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COVID Jab Gets Permanent Liability Protection as Predicted

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October 20, 2022, the U.S. Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) unanimously (15-0) voted to add unlicensed COVID-19 shots to the U.S. childhood, adolescent and adult vaccine schedules

February 9, 2023, the CDC accepted the panel's recommendation and officially added a primary series of mRNA COVID "vaccine" to its routine immunization schedules for children and adults, plus a bivalent booster

While the addition of the COVID shots to the recommended vaccination schedule does not make the jabs mandatory for school attendance, their inclusion allows states and local jurisdictions to make them so

Vaccines on the childhood vaccination schedule are typically covered under the National Vaccine Injury Compensation Program (NVICP), but the COVID shot isn't. Instead, the jab will remain covered by the Countermeasures Injury Compensation Program (CICP), which is even more restrictive and limited in terms of compensation than the NVICP

According to CDC director Dr. Rochelle Walensky, the COVID jab was added to the childhood vaccination schedule because it was "the only way" to ensure under-insured children would have access to it. The real reason, however, is because it's the only way for drug makers to be indemnified against financial liability for injuries and deaths

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Well, as predicted, the COVID shots have now received a permanent liability shield against injury and death.

October 20, 2022, the U.S. Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) unanimously (15-0) voted to add unlicensed

COVID-19 shots to the U.S. childhood, adolescent and adult vaccine schedules.[1,2] At the time, the panel justified its decision by saying that "it makes sense" to add the shots since COVID-19 has become endemic and is not going away.

February 9, 2023, the CDC accepted the panel's recommendation and officially added a primary series of mRNA COVID "vaccine" to its routine immunization schedules for children and adults, plus a bivalent booster.[3,4] As reported by The Defender:[5]

> "Although the CDC does not have the authority to set requirements itself, the agency's immunization schedule provides formal guidance for state and local public health officials who set the rules for which vaccines are required to attend school. The schedule also is the basis for vaccine recommendations made by most physicians.
>
> 'Given all that we have learned about the dangers and ineffectiveness of COVID-19 shots over the last two years, it is horrifying to see the CDC now recommend this as a routine shot to children,' Mary Holland, Children's Health Defense (CHD) president and general counsel told The Defender. 'Although it is unsurprising given the agency capture, it is nonetheless tragic,' she added."

Summary of the CDC's New COVID Jab Guidelines

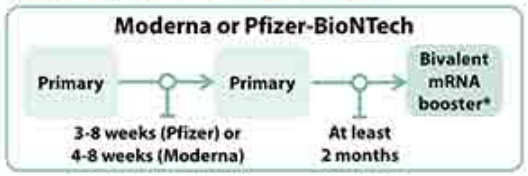
The following infographics illustrate the CDCs new guidelines:[6,7,8]

COVID-19 Vaccination Schedule Infographic for People who are NOT Moderately or Severely Immunocompromised

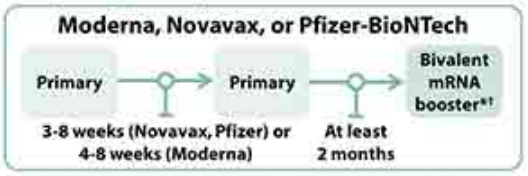
People ages 6 months through 4 years

People age 5 years

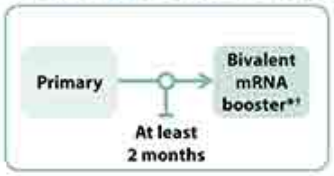
People ages 6 through 11 years



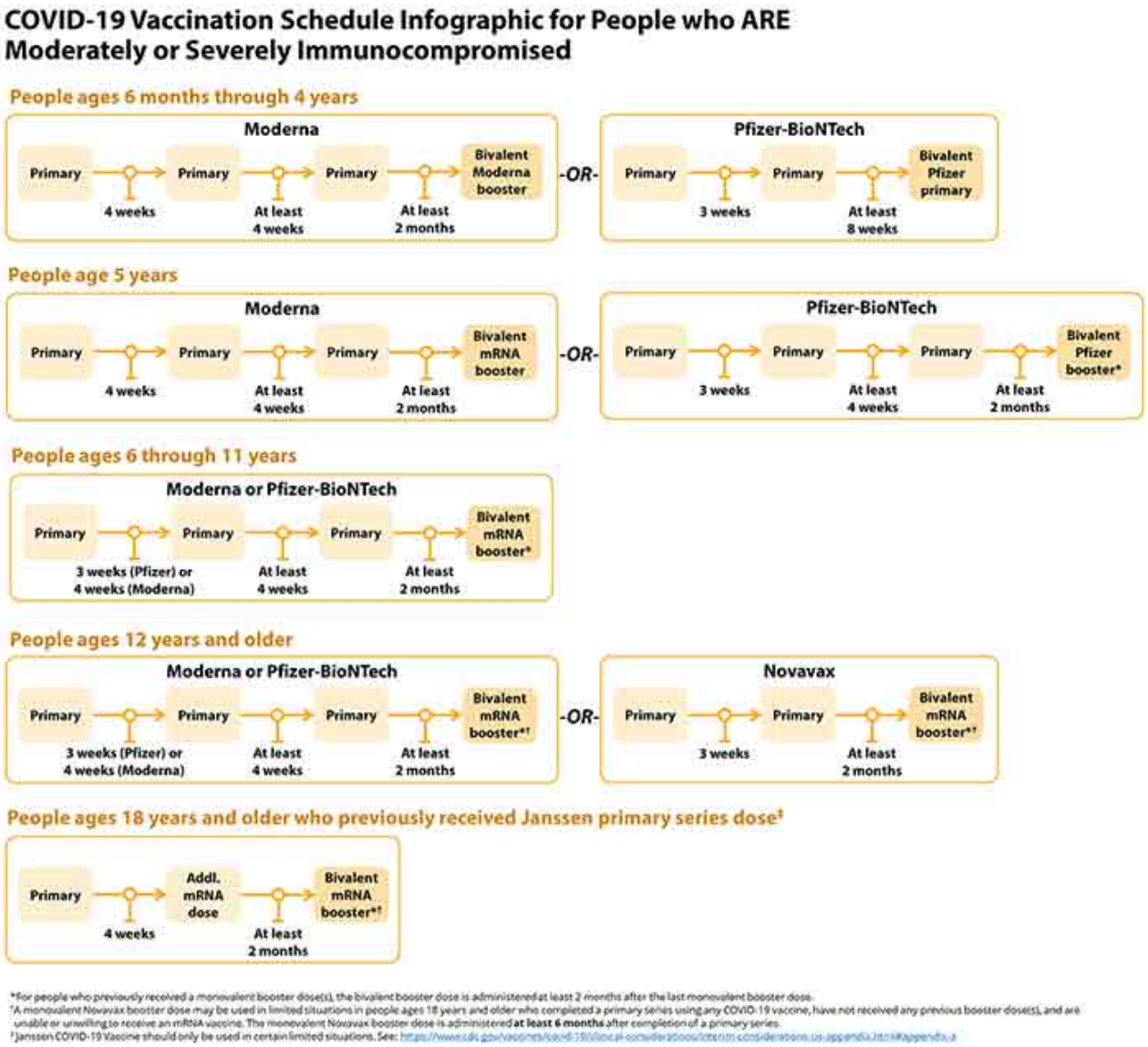
People ages 12 years and older



People ages 18 years and older who previously received Janssen primary series dose‡



*For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose.
† A monovalent Novavax booster dose may be used in limited situations in people ages 18 years and older who completed a primary series using any COVID-19 vaccine, have not received any previous booster dose(s), and are unable or unwilling to receive an mRNA vaccine. The monovalent Novavax booster dose is administered **at least 6 months** after completion of a primary series.
‡ Janssen COVID-19 Vaccine should only be used in certain limited situations. See: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#appendix-a



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Can FDA Legally Add EUA Jab to Vaccine Schedule?

Importantly, any and all COVID shots administered in the U.S. are Emergency Use Authorized only, which appears to be in breach of the law. While the U.S. Food and Drug Administration granted full approval to Pfizer's Comirnaty for people 12 years old and over, Comirnaty is still not available in the U.S.

As noted by The Defender, this means "all children who get the Pfizer vaccine are getting an EUA product,"[9] and by law, all EUA products are considered "experimental."[10] At the end of August 2021, the Children's Health Defense sued[11,12] the FDA for violation of federal law by simultaneously licensing Comirnaty and extending EUA for the Pfizer-BioNTech jab.

The CHD argues the licensure of Comirnaty was a "classic bait and switch," as people were told to get the now "fully licensed" jab, when in fact the shots they received were not licensed at all, but still the experimental and unlicensed EUA product.

According to the law, EUA can only be given when there's no approved alternative, so once Comirnaty was approved, the FDA lost its legal ability to preserve ANY of the EUAs. Were the law followed, Comirnaty would be the one and only COVID jab available in the U.S., but as you know, that's not the case.

COVID Shot Is Not Covered by Vaccine Injury Program

What's worse, vaccines on the childhood vaccination schedule are typically covered under the National Vaccine Injury Compensation Program (NVICP), but the COVID shot isn't.

At the same time that ACIP voted to add the COVID shot to the childhood vaccination schedule, they also decided to exclude the COVID shots from the NVICP. Instead, the jab remains covered by the Countermeasures Injury Compensation Program (CICP), which is even more difficult to navigate and far more limited in terms of compensation than the NVICP.

So, in other words, not only are children receiving unlicensed experimental mRNA gene transfer injections referred to as "vaccines," which they aren't, but injured children have virtually no possibility of receiving any kind of compensation.

The NVICP is notoriously bad when it comes to payouts for injuries, but the CICP is far worse. As noted by The Defender,[13] "Since it was established in 2010, the CICP only compensated 30 of the nearly 12,000 claims filed."

CDC Director Provides Bogus Explanation

During a February 8, 2023, Congressional hearing on the Biden administration's COVID-19 response, CDC director Dr. Rochelle Walensky was confronted about the agency's decision to add an EUA "vaccine" to its childhood vaccination schedule, especially seeing how COVID-19 poses virtually no risk to children.[14]

According to CDC data, only 209 children between the ages of 6 months and 4 years have died from or with COVID,[15] and the evidence suggests most children actually died "with" COVID and from other serious health conditions such as cancer.[16,17]

Another telling statistic is that the number of toddlers hospitalized with COVID between October 2020 and September 2021 was about half the total number of toddlers hospitalized with influenza the previous winter.[18] That data, again, comes from the CDC, so clearly, they're fully aware of how the COVID risk compares to other common infections.

According to Walensky, the reason the ACIP recommended the shot be added was because that's the only way it can be covered under the CDC's Vaccines for Children program. "It was the only way that our under-uninsured children would be able to have access to the vaccines … That was the reason to put it there," she said.[19]

The REAL reason the COVID jab was added to the childhood vaccination schedule is because that's the only way to permanently indemnify Pfizer and Moderna from financial liability for injuries and deaths.

But something tells me there are several different ways to make sure under-insured children

could have access to the shot without adding it to the childhood vaccination schedule.

It's All About Indemnifying Big Pharma

> So I'm guessing everyone is wondering why the FDA voted unanimously to give not one — but THREE shots of the C@ViD to the youngest of children when there's N emergency.
>
> It is IMPERATIVE they have this approval.
> R. obert K. ennedy Jr. tells us why: pic.twitter.com/denjlTchMF
>
> — NEWSNANCY (@NewsNancy9) June 15, 2022

No, the REAL reason the COVID jab was added to the childhood vaccination schedule is because that's the only way to permanently indemnify Pfizer and Moderna from financial liability for injuries and deaths. (You can learn more about this indemnification process in "The Real Reason They Want to Give COVID Jabs to Kids," which features my interview with Alix Mayer, board president of the Children's Health Defense's California chapter.)

And boy, do they need indemnification! Late in 2022, it was revealed the CDC has ignored hundreds of safety signals, including 96 safety signals in the 12- to 17-year-old age group and 66 in the 5- to 11-year-old group.

According to the standard operating procedures[20,21] for the Vaccine Adverse Event Reporting System (VAERS), which is run jointly by the CDC and the FDA, the CDC is required to perform Proportional Reporting Ratio (PRR) data mining analyses to identify potential safety problems. PRR[22] measures how common an adverse event is for a specific drug compared to all the other drugs in the database.

In September 2022, The Epoch Times asked the CDC to release its PRR results, but they refused. The results were eventually obtained via a Freedom of Information Act request, and they revealed hundreds of side effects that met the criteria that should initiate investigation.[23]

One of the few side effects of the COVID jabs that the CDC has actually acknowledged is myocarditis (heart inflammation), and a related condition called pericarditis (inflammation of the heart sack). Alas, the PRR monitoring results reveal there are more than 500 other adverse events that have stronger warning signals than either of those conditions!

These shots are the most dangerous medical products the world has ever seen, so of course Pfizer and Moderna want to make sure they cannot be sued into oblivion.

Summary of Potential Safety Problems

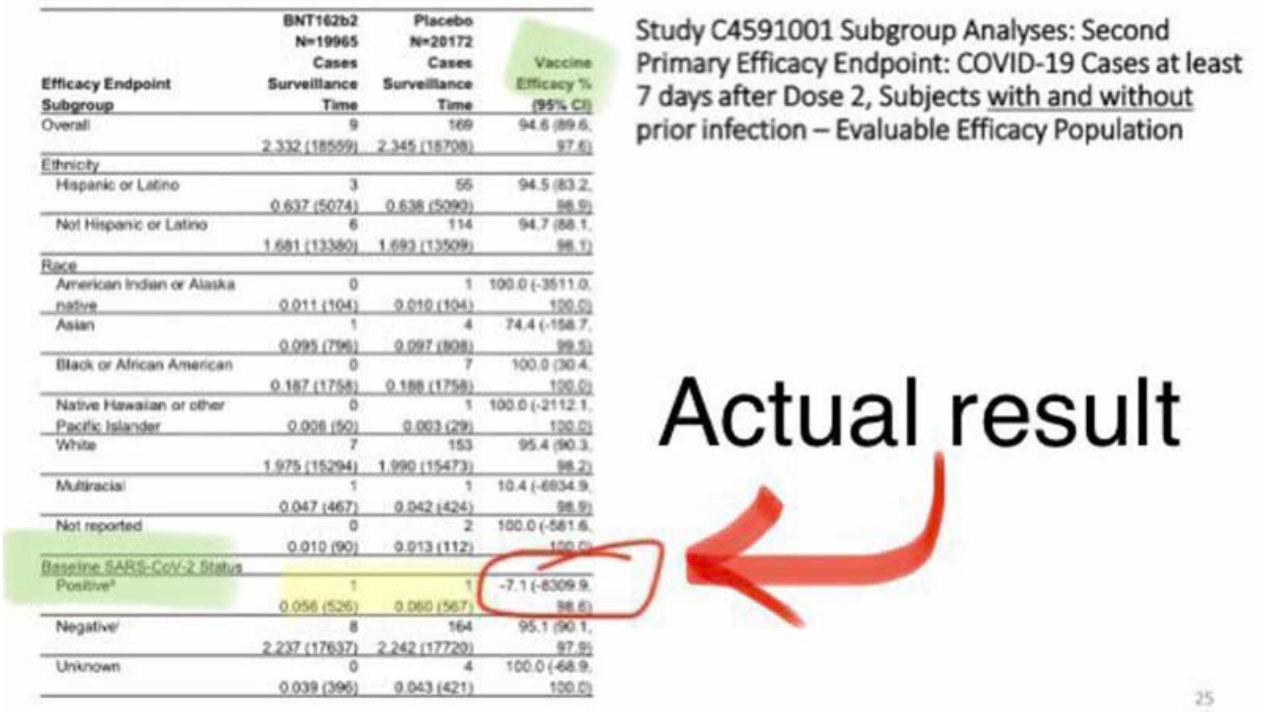
Below is a summary of some of the key findings from the CDC's PRR analysis.[24,25,26]

In individuals aged 18 and older, there are safety signals for 770 different adverse events, and two-thirds of them (more than 500) have a stronger safety signal than myocarditis and pericarditis. Of those 770 signals, 12 are brand-new conditions that have not been reported following other vaccines. **Topping the list of safety signals are cardiovascular conditions, followed by neurological conditions. In third and fourth place are thromboembolic conditions and pulmonary conditions. Death is sixth on the list and cancer is 11th. Considering the uptick we've seen in aggressive cancers, the fact that death tops cancer really says something.**
The number of serious adverse events reported between mid-December 2020 and the end of July 2022 (just over 19 months) for the COVID jabs is 5.5 times greater than all serious reports for vaccines given to adults in the U.S. over the last 13 years (approximately 73,000 versus 13,000).
Twice as many COVID jab reports were classified as serious compared to all other vaccines given to adults (11% vs. 5.5%), which meets the definition of a safety signal.
The proportions of reported deaths, which was only provided for the 18+ age group, was 14% for the COVID jabs compared to 4.7% for all other vaccines. As noted by Fenton,[27] "If the CDC wish [sic] to claim that the probability a COVID vaccine adverse event results in death is not significantly higher than that of other vaccines the onus is on them to come up with some other causal explanation for this difference."
In the 12- to 17-year-old age group, there are 96 safety signals, including myocarditis, pericarditis, Bell's Palsy, genital ulcerations, high blood pressure, menstrual irregularities, cardiac valve incompetency, pulmonary embolism, cardiac arrhythmia, thrombosis, pericardial and pleural effusion, appendicitis and perforated appendix, immune thrombocytopenia, chest pain and increased troponin levels (indicative of heart damage).
In the 5- to 11-year-old group, there are 66 safety signals, including myocarditis, pericarditis, ventricular dysfunction, cardiac valve incompetency, pericardial and pleural effusion, chest pain, appendicitis and appendectomies, Kawasaki's disease, menstrual irregularities and vitiligo.

CDC Lied About Pfizer Study Results

The CDC has also lied about Pfizer's trial results. As noted in an October 31, 2022, tweet from Rep. Thomas Massie:[28]

> "Pfizer's original vaccine trial, which contained 1,200 participants with evidence of prior infection, showed no benefit from their shots for those who had evidence of prior infection. CDC lied, said study showed it was 92% efficacious for those w/ evidence of prior infection."



Efficacy Endpoint Subgroup	BNT162b2 N=19965 Cases Surveillance Time	Placebo N=20172 Cases Surveillance Time	Vaccine Efficacy % (95% CI)
Overall	9 2.332 (18559)	169 2.345 (18708)	94.6 (89.6, 97.6)
Ethnicity			
Hispanic or Latino	3 0.637 (5074)	55 0.638 (5090)	94.5 (83.2, 98.9)
Not Hispanic or Latino	6 1.681 (13380)	114 1.693 (13509)	94.7 (88.1, 98.1)
Race			
American Indian or Alaska native	0 0.011 (104)	1 0.010 (104)	100.0 (-3511.0, 100.0)
Asian	1 0.095 (796)	4 0.097 (808)	74.4 (-158.7, 99.5)
Black or African American	0 0.167 (1758)	7 0.188 (1758)	100.0 (30.4, 100.0)
Native Hawaiian or other Pacific Islander	0 0.008 (50)	1 0.003 (29)	100.0 (-2112.1, 100.0)
White	7 1.975 (15294)	153 1.990 (15473)	95.4 (90.3, 98.2)
Multiracial	1 0.047 (467)	1 0.042 (424)	10.4 (-6934.9, 98.9)
Not reported	0 0.010 (90)	2 0.013 (112)	100.0 (-581.6, 100.0)
Baseline SARS-CoV-2 Status			
Positive[a]	1 0.056 (526)	1 0.060 (567)	-7.1 (-8309.9, 98.6)
Negative[a]	8 2.237 (17637)	164 2.242 (17720)	95.1 (90.1, 97.9)
Unknown	0 0.039 (396)	4 0.043 (421)	100.0 (-68.9, 100.0)

Massie — a Republican Congressman for Kentucky and an award-winning scientist — initially revealed the CDC's error in January 2021, after having tried, in vain, to get the CDC to correct it. I detailed Massie's efforts in "Why Do Public Health Agencies Reject Natural Immunity?" At the time, Massie said:[29,30]

> "There is no efficacy demonstrated in the Pfizer trial among participants with evidence of previous SARS-CoV-2 infections and actually there's no proof in the Moderna trial either … It [the CDC report] says the exact opposite of what the data says."

CDC Has Automated Data Falsification

On top of all of that, there's evidence suggesting the CDC has automated data falsification to hide adverse events. When sifting through data from the CDC's Mortality and Morbidity Weekly Reports (MMWR), The Ethical Skeptic — a data analyst and fraud investigator — discovered that the CDC is systematically hiding and deleting excess jab-related deaths, particularly in categories like cancer, cardiac deaths and strokes.

In June 2022, the CDC temporarily paused its MMWR reporting to perform a "system upgrade." That lasted two months. When it came back online, large numbers of deaths jab-related categories had been moved, either into the COVID death category or a "holding" category for undetermined deaths, thereby making it appear as though deaths from cancer, heart attacks and strokes are far lower than they are.

This gaming of the algorithm appears to have been automated as of that system update. According to The Ethical Skeptic:[31]

> "Excess Cancer Mortality is being concealed through Cancer Multiple Cause of Death (hereinafter referred to as 'MCoD') categorical reassignment to COVID-19 Underlying Cause of Death …
>
> Sudden Adult Deaths are being concealed by holding Pericarditis-Myocarditis-Conductive heart related deaths inside the R00-R99 temporary disposition bucket, far

> longer than per historical practice, thereby falsely depleting the associated ICD-10 mortality trend for these related deaths.
>
> Finally, the CDC is using the exact opposite technique, exploiting Multiple Cause of Death attributions and adding in completely fictitious deaths as well, in order to make its mRNA vaccines appear to be performing better than they are.
>
> The CDC is using Multiple Cause of Death categorical gaming, and is creating novel death counts, in order to counterfeit an appearance that the unvaccinated are dying at a rate 12 times that of the vaccinated."

Potential Silver Lining

The stark truth we now face is that the CDC is no longer in the business of protecting public health. They are securing profits for the drug industry. If there's a silver lining in all of this, it could be that the CDC's decision to add an unlicensed experimental product to the childhood vaccination schedule might just be the thing that makes parents wake up to the bigger picture. As Holland told The Defender:[32]

> "The childhood schedule is already unscientific and unjustifiable. Adding this shot may well be the straw that breaks the camel's back. Parents are likely to resist, finally calling the entire childhood vaccine schedule into question. That day has been long in coming, but it is now here. I believe we are now watching the beginning of the end of Big Pharma's reign over the nation's children."

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Featured image is from Children's Health Defense

The Worldwide Corona Crisis, Global Coup d'Etat Against Humanity

by Michel Chossudovsky

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Conservative Risk Benefit Analyses Decide Against COVID-19 Vaccination

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