

Public Health Child Abuse: Masks, Fear and Harmful Vaccines

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

STORY AT-A-GLANCE

- › Podcaster and certified industrial hygienist, Stephen Petty, is encouraged by statements recently made by former commissioner of the FDA, Dr. Scott Gottlieb, in which he said that masks don't provide a lot of protection
- › National data from 2016 to 2019 show that relational and social risks increase the likelihood of mental, emotional and behavioral health issues in children. Children have experienced a rise in both factors throughout 2020 and 2021
- › A Canadian public school teacher wrote about her high school students' behavior in the past two years, citing disengagement, shame, a fundamental alteration in their understanding of themselves, learning loss and an unwillingness to continue "living like this"
- › Not all educators are interested in protecting the mental health of their charges, as demonstrated by one principal at Garrison Elementary School in Washington, D.C., who is proud of the shaming he does as a vaccine "advocate" for his school, which boasts an 80% shot rate
- › One U.K. Freedom of Information Act request showed there were three deaths caused solely by COVID-19 since the start of the pandemic in children under 17, as compared to the 38,966 injuries and 79 deaths in the same age group reported in VAERS

As Stephen Petty, certified professional engineer, industrial hygienist and safety professional, points out in this short 11-minute podcast, the truth about masks and the Pandemic is slowly leaking out. However, since mainstream media are not universally covering these stories, it is incumbent on us to ensure that our friends and family are informed.

January 2, 2022, Dr. Scott Gottlieb, who had served as the commissioner of the Food and Drug Administration until 2019 and is now a special partner at Pfizer, was interviewed on Face the Nation. When asked about cloth masks, Gottlieb said they “aren't going to provide a lot of protection, that's the bottom line. This is an airborne illness. It could protect better through droplet transmission ... but not something like this coronavirus.”¹

Despite documentation from the Centers for Disease Control and Prevention as of January 26, 2022² that just 770 children aged 17 and under had died in two years, between 2020 and 2022, from COVID-19 — 0.00023369% of the U.S. population — Gottlieb continues to promote the idea that COVID-19 may be a serious threat to young children.

Yet, the atrocities being perpetrated on children in the name of public health is not warranted based on the number of children affected. Collette Martin, a practicing nurse, testified before a Louisiana Health and Welfare Committee hearing December 6, 2021.³

She claimed 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.

Each of these issues present short-term and long-term challenges for children’s physical, mental and emotional health. Essentially, how society has treated the children during the last two years amounts to child abuse.

Children Demonstrating Harm From Mandatory Mask Policies

National data⁴ from 2016 to 2019 revealed children who experienced relational and social risks had a four times higher likelihood of having mental, emotional or behavioral problems. The researchers also found that children who experienced only relational risks were more likely to have mental, emotional and behavioral health concerns than children who experienced social risks.

Relational risks are concerned with opportunistic behavior that occur within a cooperative effort, such as a family,⁵ for example, substance abuse within the family. Social risk factors are a significant influence over morbidity and mortality through behavioral pathways.⁶ These can include socioeconomic status, social network and social support.

Children have experienced a rise in both these risk factors throughout 2020 and 2021 and the evidence of damage can be found all around you. For example, ZeroHedge reported that one speech therapist said the number of children being treated in their clinic has soared by 364% during the pandemic as compared to before the pandemic.

ZeroHedge reports, "Parents are describing their children's speech problems as "COVID delayed," with face coverings the primary cause of their speaking skills being seriously impaired."⁷ In an article published in The Washington Post,⁸ three experienced infectious disease physicians and parents of school-age children, noted a pattern of behavior from children in what they call a "punitive mask culture."⁹

A journalist at the San Francisco Chronicle recalls that a self-portrait her 8-year-old son drew at school had no nose or mouth.¹⁰ According to data that viral immunologist Dr. Scott Balsitis¹¹ pulled from the CDC, children have died from flu each winter, ranging in number from 200 to over 1,000.

So,¹² the 770 deaths in children from birth to 17 years since the start of the pandemic have not been greater than what has been experienced in the past from flu.

While any death is tragic, masking until all children are "safe" means ineffective and damaging masks will become a permanent part of society and will continue to drive up

the number of children and students who suffer from depression,¹³ anxiety,¹⁴ speech problems¹⁵ and who get behind in their schoolwork.¹⁶

School Teacher Identifies More Issues

Stacey Lance is a Canadian public school teacher. She has 15 years of experience at the high school level and writes about what she has seen in the last two years during lockdowns, mandatory masking and fearmongering. In an essay called, “The Kids Aren’t Alright,” she writes:¹⁷

“It also became increasingly clear that the response to the pandemic would have immense consequences for students who were already on the path to long-term disengagement, potentially altering their lives permanently.”

She believes research data has overlooked the shame that she has watched her students suffer. Throughout the pandemic, children have been made to think their schools are “hubs for infection and themselves as vectors of disease. This has fundamentally altered their understanding of themselves.”¹⁸

She describes the times when students were physically in school during the pandemic as feeling “cold and soulless.” The learning loss was noticeable, and the students had trouble concentrating. The older students weren’t allowed a lunch break and the freshmen and sophomores had to eat while facing the front of the classroom.

Lance compares that to the kids outside of school who are “going to restaurants with their families and to each other’s houses, making the rules at school feel punitive and nonsensical.”¹⁹ Lance shared the experience of one student that appeared to echo the experience of the rest of the class, writing:²⁰

“I try to take time at the beginning of class to ask my kids how they’re doing. Recently, one of my 11th grade students raised his hand and said that he wasn’t doing well, that he doesn’t want to keep living like this, but that he knows that no one is coming to save them. The other kids all nodded in agreement. They feel lied to – and I can’t blame them.”

Lance writes that she is more worried about the shame and worry students are feeling over breaking the rules, and how that may impact their community and families. She cites information as of the time of her writing:²¹

“What am I supposed to say? That 23 children²² have died from Covid in Canada during the whole of the pandemic and she is much more likely to kill someone driving a car? That kids in Scandinavia, Sweden, and the Netherlands largely haven’t had to wear masks at school and haven’t seen outbreaks because of it?

That masks are not a magic shield against the virus, and that even if she were to pass it along to a classmate, the risk of them getting seriously sick is minuscule?

I want to tell her that she can remove her mask and socialize with her friends without being worried. But I am expected to enforce the rules ... It’s true that humans, by nature, are very resilient. But they also break. And my students are breaking. Some have already broken.

When we look at the COVID-19 pandemic through the lens of history, I believe it will be clear that we betrayed our children. The risks of this pandemic were never to them, but they were forced to carry the burden of it.”

‘Experts’ Use Fear to Drive Vaccine Programs

But not all educators feel the same way about protecting your children. In fact, some are at the forefront of nagging and shaming parents and students into taking a shot that has not demonstrated any effectiveness and, as you’ll read below, it has caused more injury and death than the illness.

Brigham Kiplinger, the principal at Garrison Elementary School in Washington D.C., is one such educator who spends his day combing through a call list of parents who have not vaccinated their children.²³ He is described by The New York Times as a “vaccine advocate,” a job that the reporter admits is usually handled by public health officials or medical professionals.

However, he is being applauded for taking this as his central role. The reporter writes, “Largely through Mr. Kiplinger’s skill as a parent-vax whisperer, Garrison Elementary has turned into a public health anomaly: 80% of the 250 Garrison Wildcats in grades kindergarten through fifth grade now have at least one shot ...”²⁴

Kiplinger uses common shaming techniques. For example, at lunch he gets the children who have been vaccinated to raise their hand and then applauds them for their actions and urges them to keep prodding others to do the same.²⁵

The reporter believes the genetic therapy experiment is “crucial not only to sustaining in-person education but also to containing the pandemic overall.”²⁶ Interestingly, the reporter mentions the only reason many working parents have not vaccinated their children is logistical rather than philosophical, without mentioning parents may also be fearful of the medical challenges and risks to their child.

Organizations that have been relied on for medical education and information in the past are now putting out talking points for pediatricians and parents to encourage them to vaccinate their children.^{27,28} Johns Hopkins School of Public Health²⁹ has gone as far as to post a free online training course to give parents the language needed to approach friends who are resistant to injecting their children with an experiment.

The Times reports that tips offered in the Johns Hopkins training course include sharing personal stories and to “normalize Covid vaccination by proudly telling friends and family when children get COVID shots.”³⁰ Yet, sharing personal stories is exactly what social media platforms is censoring when it comes to COVID shot injuries.

More Children Are Dying From the Shot Than the Illness

Judging from the COVID numbers in children I discussed earlier, it is apparent that school educators and many public health and medical experts have completely ignored the data from the Vaccine Adverse Events Reporting System (VAERS) demonstrating children are being harmed by the shot in large numbers.

In fact, if you give any credence at all to VAERS, they are being injured by the vaccine in larger numbers than by the disease itself. It's important to note the CDC makes the distinction that these deaths involved COVID-19 and were not necessarily the direct result of COVID-19.

In the U.K., a Freedom of Information Act request asked for “deaths caused solely by COVID-19, where COVID is the only cause of death listed on the death certificate, broken down by age group and gender between February 2020 up to and including December 2021.”³¹ The data show that in children from birth to age 19, there were three deaths in the U.K. from February 2020 to December 31, 2021.

Based on the U.K. and CDC data, it makes no sense that policymakers want to mandate a vaccine for children. According to Steve Kirsch, founder of the COVID-19 Early Treatment Fund,³² the FDA justified the vaccine based on assumptions made for a statistical model.³³ Kirsch also points out the U.K. has now stopped any mask mandates, social distancing and lockdowns.

However, in Santa Clara County, California, where Kirsch lives, the mask mandate, vaccines and distancing rules remain. As he writes, “Same virus, different policymakers.”³⁴ Kirsch was part of a team that used an engineering estimate to find the underreporting factor in VAERS was likely near 41.³⁵ This means the number of reports in VAERS can be multiplied by 41 to reach the number likely injured by the vaccine.

When VAERS is filtered to find children from birth to 17 years, it reveals 38,966 reports and 79 deaths.³⁶ If you extrapolate those numbers using the underreporting factor, you discover there could be roughly 1.6 million injuries and 3,239 deaths.

Underreporting to the system can happen for several reasons. Martin and others have explained that most doctors are not familiar with the system³⁷ and filling out the VAERS report is time-consuming. As Debra Conrad found out, many hospitals do not want to report all the injuries to the system, and as Brittney Galvin revealed in a recorded conversation with a VAERS investigator,³⁸ they are as much as one year behind in publishing reports.

A search on OpenVAERS for records of vaccine adverse events from 1990 to 2020³⁹ reveals 821,470 total reports of injuries to children in 30 years. However, since the rollout of the emergency use vaccine, the system has received a total of 1,071,854 reports in adults and children in 13 months.⁴⁰

The Shot Increases Risk of Lifelong Damage

British data also show deaths among teenagers have spiked since that age group became eligible for the COVID shots,⁴¹ by an increase of 47%. Children are also at risk for potentially lifelong health problems from the experimental shot, as there are absolutely no long-term safety data on this. One of the most common problems that has emerged so far in children is myocarditis.⁴²

This is an inflammation of the heart muscle that can cause ongoing heart problems and may even require a heart transplant. In October 2021, cardiologist Dr. Peter McCullough and Jessica Rose, Ph.D., research fellow at the Institute for Pure and Applied Knowledge in Israel, submitted a paper on myocarditis cases to the journal *Current Problems in Cardiology*.

The paper was ready to be published when the journal suddenly took it down. You can find the preprint on Rose's website,⁴³ which clearly shows that myocarditis is inversely correlated to age. This means that the risk is higher in younger individuals. The risk is also dose-dependent. The data showed boys had a six times greater risk of myocarditis after the second dose of the vaccine.

Damage to the heart muscle is often permanent and, historically, the three- to five-year survival rate has ranged from 56% to 83%.⁴⁴ The data do not support the push to vaccinate children who are not experiencing severity of disease and death.

Additionally, research does not support the use of masks to filter viruses^{45,46,47} and even the boxes are labeled: "will not provide any protection against COVID ... or any viruses or contaminants."⁴⁸ Fact checkers get around this statement by acknowledging that the box is labeled as such, but that "does not mean masks should not be worn."⁴⁹

Politifact goes one step further to extrapolate a whole new meaning, writing, “Such disclaimers don’t mean that the masks are ineffective at slowing the spread of the disease, but that they don’t protect the wearer as well as medical respirators such as the N95 recommended for use by health care professionals.”⁵⁰ When:

- Masks don’t work
- The shot increases the risk of death and long-term health damage in children
- Educators take on the role of “parent-vaccine whisperer”
- There is a rising number of children and teens suffering from depression and anxiety
- Children have fallen behind in their studies

You must ask yourself, ultimately, what is the goal here? Why are agencies pushing for behavior and choices that have demonstrably damaged children and may result in life-long physical and emotional disability?

Sources and References

- ¹ CBS News, January 2, 2022
- ^{2, 12} Centers for Disease Control and Prevention, January 26, 2022
- ³ Louisiana Health and Welfare Committee Meeting December 6, 2021
- ⁴ Johns Hopkins Bloomberg School of Public Health, January 25, 2022
- ⁵ Journal of Business and Psychology, 2001;15
- ⁶ Institute of Medicine, 2001; Social Risk Factors
- ^{7, 15} ZeroHedge, January 30, 2022
- ^{8, 9} The Washington Post, January 25, 2022
- ¹⁰ San Francisco Chronicle, January 31, 2022
- ¹¹ Twitter, January 24, 2022
- ¹³ CIDRAP, August 9, 2021
- ¹⁴ New York Times, January 30, 2022
- ¹⁶ McKinsey and Company, July 27, 2021
- ^{17, 18, 19, 20, 21} Common Sense, January 20, 2022
- ²² Statistica, January 21, 2022
- ^{23, 25, 26, 30} The New York Times, January 29, 2022
- ²⁴ The New York Times, January 29, 2022, para 5 under image 1
- ²⁷ American Academy of Pediatrics, Effective COVID-19 Vaccine Conversations

- ²⁸ Greater Than COVID
- ²⁹ Johns Hopkins, COVID Vaccine Ambassador Training
- ³¹ Office for National Statistics, January 17, 2022
- ^{32, 34} Steve Kirsch, January 31, 2022
- ³³ Emergency Use Authorization (EUA) for an Unapproved Product Review Memorandum, page 39-40, 9.5
- ³⁵ Estimating the number of COVID vaccine deaths in America, December 24, 2021
- ^{36, 40} OpenVAERS, COVID Data
- ³⁷ Bitchute, September 20, 2021, Minute 15:15
- ³⁸ Odysee, January 20, 2022, Min 18:10
- ³⁹ OpenVAERS, searched on years 1990 to 2020 without other filters
- ⁴¹ The Exposé September 30, 2021
- ⁴² Myocarditis Foundation, about myocarditis, symptoms and after myocarditis
- ⁴³ Current Problems in Cardiology, Journal Pre-proof, 2021 Abstract
- ⁴⁴ European Heart Journal, 2008;29(17) Natural History
- ⁴⁵ ONA.org September 7, 2018
- ⁴⁶ JAMA 2009;302(17):1865-1871
- ⁴⁷ BMJ Open 2015;5:e006577
- ^{48, 49} WUSA9, June 25, 2020, image
- ⁵⁰ Politifact, May 16, 2020, Our Ruling