

## 22 Reasons Mandated CV19 Shots for Kids are a Bad Idea

1. The responsibility and the authority to make decisions concerning a child's health rests with parents.

Louisiana Children's Code Article 101 states:

**“...parents should make the decisions regarding where and with whom the child shall reside, the educational...the medical, psychiatric, surgical, and preventive health care of the child...”**

2. State law provides an exemption for vaccine requirements for school attendance, but **there is no law that requires the state, schools, or daycares to share exemption information with parents or students.** (The exception being RS 17:170.4, which states that any communication discussing the meningococcal booster must provide exemption language.) The Louisiana Department of Health, schools, and daycares are notorious for depriving parents of this vital exemption information. In October 2020, the House Health and Welfare Cmte failed to pass legislation<sup>1</sup> that would have made it mandatory for schools to provide exemption language, stating concern that parents would *use* the exemption. Schools have already sent home inaccurate and misleading information regarding the CV19 vaccines.<sup>2</sup>

3. CV19 shots are currently issued under “emergency use” for children 5-15. Is CV19 an emergency for minors, especially children aged 5-15? Data from LDH indicate that age is the most significant risk factor for CV19.<sup>3</sup> The average age of death attributed to CV19 in LA is 72. Greater than 95% of those who have died from/with CV19 in LA had an underlying condition. Of the 18 children who have perished in LA, what were their underlying conditions? Were they provided with adequate care? Had they been vaccinated? No information has been provided to parents so that a true risk evaluation can be made. This is incredibly disingenuous.

4. The rule change violates RS 17:170 in various ways, including requiring a shot for a disease that is not “vaccine-preventable.” As stated by Governor John Bel Edwards in a press conference on August 2, 2021,

**“Based on recent CDC data, vaccinated people who do get infected have just as much virus in their systems as unvaccinated people,** meaning they can likely spread the virus simply because of the power of the Delta variant.” The Governor's top health advisor, Dr. Joseph Kanter, added: “[I]f you are fully vaccinated and do become infected, then you can still relatively transmit the virus” and that “you will have just as much virus in your body as the early days of the pandemic as someone who was unvaccinated.”<sup>4</sup>

---

<sup>1</sup> <https://legis.la.gov/Legis/BillInfo.aspx?s=202ES&b=HB13&sbi=y>

<sup>2</sup> [healthfreedomla.org/wp-content/uploads/2021/11/Ltr-to-Supts-re-CV19-Vaccine-Communication-from-Schools-to-Parents.pdf](https://healthfreedomla.org/wp-content/uploads/2021/11/Ltr-to-Supts-re-CV19-Vaccine-Communication-from-Schools-to-Parents.pdf)

<sup>3</sup> <https://ldh.la.gov/page/4065>

<sup>4</sup> <https://www.youtube.com/watch?v=UzxWZ8qe0oU>

***From the proposed rule change:*** “The effect on household income, assets, and financial security. The intent of this vaccination rule is to prevent the additional spreading of SARS-CoV-2 disease to other persons; therefore, prevention of additional cases of the disease will help to keep other family members and the community at-large healthy and thus would be expected to help to prevent the depletion of household income, assets, and financial security.”<sup>5</sup>

**If vaccinated people can transmit and be infected by SARS-CoV-2, and if vaccinated individuals can have as much virus in their bodies as an unvaccinated individual, then COVID-19 is not a vaccine-preventable disease.**

5. Also in violation of 17:170, the rule change does not recognize natural immunity. Section A(1)(a) specifies that “each person entering any school within the state for the first time, including...colleges, universities...at the time of registration or entry shall present satisfactory **evidence of immunity** to or immunization against vaccine-preventable diseases...”

**We have had a preview of what mandated vaccines looks like in a school setting with the approval granted to colleges and universities.**

6. Unvaccinated students in colleges and universities have experienced various forms of discrimination, including additional testing, masking, and identifying badges including cards and bracelets.

7. The discrimination college students have experienced not only violated constitutionally protected rights (Art I, Sections 3 and 12), but violated statute as well. RS 17:170 specifies the only consequences of submitting an exemption: possible exclusion during an outbreak of a “vaccine-preventable disease.” Additional punitive and discriminatory actions (masking, testing, exclusion) violate RS 17:170(F).

8. The discriminatory actions at colleges and universities have gone mostly unchecked (VCOM lawsuit was settled, but recently revisited), and are disturbingly encouraged by public health officials, especially considering the vaccinations do not prevent transmission or infection. Will it be any different in daycares and K-12 schools?

9. Even without a mandate in K-12 schools, teachers are creating seating charts with student CV19 vaccine information to avoid contact tracing requirements. This is discriminatory and the shots aren’t even required in this age group. Why and how are teachers accessing this information?

10. ***From the proposed rule change:*** “The effect on early childhood development and preschool through postsecondary education development. Other than attempting to keep school aged children healthy, there will be no effect on childhood development and preschool through postsecondary education development.”

There are no long term studies to determine the effect on childhood development. The statement in the proposed rule change is pure speculation.

---

<sup>5</sup> <https://ldh.la.gov/news/6419>

11. ***From the proposed rule change:*** “...vaccines for severe acute respiratory syndrome- coronavirus 2 (SARS-CoV-2, the virus which causes Coronavirus Disease 2019, also known as COVID-19), or variants thereof, to the extent that such vaccines have been fully approved by the U.S. Food & Drug Administration (FDA) for the individual’s age.”

There has been no determination even in the “FDA approved” CV19 shot how many boosters will be needed to see success with some form of efficacy. They have no idea how many shots a child 16+ will need. How can it be added when there is no sure determination for the number of shots that will be required?

12. The safety and efficacy of the CV19 shots as documented and reported by LDH is extremely questionable as the mandatory requirement for adverse event reporting has not been adequately conveyed to medical professionals in Louisiana. In addition, LDH does not integrate, investigate, or evaluate VAERS data, rather LDH only consults the reports made directly to an unadvertised 800 number that a great many medical professionals are unfamiliar with.

13. Included in the VAERS reports for Louisiana are incidents of MIS-C following CV19 vaccination. MIS-C is one of the concerns expressed by LDH of natural infection. Has there been an adequate benefit-risk evaluation done considering MIS-C could possibly occur following CV19 vaccination?

14. Myocarditis: Data indicate a higher risk of hospitalization in teens for post-vaccination myocarditis vs. hospitalization for covid. “Post-vaccination CAE (cardiac adverse event) rate was highest in young boys aged 12-15 following dose two. For boys 12-17 without medical comorbidities, the likelihood of post vaccination dose two CAE is 162.2 and 94.0/million respectively. This incidence exceeds their expected 120-day COVID-19 hospitalization rate at both moderate (August 21, 2021 rates) and high COVID-19 hospitalization incidence.”<sup>6</sup>

15. Liability and financial impact of injury or death, including reporting deadlines for compensation for injury or death have been withheld from parents. These drugs have no liability while covered under the PREP Act, nor when added to the list of childhood vaccines covered under the National Childhood Vaccine Injury Act (NCVIA). The only FDA approved CV19 shot, Comirnaty, is not available in the US yet. Because that product is “legally distinct” from Pfizer’s BioNTech,<sup>7</sup> the distinction needs to be made clear to parents and healthcare providers. As noted by Children’s Health Defense:<sup>8</sup>

1. EUA vaccines are designated as **experimental** or investigational products under U.S. law. As such, they **cannot be mandated**. You have the right to refuse, without suffering consequences.
2. EUA vaccines have a **huge liability shield** that protects everyone involved with the product from being sued. If you are injured by an EUA vaccine, the only way to obtain compensation for damages is to apply to the **Countermeasures Injury Compensation Program (CICP)**, which might cover unpaid medical expenses and lost wages only. However, only 3% of claims made have been compensated, and so far the program has approved **no claims** for COVID vaccine injuries

---

<sup>6</sup> <https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1>

<sup>7</sup> <https://www.fda.gov/media/150386/download>

<sup>8</sup> <https://childrenshealthdefense.org/defender/no-one-can-force-you-pfizers-comirnaty-vaccine/>

## Federal Judge Rejects DOD Claim That Pfizer EUA and Comirnaty Vaccines Are ‘Interchangeable’

<https://childrenshealthdefense.org/defender/judge-allen-winsor-pfizer-eua-comirnaty-vaccines-interchangeable/>

16. There is no pre-screening of natural infection: the significance of natural infection cannot be overstated. Study after study confirms the robustness of natural infection, especially in comparison to any immunity conferred by vaccination.

<https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

17. Efficacy: the original EUA was granted based on data provided by the manufacturers. What real world data has been collected and evaluated since December of 2020? The efficacy is suspect.

<https://brownstone.org/articles/16-studies-on-vaccine-efficacy/>

18. Healthy lifestyle: there has been zero focus on the importance of a healthy diet and lifestyle. Comorbidities play a significant role in severe outcomes of SARS-CoV-2 infection. Data from LDH shows that greater than 95% of those who perished had at least one significant comorbidity.<sup>9</sup> Why has there been no focus on diet and lifestyle in children, specifically obesity?

19. It is a human rights violation to vaccinate children to protect adults. ***From the proposed rule change:*** “The intent of this vaccination rule is to prevent the additional spreading of SARS-CoV-2 disease to other persons; therefore, prevention of additional cases of the disease will help to keep other family members and the community at-large healthy and thus would be expected to help to prevent the depletion of household income, assets, and financial security.”

Children are minimally affected by SARS-Cov-2.<sup>10 11</sup> If the intent is to prevent additional spread and to keep other family members and the community at large healthy, then the medical intervention is not for the sole benefit of the recipient. This is a concerning medical ethics and human rights violation. As stated in UNESCO’s Universal Declaration of Bioethics and Human Rights: “**The interests and welfare of the individual should have priority over the sole interest of science or society.**”<sup>12</sup>

20. Despite the recommendation from LDH for co-administration of this drug with other vaccines, no clinical studies have been performed. Outside of the first year of life, age five to eleven is one the most vaccinated age groups. If a child is vaccinated according to the CDC recommended schedule, they will receive fourteen doses of various vaccines between the ages of five and eleven. None have been evaluated for safety when administered with Pfizer’s COVID-19 vaccine.

21. Boosters are being added without clinical trials. Health agencies around the world are arbitrarily adding boosters to combat variants without clinical trials. This is being done after Pfizer’s FDA approval, meaning the dosing used to justify FDA approval is subject to change without further clinical trials. Adding CV19 shots to the schedule at this time means the schedule

---

<sup>9</sup> <https://ldh.la.gov/page/4065>

<sup>10</sup> <https://www.nature.com/articles/s41591-021-01578-1>

<sup>11</sup> <https://brownstone.org/articles/dear-pfizer-leave-the-children-alone/>

<sup>12</sup> [http://portal.unesco.org/en/ev.php-URL\\_ID=31058&URL\\_DO=DO\\_TOPIC&URL\\_SECTION=201.html](http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html)

is subject to change. The appropriate dosing/booster schedule is NOT KNOWN after FDA approval. How can it be added to the required list of shots for school attendance when dosing is speculative at best?

22. The Louisiana Department of Health's lack of transparency in not informing the public about the proposed rule change is reflective of their general lack of respect for the citizens of Louisiana. Hiding the proposed rule change from the public removed the opportunity to discuss or question the necessity of the rule change and more importantly removed the preferences of the public they serve.