection. Meanwhile, we have 1,475 cases reported following the COVID jab in just six months (shots for 12- to 17-year-olds were authorized July 30, 2021³⁰).</p> <p>Taking into account underreporting, the real number could be anywhere between 7,375 and 59,000 — again, in just six months! To estimate an annual rate, we'd have to double it, giving us anywhere from 14,750 to 118,000 cases of myocarditis. So, is it actually true that <i>"For adolescents and young adults, the risk of myocarditis caused by COVID infection is much higher than after mRNA vaccination"</i>?</p> <p>I doubt it.</p>	<p>Ved at bruge denne maksimal indlæggelse på 2,1 pr. 100.000 (eller 21 pr. million) i denne aldersgruppe, og hvis vi antager, at risikoen for myokardie betændelse er 0,146% blandt COVID-positive patienter, får vi en myocarditis fra covid-rate blandt unge på 0,03 pr. million.</p> <p>Det er langt fra den normale baggrundsrate på fire tilfælde per million, så risikoen for at få myokardie betændelse fra SARS-CoV-2 infektion er sandsynligvis ret lille.</p> <p>Hvis man antager, at covid-indlæggelsesraten for unge er 21 per million, og vi har 73,1 millioner unge, kunne vi forvente, at der ville være 1.535 indlæggelser for covid i denne aldersgruppe på et år. Hvis 0,146 % af disse 1.535 teenagere udvikler myokardie betændelse, kan vi forvente 2,2 tilfælde af myokardie betændelse, der kan forekomme i denne aldersgruppe årligt blandt dem, der kommer ned med COVID infektion.</p> <p>Sammenfattende kunne vi på baggrund af CDC's statistikker forvente, at lidt over to teenagere ville pådrages en myokardie betændelse fra en covid infektion. I mellemtiden har vi 1.475 tilfælde rapporteret efter covid-injektion på bare 6 mdr. (injektion for 12 til 17-årige blev godkendt 30. juli 2021³⁰).</p> <p>I betragtning af underrapportering kan det reelle antal være et sted mellem 7.375 og 59.000. Igen på blot 6 mdr! For at estimere en årlig sats, ville vi nødt til at fordoble det, hvilket giver os alt fra 14.750 til 118.000 tilfælde af Myokardie betændelse . Kan det udledes at være rigtigt, at <i>"For unge og unge voksne er risikoen for Myokardie betændelse forårsaget af covid-infektion meget højere end efter mRNA-vaccination"</i>?</p> <p>Hvad der må siges at være højst tvivlsomt</p>
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³⁰[CDC MMWR August 6, 2021; 70\(31\):1053-1058](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6810a1.htm)