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Systemic Child Abuse: Giving Kids the Needle of Death

“Do it for the children.” Oh, how many times have we heard this appeal over the years uttered in service of suspect causes? But what the leftists who wore out that line are now doing for the children — or *to* the children, to be precise — is perhaps the latest example of an underappreciated phenomenon: systemic child abuse.

We hear much about “systemic racism.” Social-sphere robber barons (e.g., Attorney General Merrick Garland’s son-in-law) make millions peddling Critical Race Theory to schools, and demagogues use “systemic racism” to leverage political power. Yet systemic child abuse has a quality systemic racism doesn’t:

It’s actually real.

It takes many forms, too: telling children they can become the opposite sex, exposing them to lewd material, forcing health-damaging masks on them, targeting them with racial propaganda, and killing unborn babies and then using their body parts for experimentation. Perhaps the most recent form is another type of experimentation: compelling children to take COVID-19 genetic-therapy agents (GTAs, aka “vaccines”) to “protect” against a disease imperiling them not a whit.

This is no exaggeration. The GTA push has assumed the character of a (false) religious cause, with Branch COVIDian pseudo-elites forging on ahead with mass “vaccination” plans in defiance of all reason. We were initially told the GTAs were “safe and effective.” “You’re not going to get COVID if you have these vaccinations,” said Joe Biden during a July CNN town hall. “If you’re vaccinated, you’re not going to be hospitalized, you’re not going to be in the ICU unit, and you’re not going to die,” he continued. The next month, Centers for Disease Control and Prevention (CDC) director Rochelle Walensky admitted that the GTAs actually *don’t* prevent coronavirus Delta-strain transmission; of course, a vaccinated person can only transmit the pathogen if he catches it in the first place, so this means the GTAs don’t prevent contraction, either. But they still, she reassured us, work well “with regard to severe illness and death — they prevent it.” Then, however, we began hearing about increasing numbers of “breakthrough” infections, with the quoted adjective only making sense if one accepts that the GTAs build some Great Wall of China Virus Immunity. Well, try telling this to Belgian physician Kristiaan Deckers. “The patients in the ICU of our hospitals in GZA [in Antwerp], I checked it yesterday, are all vaccinated,” he said in a recent interview. *One-hundred percent* — in a nation, do note, that’s only 75 percent “vaccinated.”

Of course, even actual vaccines can be “leaky.” For example, the CDC reported that the 2017-2018 influenza vaccine was only 40-percent effective; this isn’t surprising, as the virus strain a vaccine is derived from won’t necessarily be the one prevalent during respiratory-disease season. Regardless, one



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thing the CDC or any health authority would never do is prescribe last year's flu vaccine to prevent this year's flu.

Yet isn't this precisely what's happening with the COVID-19 GTAs? The pseudo-elites are prescribing the GTAs formulated for the Alpha strain to prevent the Delta.

And now children are targeted. "Pfizer and BioNTech asked federal regulators on Thursday to authorize emergency use of their coronavirus vaccine for children ages 5 to 11," reported the *New York Times* October 7. The Food and Drug Administration (FDA) "promised to move quickly on the request," the paper also related, and, unfortunately, this is something the health authorities *weren't* lying about. On October 26 the FDA's "expert" advisory committee did in fact vote 17-0 for emergency-use authorization of the Pfizer-BioNTech COVID-19 GTA for children ages 5 to 11.

Leaping without looking, San Francisco then announced November 2 that kids 5 to 11 would soon need to prove they've received a GTA to gain access to indoor businesses and activities. Earlier, Democratic California governor Gavin Newsom had mandated the GTAs for 7th- through 12th-graders and made known his intention to ultimately require them for all schoolchildren, starting with kindergarten.

This is all happening despite Dr. Eric Ruben, an FDA advisory committee member, having made a shocking on-video admission during the October 26 FDA hearing about children and the GTA. "We're never going to learn about how safe the vaccine is until we start giving it," he said. "That's just the way it goes." Wow, he sounds like a guy who would've been all-in on radium candy in the 1920s.

But, "No, Dr. Ruben, that isn't *'the way it goes,'*" wrote American Thinker November 1. "American children are **not** experimental subjects. You **could** and **should** have demanded more safety studies." Actually, Ruben *should* have said that giving a child a China virus GTA is like putting scuba gear on a fish.

That jabbing kids would be, at best, an exercise in futility — that is, if the "vaccines" were actual vaccines and *were* safe and *were* effective — was well illustrated by American Thinker in a later article. In "Why Do They Want to Vaccinate Children?" on November 5, the site wrote:

According to a presentation by Fiona Havers, who works at the Centers for Disease Control and Prevention (CDC) and who is a member of the agency's COVID-19 Response Team, "[D]uring the 12-month period October 2, 2020 through October 3, 2021, there were 66 COVID-19 associated deaths in children 5-11."

... To give you a sense of perspective, children in that age bracket are three hundred percent more likely to be murdered (207 deaths) and thirty percent more likely to die of flu and pneumonia (84 deaths) than they are to die of Covid.

To give another point of comparison, according to the CDC in 2019, "608 child passengers age 12 and younger died in motor vehicle crashes."

Please contemplate this point well. Children under 12 years of age are nearly 1000 percent more likely to be killed in a vehicular mishap than to die of Covid-19.

One more piece of reference data. According to Statista, there were 20 deaths and a hundred injuries due to lightning strikes in the United States in 2019. Thus, your child is nearly 200 percent more likely to be struck by lightning than to be felled by Covid.



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I'll add that while kids are significantly more likely to die from influenza than the China virus, there is, curiously, no effort to foist flu vaccines on them.

Yet even the above doesn't tell the tale, "because not all of those unfortunate 66 children who died *with* Covid died *of* Covid," American Thinker also informs. Rather, most suffered with comorbidities such as "obesity, chronic metabolic disease, feeding tube dependence, cardiovascular disease, neurologic disorders, chronic lung disease, blood disorders, immunosuppressed conditions, and 'other' conditions," the site also relates, quoting Havers.

Put differently, for children, the "danger of severe Covid is so low as to be difficult to quantify," admitted the *New York Times* during a rare honest moment on October 12. Put differently again, if your child is healthy, his China virus mortality risk is essentially *zero*.

Unfortunately, the same can't be said of COVID GTA mortality risk. In a November 9 article, The New American documented many cases in which healthy, well-conditioned athletes have been injured or killed by the GTAs. The piece quotes former Pfizer executive Dr. Michael Yeadon, a renowned British pharmacologist, as writing on his Telegram account November 4 that while incidents in which athletes collapse and sometimes die on the field were once vanishingly rare, "now in the space of a few weeks, [there are] almost two dozen such incidents." Why now?

"It's because only recently has covid19 vaccination reached these age groups, late teens to late 20s," Yeadon stated.

Yeadon then explained the GTAs' danger. The "COVID shots make our cells produce an 'unregulated amount' of the toxic part of the virus — a spike protein that damages other cells," TNA related. "While the CDC is calling the spike protein a 'harmless piece of the virus' and telling us that the mRNA vaccine only remains in the inoculation site, i.e., the shoulder muscle, and then gets broken down and disposed of, it actually travels throughout the body."

"Not only are the amounts [of the spike protein] uncontrolled in any way, we also have no idea, in any individual, WHERE in the body this dangerous protein is made,' the doctor warned," TNA continued.

Unfortunately, for many young people, it's already too late. On August 22, journalist Sharyl Attkisson cited information from the CDC's own Vaccine Adverse Event Reporting System (VAERS) showing that a 15-year-old boy died four days after receiving his second GTA dose, and that a 13-year-old girl passed away of a heart condition after getting her first. Other deaths include, Attkisson related: two 13-year-old boys who died two days after receiving a Pfizer GTA, a 13-year-old boy who passed away after receiving Moderna, three 15-year-olds, five 16-year-olds, and three 17-year-olds. The journalist also wrote that additional VAERS-listed cases include:

- 2,525 reports of anaphylaxis among 12- to 17-year-olds, with 99 percent of cases attributed to Pfizer's GTA;
- 432 reports of myocarditis and pericarditis (heart inflammation), with 426 cases attributed to Pfizer's vaccine; and
- 86 reports of blood-clotting disorders, with all cases attributed to Pfizer.

In fact, TNA reported in our August, 23, 2021 issue in the article "COVID Lies" that VAERS "logged nearly 12,000 [vaccine-coincident, adult as well as minor] deaths from mid-December through July 23"; in contrast, there were only an average of 280 vaccine-coincident deaths annually from 1990 to 2020.



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Moreover, TNA cited internationally renowned COVID physician Peter McCullough, a highly published expert in his field, as stating that his contacts within the CDC have confirmed that “the real [current VAERS] number is ten-fold.” (What’s more, added to these deaths are 500,000 “adverse events,” some severe.)

So what’s the bottom line for kids? Toby Rogers, Ph.D. presented a comprehensive cost-benefit analysis at Substack on October 31. To “put it simply,” he concluded, “the Biden administration plan would kill 5,248 children via Pfizer mRNA shots in order to save 45 children from dying of coronavirus.”

“For every one child saved by the shot, another 117 would be killed by the shot.”

Given this, is it any wonder that in a July interview Dr. McCullough called the GTAs’ mechanism of action “clearly poisonous”? “I think if we had had a data and safety monitoring board,” he stated, “they would have shut down the vaccine in February of 2021.” Instead, 10 months later, the pseudo-elites aim to foist it on your five-year-old.

Too many rank-and-file health professionals and other people, members of a mob, are going along with this, too. It all makes clear why Italian writer Primo Levi once wrote, “Monsters exist, but they are too few in number to be truly dangerous. More dangerous are the common men, the functionaries ready to believe and to act without asking questions.”

Selwyn Duke has written for The New American for more than a decade. He has also written for The Hill, Observer, The American Conservative, WorldNetDaily, American Thinker, and many other print and online publications.



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