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August 6, 2022

Honorable Members of the Louisiana Legislature:

We are writing to request your assistance in suspending Louisiana Department of Health's (LDH) **recommendation** of covid mRNA vaccination for infants and children. We believe LDH is jeopardizing public health by ignoring and blatantly contradicting the emerging data for an experimental medical intervention that could have serious and lasting harm to a vulnerable population. We also believe LDH is violating the informed consent stipulation in federal statute by making false and misleading claims that will harm Louisiana citizens and, most importantly, our children. Please find a brief summary below of our objections to their recommendation, with sourced details on the pages that follow.

- A. Disturbing data and information have become available that should, at minimum, give pause to any covid vaccine recommendation for infants and children, but they continue to go unacknowledged by LDH, including:
  - a. Data indicating a positive correlation between vaccination rates and all cause mortality
  - b. An Israeli study indicating reduced sperm count and motility following vaccination
  - c. A review of data indicating the risk of serious adverse events following vaccination *surpasses* the risk of hospitalization for COVID-19 relative to the placebo group
  - d. The post-vaccination risk of myocarditis/pericarditis is *greater* than the post-covid risk of myocarditis or pericarditis
- B. Federal law stipulates that all "significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown"<sup>1</sup> are provided to recipients of Emergency Use Authorized (EUA) vaccines. ***All Covid-19 vaccines currently on the market are STILL UNDER EUA.***
- C. LDH has failed to comply with Sections X and Y set forth in the FDA's Letter of Authorization.
- D. LDH is propagating false, misleading, and unsafe covid vaccination information including:
  - a. False Claim #1: In regards to EUA covid vaccines for infants and children, the COVID-19 vaccines are safe and effective
  - b. False Claim #2: "Like car seats, COVID vaccines are PROVEN LIFESAVERS"
  - c. False Claim #3: Covid vaccines for children underwent "rigorous scientific review"
  - d. False Claim #4: Covid vaccination will "protect themselves and their families."
  - e. False Claim #5: "...vaccination against COVID-19 will strengthen your child's immune system, help prevent severe COVID-19 symptoms, and reduce the likelihood of them developing conditions or experiencing complications from COVID-19." Covid vaccination "will lower their risks of getting this serious condition [MIS-C] as well as protect them from other COVID complications."
  - f. False Claim #6: Covid vaccination is necessary following natural infection

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<sup>1</sup> [fda.gov/regulatory-information/search-fda-guidance-documents/emergency-use-authorization-medical-products-and-related-authorities](https://fda.gov/regulatory-information/search-fda-guidance-documents/emergency-use-authorization-medical-products-and-related-authorities), section E(1)(b)

g. False Claim #7: Covid vaccines should be administered along with other vaccines

E. As the PREP Act affords LDH immunity from liability, additional oversight is in order to protect the interests and safety of the citizens of this state.

♦A. *Disturbing data and information is available that should, at minimum, give pause to a covid vaccine recommendation, but the data has gone unacknowledged by LDH.* The precautionary principle of public health demands that this data be evaluated in light of the rare serious events following natural infection in this age group. A proper risk benefit analysis would clearly demonstrate the vaccine is far more dangerous than natural infection for this age group, as demonstrated by these studies:

(1) A recently published preprint entitled [Covid-19 vaccinations and all-cause mortality -a long-term differential analysis among municipalities](#) indicates a significantly positive correlation between vaccination rates and all-cause mortality rates. The study authors note:

“After both vaccination and booster campaigns, we did not observe the negative correlation between mortality and vaccination expected for an effective vaccine. Instead, during Delta and milder Omicron waves, correlation was significantly positive (4 sigma), coinciding exactly with the two periods of excess mortality in The Netherlands peaking in Nov 2021 and Mar/Apr 2022.”

The authors conclude:

**“Our main result remains alarming and calls for more research on the effect of current covid vaccines on all-cause mortality.”**

This information alone should place an immediate pause on childhood covid vaccinations. Remember, covid vaccines were developed at *warp speed* and rolled out globally *without any long-term safety data*. The preprint above from the Netherlands, in addition to other [concerning statistics from countries around the world](#),<sup>2</sup> and the studies listed below are but a few of the indications for an immediate pause and a serious re-evaluation of the childhood covid vaccine program.

(2) A study from Israel indicates a reduction in sperm count and motility following Pfizer covid vaccination.<sup>3</sup> The article’s title, [Covid-19 vaccination BNT162b2 temporarily impairs semen concentration and total motile count among semen donors](#), indicates the issue is short lived but the data indicate that it is not. An analysis of the study reads:

“post day 150, sperm concentration was -15.9% vs baseline, lower even than in the 75-120 day period. average time post vaxx for T3 collection was 174 +/- 26.8 days so we’re talking about 6 months post vaxx with NO recovery in sperm concentration. total motile count was slightly recovered from T2, but was still down 19.4% vs baseline, seeming to make up somewhat in volume what is lost in concentration.”<sup>4</sup>

(3) Louisiana physician, Dr. Joseph Fraiman, led the study entitled [Serious Adverse Events of Special Interest Following mRNA Vaccination in Randomized Trials](#).<sup>5</sup> The results published in the preprint are startling:

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<sup>2</sup> [childrenshealthdefense.org/defender/pandemic-uk-covid-boosters-shots/](https://childrenshealthdefense.org/defender/pandemic-uk-covid-boosters-shots/)

<sup>3</sup> [onlinelibrary.wiley.com/doi/10.1111/andr.13209?fs=e&s=cl](https://onlinelibrary.wiley.com/doi/10.1111/andr.13209?fs=e&s=cl)

<sup>4</sup> [boriquagato.substack.com/p/pfizer-vaccine-effects-on-total-motile](https://boriquagato.substack.com/p/pfizer-vaccine-effects-on-total-motile)

<sup>5</sup> [papers.ssrn.com/sol3/papers.cfm?abstract\\_id=4125239](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4125239)

“Pfizer and Moderna mRNA COVID-19 vaccines were associated with an increased risk of serious adverse events of special interest, with an absolute risk increase of 10.1 and 15.1 per 10,000 vaccinated over placebo baselines of 17.6 and 42.2 (95% CI -0.4 to 20.6 and -3.6 to 33.8), respectively. Combined, the mRNA vaccines were associated with an absolute risk increase of serious adverse events of special interest of 12.5 per 10,000 (95% CI 2.1 to 22.9). The excess risk of serious adverse events of special interest surpassed the risk reduction for COVID-19 hospitalization relative to the placebo group in both Pfizer and Moderna trials (2.3 and 6.4 per 10,000 participants, respectively).”

(4) While reports in the Vaccine Adverse Event Reporting System (VAERS) do not infer causality, it is a safety signaling system that cannot be ignored. There are currently over [50,000 reports of myocarditis or pericarditis](#) in VAERS, a system known for serious underreporting (less than 1% of vaccine adverse events are reported).<sup>6</sup> In stark contrast, a study published in the British Medical Journal, [Risk of adverse events after covid-19 in Danish children and adolescents and effectiveness of BNT162b2 in adolescents: cohort study](#), indicated that out of 74,611 Danish children with covid, no children had a diagnosis of myocarditis in the 2 months following infection.

(5) A study from Hong Kong, summarized by [Dr Tracy Høeg](#), indicates “1/2680 boys aged 12-17 yo develop myo/pericarditis following 2 doses of Comirnaty.”

“Conclusions: There is a significant increase in the risk of acute myocarditis/pericarditis following Comirnaty vaccination among Chinese male adolescents, especially after the second dose.”

[Epidemiology of Acute Myocarditis/Pericarditis in Hong Kong Adolescents Following Comirnaty Vaccination](#)

(6) A study from France:

“In conclusion, this study provides strong evidence of an increased risk of myocarditis and of pericarditis in the week following vaccination against Covid-19 with mRNA vaccines in both males and females, in particular after the second dose of the mRNA-1273 vaccine.”

[Age and sex-specific risks of myocarditis and pericarditis following Covid-19 messenger RNA vaccines](#)

(7) A study from four Nordic countries, again summarized by [Dr Tracy Høeg](#), indicates “the post-vaccination risk of myo/pericarditis resulting in hospitalization is 28x higher than post-covid rates.”

“The risk of myocarditis in this large cohort study was highest in young males after the second SARS-CoV-2 vaccine dose, and this risk should be balanced against the benefits of protecting against severe COVID-19 disease.”

[SARS-CoV-2 Vaccination and Myocarditis in a Nordic Cohort Study of 23 Million Residents](#)

Again, any risk benefit analysis requires that the vaccine cause less harm than the illness requiring the intervention. Of great concern for a preverbal age cohort is the ability to convey pain. How does a 6 month old, who is at minimal risk for severe disease outcome from natural infection from SARS-CoV-2, convey the discomfort he/she may feel following covid vaccination, especially in relation to myocarditis or pericarditis?

•**B. Federal law, 21 U.S. Code §360bbb–3. Section e(1)(A)(ii)(II),<sup>7</sup> stipulates that all “significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown” are provided to recipients of Emergency Use Authorized (EUA) vaccines.** There must be legislative oversight ensuring that

<sup>6</sup> [digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf](https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf)

<sup>7</sup> [uscode.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title21-section360bbb-3&num=0&saved=%7CZ3JhbnVsZWlkOIVTQy1wcmVsaW0tdGl0bGUyMS1zZWw0aW9uMzYwYmJlLnNh%7C%7C%7C0%7Cfalse%7Cprelim](https://uscode.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title21-section360bbb-3&num=0&saved=%7CZ3JhbnVsZWlkOIVTQy1wcmVsaW0tdGl0bGUyMS1zZWw0aW9uMzYwYmJlLnNh%7C%7C%7C0%7Cfalse%7Cprelim) (e)(1)(A)(ii)

the fiduciary requirements of this agency are fulfilled, especially the federal guidelines for “informed consent” for a drug under EUA.

Not only should the **recommendation** for the childhood covid vaccine program be halted, but LDH should make this concerning data known and warn all citizens of Louisiana, as is required by federal law.

•C. LDH has failed to comply with Sections X and Y set forth in the FDA’s Letter of Authorization<sup>8</sup> for the Pfizer mRNA vaccine. Excerpt:

X. All descriptive printed matter, advertising, and promotional material, relating to the use of the Pfizer-BioNTech COVID-19 Vaccine shall be consistent with the authorized labeling, as well as the terms set forth in this EUA, and meet the requirements set forth in Section 502(a) and (n) of the FD&C Act<sup>9</sup> and FDA implementing regulations.

Y. All descriptive printed matter, advertising, and promotional material relating to the use of the Pfizer-BioNTech COVID-19 Vaccine clearly and conspicuously shall state that:

This product has not been approved or licensed by FDA, but has been authorized for emergency use by FDA, under an EUA to prevent Coronavirus Disease 2019 (COVID-19) for use in individuals 12 years of age and older, in individuals 5 through 11 years of age, or in individuals 6 months through 4 years of age as appropriate; and

The emergency use of this product is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of the medical product under Section 564(b)(1) of the FD&C Act unless the declaration is terminated or authorization revoked sooner.

The promotional materials for the covid vaccines on the LDH website and their social media platforms do not conform to the requirements set forth in the FDA Letter of Authorization, as they make no mention or explanation of the fact that the covid vaccines are under Emergency Use Authorization.

Additionally, of great concern is LDH’s misrepresentation of unlicensed, unapproved covid vaccines as “FDA-approved” in violation of the Federal Food, Drug and Cosmetic Act.<sup>10</sup> A public records request<sup>11</sup> revealed that LDH is illegally referring to Pfizer’s EUA BioNTech covid vaccine as licensed/approved while the FDA specifically states it is “legally distinct” from the fully licensed and FDA-approved Comirnaty. Though the FDA states the products may be used interchangeably, the separate products are **not** both FDA-approved and as such, must be labeled/advertised distinctly. Section 502(a) of the Federal Food, Drug, and Cosmetic Act states, “a drug or device shall be deemed to be misbranded—If its labeling is false or misleading in **any particular.**”<sup>12</sup>

Further, section 502(n) of the FD&C Act, like 21 U.S. Code §360bbb–3. Section e(1)(A)(ii)(II),<sup>13</sup> requires disclosure of “information in brief summary relating to side effects, contraindications, and effectiveness.” LDH is not fulfilling statutory requirements and is presenting false and misleading information regarding this medical product to the public.

<sup>8</sup> [fda.gov/media/150386/download](https://www.fda.gov/media/150386/download)

<sup>9</sup> [govinfo.gov/content/pkg/USCODE-2010-title21/html/USCODE-2010-title21-chap9-subchapV-partA-sec352.htm](https://www.govinfo.gov/content/pkg/USCODE-2010-title21/html/USCODE-2010-title21-chap9-subchapV-partA-sec352.htm)

<sup>10</sup> [govinfo.gov/content/pkg/USCODE-2010-title21/html/USCODE-2010-title21-chap9-subchapV-partA-sec352.htm](https://www.govinfo.gov/content/pkg/USCODE-2010-title21/html/USCODE-2010-title21-chap9-subchapV-partA-sec352.htm)

<sup>11</sup> [healthfreedomla.org/wp-content/uploads/2022/08/Public-Records-Request-LDH-Covid-Vaccines.jpg](https://www.healthfreedomla.org/wp-content/uploads/2022/08/Public-Records-Request-LDH-Covid-Vaccines.jpg)

<sup>12</sup> [govinfo.gov/content/pkg/USCODE-2010-title21/html/USCODE-2010-title21-chap9-subchapV-partA-sec352.htm](https://www.govinfo.gov/content/pkg/USCODE-2010-title21/html/USCODE-2010-title21-chap9-subchapV-partA-sec352.htm)

<sup>13</sup> [uscode.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title21-section360bbb-3&num=0&saved=%7CZ3JhbnVsZWlkOIVTQy1wcmVsaW0tZGl0bGUyMS1zZW50aW9uMzYwYmJlLjTNh%7C%7C%7C0%7Cfalse%7Cprelim](https://www.uscode.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title21-section360bbb-3&num=0&saved=%7CZ3JhbnVsZWlkOIVTQy1wcmVsaW0tZGl0bGUyMS1zZW50aW9uMzYwYmJlLjTNh%7C%7C%7C0%7Cfalse%7Cprelim)

♦D. LDH continuously propagates false, misleading, or unsafe claims and recommendations not supported by the data presented to FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) or CDC's Advisory Committee on Immunization Practices (ACIP), including:

**False Claim #1: The COVID-19 vaccines are safe and effective for infants and children.**<sup>14</sup>

**Q: Should children get a COVID-19 vaccine?**

**A:** Yes. The COVID-19 vaccines are safe and effective. With COVID-19 levels still high in Louisiana, vaccination against COVID-19:

- Strengthens your child's immune system
- Helps prevent severe COVID-19 symptoms
- Reduces the likelihood of them developing conditions or experiencing complications from COVID-19

The most recent question before VRBPAC and ACIP for the various vaccines for infants and children was not one of safety and efficacy, rather whether the benefits outweigh the risks. Dr Pamela McInnes, a temporary voting member of VRBPAC, stated during the June 14, 2022 meeting<sup>15</sup>:

“...given that an EUA doesn’t require certification that a vaccine is safe and effective, and I believe that's a correct statement, but rather that the benefits and risks outweigh the current known risks...”

The FDA states the efficacy standard for drugs under Emergency Use Authorization (EUA) is that they "may be effective" and “provides for a lower level of evidence than the "effectiveness" standard that FDA uses for product approvals.”<sup>16</sup>

Clearly stated in the FDA Briefing document for Pfizer<sup>17</sup>:

“Vaccine efficacy post Dose 3 cannot be precisely estimated due to the limited number of cases accrued during blinded follow-up, as reflected in the wide confidence intervals associated with the estimates.”

***Making any claims of safety and efficacy misrepresent the purpose of an EUA and the determinations of VRBPAC and ACIP.***

Furthermore, both Pfizer and Moderna *inferred* vaccine effectiveness by comparing SARS-CoV-2 neutralizing antibody response of another age cohort while acknowledging there is no known correlate of protection — meaning they do not know what biological reference point actually *confers* immunity.<sup>18,19,20</sup>

<sup>14</sup> [ldh.la.gov/assets/oph/Coronavirus/marketingmaterials/kids/below5/LDH\\_Under5EUA8.5x14Poster-highres.pdf](https://ldh.la.gov/assets/oph/Coronavirus/marketingmaterials/kids/below5/LDH_Under5EUA8.5x14Poster-highres.pdf)

<sup>15</sup> [youtube.com/watch?v=GbNpaZeDPiA](https://youtube.com/watch?v=GbNpaZeDPiA) approx 7:01:00

<sup>16</sup> [fda.gov/regulatory-information/search-fda-guidance-documents/emergency-use-authorization-medical-products-and-related-authorities](https://fda.gov/regulatory-information/search-fda-guidance-documents/emergency-use-authorization-medical-products-and-related-authorities)

<sup>17</sup> [fda.gov/media/159195/download](https://fda.gov/media/159195/download) pg 37

<sup>18</sup> [fda.gov/media/159195/download](https://fda.gov/media/159195/download)

<sup>19</sup> [fda.gov/media/159189/download](https://fda.gov/media/159189/download)

<sup>20</sup> [youtube.com/watch?v=Ixm4UmlnTGQ](https://youtube.com/watch?v=Ixm4UmlnTGQ) 6:26:05

As for **safety**, LDH fails to provide or even acknowledge the *known* and *unknown risks* associated with covid vaccination, as is required by federal law.<sup>21</sup> The Pfizer Fact Sheet for Recipients and Caregivers<sup>22</sup> states:

## WHAT ARE THE RISKS OF THE VACCINE?

There is a remote chance that the vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the vaccine. For this reason, your child's vaccination provider may ask your child to stay at the place where your child received the vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of the face and throat
- A fast heartbeat
- A bad rash all over the body
- Dizziness and weakness

Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received the vaccine. In most of these people, symptoms began within a few days following receipt of the second dose of vaccine. The chance of having this occur is very low. You should seek medical attention right away if your child has any of the following symptoms after receiving the vaccine, particularly during the 2 weeks after your child receives a dose of the vaccine:

- Chest pain
- Shortness of breath or difficulty breathing
- Feelings of having a fast-beating, fluttering, or pounding heart
- Fainting
- Unusual and persistent irritability
- Unusual and persistent poor feeding
- Unusual and persistent fatigue or lack of energy
- Persistent vomiting
- Persistent pain in the abdomen
- Unusual and persistent cool, pale skin

Side effects that have been reported with the vaccine include:

- Severe allergic reactions
- Non-severe allergic reactions such as rash, itching, hives, or swelling of the face
- Myocarditis (inflammation of the heart muscle)
- Pericarditis (inflammation of the lining outside the heart)
- Injection site pain/tenderness
- Tiredness
- Headache

3 Revised: 28 June 2022

- Muscle pain
  - Chills
  - Joint pain
  - Fever
- Injection site swelling
- Injection site redness
  - Nausea
  - Feeling unwell
  - Swollen lymph nodes (lymphadenopathy)
  - Decreased appetite
  - Diarrhea
  - Vomiting
  - Arm pain
  - Fainting in association with injection of the vaccine
  - Irritability

21

uscode.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title21-section360bbb-3&num=0&saved=%7CZ3JhbnVsZWlkeQVlTQy1wcmVsaW0tdGl0bGUyMS1zZWNoaW9uMzYwYmJiLTNh%7C%7C%7C0%7Cfalse%7Cprelim

<sup>22</sup> <https://labeling.pfizer.com/ShowLabeling.aspx?id=17228>



*These may not be all the possible side effects of the vaccine. Serious and unexpected side effects may occur. The possible side effects of the vaccine are still being studied in clinical trials.*

There is no data to support LDH's claim that these drugs are *safe and effective* - that is not the purpose of an EUA and no data presented to VRBPAC or ACIP supports that claim.

### **False Claim #2: "Like car seats, COVID vaccines are PROVEN LIFESAVERS"<sup>23</sup>**



Unlike car seats, there is no data to support any statement that covid vaccination in infants and children has a proven or substantiated record of saving lives. As a matter of fact, it is known that covid vaccination will fail to prevent infection and transmission, that any protection provided is short lived,<sup>24</sup> and repeated boosters will be necessary in the future.

After the second dose, Moderna's clinical trial for children ages 2-5 showed a vaccine effectiveness of 28.5%<sup>25</sup> (Table 62) Would you put your child in a car seat knowing it was only 28% effective? Other data presented in the Pfizer FDA Briefing document indicate *negative efficacy*, with confidence intervals about or near -300. (Tables 19 and 20) Would you put your children in car seats knowing it would actually *cause* harm to them?

Additionally, unlike car seats, covid vaccines are immune from liability, meaning parents of children injured or killed by their use cannot sue for damages. LDH should be making consumers aware of this important legal detail, but the agency continually fails to inform citizens of the processes for reporting adverse events and applying for compensation for injuries from covid vaccines, or any other drug /medical device under EAU.

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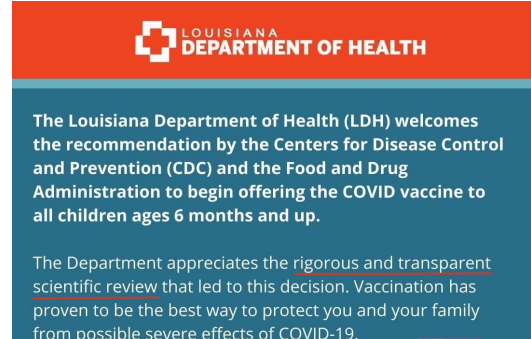
<sup>23</sup> [ldh.la.gov/page/4307](https://ldh.la.gov/page/4307)

<sup>24</sup>

[theepochtimes.com/vaccine-induced-immune-response-to-omicron-wanes-substantially-federally-backed-study\\_4616112.html?utm\\_source=ai&utm\\_medium=search](https://theepochtimes.com/vaccine-induced-immune-response-to-omicron-wanes-substantially-federally-backed-study_4616112.html?utm_source=ai&utm_medium=search)

<sup>25</sup> [fda.gov/media/159189/download](https://fda.gov/media/159189/download) Table 62

**False Claim #3: Covid vaccines for children have undergone “the most intensive safety monitoring in U.S. history” and “rigorous scientific review.”<sup>26</sup>**



No independent agency has performed outside analysis of Pfizer or Moderna’s raw data or replicated the data presented by the drug manufacturers for the EUA for covid vaccines for ages 6 months and up. The drug manufacturers’ material was presented to the committee members less than 48 hours before they voted. To claim that the review was “rigorous” is ridiculous. What satisfies the standard for “rigorous scientific review”? According to the FDA:

“Clinical trials are evaluating investigational COVID-19 vaccines in **tens of thousands of study participants** to generate the scientific data and other information needed by FDA to determine safety and effectiveness. These clinical trials are being conducted according to the rigorous standards set forth by the FDA.”<sup>27</sup>

First, there were not “tens of thousands of study participants” in the various clinical trials for infants and children. For the most recent Emergency Use Authorizations granted, **two-thirds of Pfizer trial participants did not complete the trial.** A combined 4,526 participants started in the 6-23 month old and 2-4 year old study, but ended with a total of 1,229 participants. Why did 3,297 trial participants not finish the study?

Second, Pfizer *amended* the study protocol to add a third dose after finding two doses failed any efficacy standard, but they had already unblinded and vaccinated the placebo group.

There was much discussion on the expected number of Moderna doses during the VRBPAC meeting on June 14, 2022.<sup>28</sup> As noted previously, Moderna’s own data indicates a 28% efficacy following the 2 doses that were granted EUA. Parents are being incredibly misinformed that a 2-dose Moderna series is in any way effective. Boosters are inevitable but how many is unknown, as is the safety profile of repeated covid vaccinations.

*Additionally, flawed data indicating that covid is a leading cause of death in the pediatric community was presented to VRBPAC and ACIP members. The study data was later revised but still has a noticeable bias to “exaggerate Covid deaths in children.”<sup>29</sup>*

<sup>26</sup> [ldh.la.gov/page/4307](https://ldh.la.gov/page/4307)

<sup>27</sup> [fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained](https://fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained)

<sup>28</sup> [youtube.com/watch?v=GbNpaZeDPiA](https://youtube.com/watch?v=GbNpaZeDPiA)

<sup>29</sup> [covid-georgia.com/pediatric-news/fact-check-covid-is-a-leading-cause-of-death-in-children/](https://covid-georgia.com/pediatric-news/fact-check-covid-is-a-leading-cause-of-death-in-children/)



## False Claim #4: Vaccinating your child for Covid will “protect them and your family.”



This is an exceedingly egregious statement. First of all, there is no data to support the claim that covid vaccination will protect children from mild, moderate, or severe covid disease. There was no data presented to VRBPAC or ACIP to support this claim. It is commonly known at this point that covid vaccination does not prevent infection or transmission.

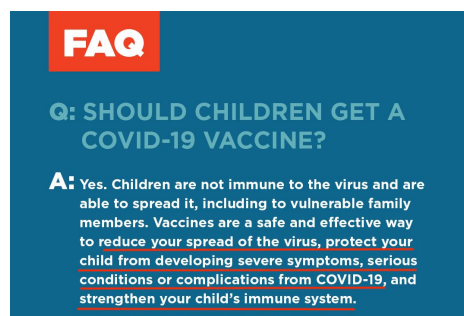
Further, vaccinating infants and children for someone else’s benefit is incredibly unethical and a human rights violation. UNESCO’s Universal Declaration of Bioethics and Human Rights<sup>30</sup> acknowledges:

**“The interests and welfare of the individual should have priority over the sole interest of science or society.”**

Considering children are not, in general, adversely affected by SARS-CoV-2 infection,<sup>31,32,33</sup> vaccination for another’s benefit is especially egregious considering the risk of vaccine associated myocarditis and pericarditis, as well as the other possible adverse reactions — it’s all risk, no benefit. As the [Unity Project](#) put it,

“We are NOT a society that uses children as a line of defense.”

**False Claim #5: “...vaccination against COVID-19 will strengthen your child’s immune system, help prevent severe COVID-19 symptoms, and reduce the likelihood of them developing conditions or experiencing complications from COVID-19.”<sup>34</sup> Covid vaccination “will lower their risks of getting this serious condition [MIS-C] as well as protect them from other COVID complications.”<sup>35</sup>**



<sup>30</sup> [portal.unesco.org/en/ev.php-URL\\_ID=31058&URL\\_DO=DO\\_TOPIC&URL\\_SECTION=201.html](https://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html)

<sup>31</sup> [nature.com/articles/s41591-021-01578-1.pdf](https://www.nature.com/articles/s41591-021-01578-1.pdf)

<sup>32</sup> [nature.com/articles/s41467-021-22236-7](https://www.nature.com/articles/s41467-021-22236-7)

<sup>33</sup> [medrxiv.org/content/10.1101/2022.01.12.22269179v1.full.pdf](https://www.medrxiv.org/content/10.1101/2022.01.12.22269179v1.full.pdf)

<sup>34</sup> [ldh.la.gov/assets/oph/Coronavirus/marketingmaterials/kids/below5/6months-upEUAResource-Toolkit-Parents.pdf](https://ldh.la.gov/assets/oph/Coronavirus/marketingmaterials/kids/below5/6months-upEUAResource-Toolkit-Parents.pdf)

<sup>35</sup> [ldh.la.gov/assets/oph/Coronavirus/marketingmaterials/kids/below5/6months-upEUAResource-Toolkit-Parents.pdf](https://ldh.la.gov/assets/oph/Coronavirus/marketingmaterials/kids/below5/6months-upEUAResource-Toolkit-Parents.pdf)

Again, there was no data presented to support these statements. Rather, using the trial data presented to VRBPAC and ACIP, Dr. Jessica Rose calculated that 1 in 71 infants aged 6-23 months experienced a severe adverse event in the Pfizer clinical trial<sup>36</sup> and 1 in 83 infants aged 6-23 months in the Moderna clinical trial experienced a severe adverse event.<sup>37</sup>

There was no data presented to support the claim that vaccination for this age group will prevent severe COVID-19 symptoms or reduce the likelihood of them developing or experiencing complications from COVID-19. It was not an “endpoint” of the study.<sup>38</sup>

There were a total of 365 documented covid cases prior to the addition of the third shot in the Pfizer study, 220 of which were in the vaccine arm. All of these cases were ignored by study investigators and members of VRBPAC and ACIP. In the Pfizer 2-4 age group study, seven cases of severe COVID-19 occurred: 6 in the vaccine group and one in the placebo group. Reporter Alex Berenson notes that:

“The confidence intervals went below zero for kids under two, meaning **the possibility that the vaccine increased the risk of infection cannot be excluded**. And cases of severe Covid - including one two-year-old who was hospitalized - were mostly in the mRNA group.”<sup>39</sup>

As LDH notes in their marketing material,<sup>40</sup> it is tragic that 21 Louisiana children have died from SARS-CoV-2 infection, but they fail to mention the comorbidities or treatment protocols utilized for them. The context of these deaths is so important but instead of informing parents of the extenuating circumstances, and educating to empower, LDH instead instills fear by not disclosing much needed information to help inform decision making. When asked during a legislative hearing on December 6, 2021, LDH acknowledged that of the 18 pediatric deaths at that time, 14 had comorbidities. LDH makes no effort to educate or inform parents of the significance of comorbidities and how that may impact infection. FDA’s Briefing Document for Pfizer notes:

“Of children 6 months to 4 years of age with COVID-19 associated hospitalization, 49% had one or more underlying health conditions. The most common underlying medical conditions among hospitalized children (≤18 years) were obesity (31.9%), neurologic disorders (14.8%), and asthma (14.5%). Obesity was associated with increased risk of severe disease. Available evidence suggests that highest risk groups include children with special healthcare needs, including genetic, neurologic, metabolic conditions, or with congenital heart disease.”

## False Claim #6: Covid vaccination is necessary following natural infection.<sup>41</sup>

**Q:** Should I vaccinate my child even if they already have had COVID?

**A:** Yes, even if your child has already had COVID-19, any immunity they may get from the virus is short-lived, so it's recommended that they still get vaccinated to protect them from severe symptoms or outcomes should they become reinfected. Louisiana has seen an increase in reinfections across all age groups, including children, underscoring the importance of making sure your child is up-to-date on their vaccinations.

<sup>36</sup> [jessicar.substack.com/p/and-fizer-enters-the-running-for](https://jessicar.substack.com/p/and-fizer-enters-the-running-for)

<sup>37</sup> [jessicar.substack.com/p/moderna-safety-document-quick-make](https://jessicar.substack.com/p/moderna-safety-document-quick-make)

<sup>38</sup> [youtube.com/watch?v=ykwMAur0RTM](https://youtube.com/watch?v=ykwMAur0RTM)

<sup>39</sup>

[alexberenson.substack.com/p/urgent-omg-the-pfizer-data-for-kids/comments?utm\\_source=substack&utm\\_campaign=post\\_embed&utm\\_medium=web](https://alexberenson.substack.com/p/urgent-omg-the-pfizer-data-for-kids/comments?utm_source=substack&utm_campaign=post_embed&utm_medium=web)

<sup>40</sup> [ldh.la.gov/assets/oph/Coronavirus/marketingmaterials/kids/below5/LDH\\_Under5EUA8.5x14Poster-highres.pdf](https://ldh.la.gov/assets/oph/Coronavirus/marketingmaterials/kids/below5/LDH_Under5EUA8.5x14Poster-highres.pdf)

<sup>41</sup> [ldh.la.gov/assets/oph/Coronavirus/marketingmaterials/kids/below5/LDH\\_Under5EUA8.5x14Poster-highres.pdf](https://ldh.la.gov/assets/oph/Coronavirus/marketingmaterials/kids/below5/LDH_Under5EUA8.5x14Poster-highres.pdf)

According to a CDC study, as many as 75% of children have *already* acquired immunity from natural infection.<sup>42</sup> Study after study indicates that naturally acquired immunity is robust and long lasting,<sup>43,44</sup> in contrast to any immunity acquired from vaccination which has been shown to be short lived.<sup>45</sup>

More importantly, as noted by Seneff et al. in **Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and MicroRNAs**<sup>46</sup> “the biological response to mRNA vaccination as it is currently employed is demonstrably *not similar* to natural infection.” The study authors go on to present evidence that:

“...vaccination induces a profound impairment in type I **interferon** signaling, which has diverse adverse consequences to human health. Immune cells that have taken up the vaccine **nanoparticles** release into circulation large numbers of exosomes containing spike protein along with critical **microRNAs** that induce a signaling response in recipient cells at distant sites. We also identify potential profound disturbances in regulatory control of **protein synthesis** and **cancer surveillance**. These disturbances potentially have a causal link to **neurodegenerative disease**, **myocarditis**, immune thrombocytopenia, **Bell's palsy**, liver disease, impaired adaptive immunity, impaired DNA damage response and tumorigenesis. We show evidence from the VAERS database supporting our hypothesis. We believe a comprehensive risk/benefit assessment of the mRNA vaccines questions them as positive contributors to public health.”

*Why would LDH claim that vaccination is necessary following natural infection when it has been shown that natural infection provides robust immunity without the possible risk associated with vaccination?*

**False Claim #7: Covid vaccines should be administered along with other vaccines.**<sup>47</sup>

**Q: Can kids get the COVID vaccine at the same time as their annual immunizations?**  
**A:** Yes. In fact, the American Academy of Pediatrics (AAP) supports kids getting routine immunizations at the same time they get a COVID-19 vaccine, including the flu shot.

The latest Emergency Use Authorization is intended for one of the most vaccinated demographics in our country. If the CDC recommended vaccine schedule is followed, children will receive 18 doses of various other vaccines before age 6 months, and 34 doses between the ages of 6 months and 5 years.<sup>48</sup> Despite the recommendation from LDH for co-administration of covid vaccines with other vaccines, there have been zero studies on co-administration. From Epoch Times:

“We did not allow concomitant immunization for this first path study,” Dr. Rituparna Das, vice president for COVID-19 vaccines at Moderna, told panelists during a [meeting on June 18](#). “We did ask the investigators to offset flu vaccine by about two weeks and offset other routinely administered vaccines by four weeks.”

<sup>42</sup> [cdc.gov/mmwr/volumes/71/wr/mm7117e3.htm](https://www.cdc.gov/mmwr/volumes/71/wr/mm7117e3.htm)

<sup>43</sup> [brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/](https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/)

<sup>44</sup> <https://www.medrxiv.org/content/10.1101/2022.06.20.22276650v1>

<sup>45</sup>

[theepochtimes.com/vaccine-induced-immune-response-to-omicron-wanes-substantially-federally-backed-study\\_4616112.html?utm\\_source=ai&utm\\_medium=search](https://theepochtimes.com/vaccine-induced-immune-response-to-omicron-wanes-substantially-federally-backed-study_4616112.html?utm_source=ai&utm_medium=search)

<sup>46</sup> [sciencedirect.com/science/article/pii/S027869152200206X#bib92](https://www.sciencedirect.com/science/article/pii/S027869152200206X#bib92)

<sup>47</sup> [ldh.la.gov/assets/5-11-vaccine/LDH\\_FDA\\_Approval\\_OnePager-Nov8-HR.pdf](https://ldh.la.gov/assets/5-11-vaccine/LDH_FDA_Approval_OnePager-Nov8-HR.pdf)

<sup>48</sup> [healthfreedomla.org/wp-content/uploads/2020/02/flyer\\_vaccine\\_schedule\\_UPDATED.pdf](https://healthfreedomla.org/wp-content/uploads/2020/02/flyer_vaccine_schedule_UPDATED.pdf)

“And so, ***we do not have concomitant administration data yet.*** Fully take the point that that is an important piece, and our future studies will look at concomitant administration, both in terms of immunogenicity and reactogenicity,” she added.

Dr. William Gruber, a senior vice president of vaccine clinical research and development at Pfizer, said that his company also didn’t have data regarding this issue because Pfizer had investigators wait two weeks before and after children received the COVID-19 shot prior to being administered inactivated vaccines and rotavirus, and four weeks for other live virus vaccines.”<sup>49</sup>

**♦E. As the PREP Act<sup>50</sup> affords LDH immunity from liability, additional oversight is in order to protect the interests and safety of the citizens of this state.**

LDH has continually failed to inform the citizens of Louisiana the fact that vaccine manufacturers, physicians, and government planners are immune from any liability for the injuries or deaths that these vaccines may cause. Citizens are not made aware of the process for reporting injuries or deaths, the timeline for filing for compensation, and even more concerning—most physicians are not aware either. Nor have physicians been made aware of their injury reporting obligations under federal law. We understand that a few health alert emails have been sent by LDH, but there have been zero statewide educational campaigns, zero mention in press conferences, or in social media about the importance of reporting adverse events following the administration of what are still technically ***experimental*** vaccines. It really is egregious that this **enormous medical experiment** has taken place and most do not know they are active participants, completely violating any notion of informed consent.

We call on the Legislature to step in and intervene to put an end to the reckless recommendation of covid vaccinations for infants and children by the Louisiana Department of Health.

Sincerely,  
Jill Hines and Fiorella Trapani  
Co-Directors  
Health Freedom Louisiana

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[theepochtimes.com/no-safety-data-to-back-cdcs-recommendation-on-co-administering-covid-19-injections-and-other-vaccines-in-children\\_4560494.html?utm\\_source=ai&utm\\_medium=search](https://theepochtimes.com/no-safety-data-to-back-cdcs-recommendation-on-co-administering-covid-19-injections-and-other-vaccines-in-children_4560494.html?utm_source=ai&utm_medium=search)

<sup>50</sup> [phc.gov/Preparedness/legal/prepact/Pages/prepqa.aspx](https://phc.gov/Preparedness/legal/prepact/Pages/prepqa.aspx)