

Statement by Elizabeth Mumper, MD, IFMCP supporting Bill B25-0278 - School Student Vaccination Amendment Act of 2023 that removes the requirement that children receive the COVID-19 jabs for school attendance in the District of Columbia.

As a pediatrician with 43 years of experience in pediatrics and 24 years of experience identifying and treating children with vaccine injuries, I oppose giving COVID-19 vaccines to infants and children. Having carefully studied the risks and benefits, I conclude unequivocally that the risk of harm outweighs any potential benefit. Multiple sources of scientifically sound data support my position.

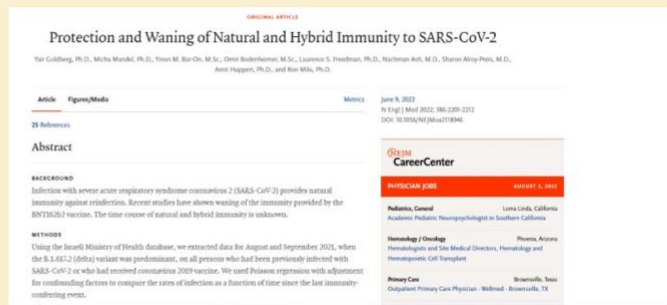
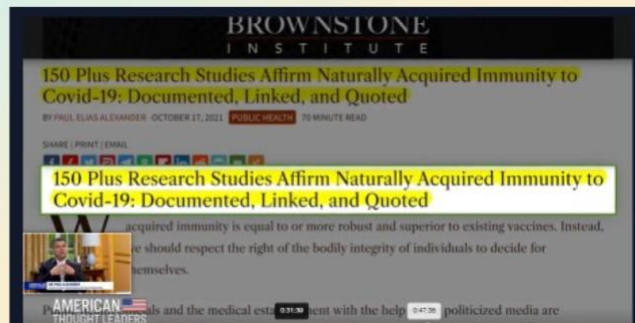
1. Most children have already had COVID-19. Natural immunity is more protective than vaccine induced immunity, which is narrow and wanes in a few months.
2. The original trials never demonstrated that the injections would stop transmission, so the children in my practice who asked me “since I have COVID-19 will I kill my granny?” were cruelly and unnecessarily traumatized.
3. People who receive COVID-19 injections are now more likely than the unvaccinated to get COVID-19 illness. Multiple public health sources in Australia, Denmark, the UK and US demonstrate this **negative** efficacy.
4. Excess mortality data from insurance claims in the United States show an appalling increase of 400% more deaths in young working people 18-45 years old during the roll-out of the vaccines, far more than during COVID-19 itself. In Israel, which had a country wide early roll-out of the Pfizer jab, the Central Bureau of Statistics showed a 22% increase in overall mortality in Israel during January and February of 2021, at the peak of the roll out. 26% of all cardiac events occurred in young people. There was a high correlation between number of vaccines per day and number of deaths.
5. V-safe, a phone app developed to track adverse events after COVID-19 injections, was used by about 10 million people. A stunning 7.7% of users reported having to seek urgent care after their jabs. This is many times greater than for any other vaccine I have given over the past 43 years. The CDC used our tax money to fight releasing this data for 463 days until compelled by the courts. Furthermore, the CDC claimed it did not have the resources to display the data, even though my colleagues were able to write the program to display a dashboard of effects in one day.
6. A careful analysis of the pediatric trial data, which I have done, shows a shocking number of fundamental flaws. Most concerning, a patient who developed severe neurologic symptoms within 24 hours of the vaccine and is now paralyzed in a wheelchair with a feeding tube, was reported as “functional abdominal pain.” The studies were underpowered to find bad side effects, and yet one horrific outcome emerged but was not acknowledged.
7. We have no data from the trials that COVID-19 jabs prevent severe disease or deaths in children. Since the placebo group was offered the injection, we have no long term data from the trials.
8. Risks of sudden deaths in children on athletic fields or in bed, heart inflammation, neurologic abnormalities, dysregulation of menses and mitochondrial impairment are significant. Historically, deaths on athletic fields numbered between 29 and 36 per year. In January 2022 alone there were 87 professional athlete deaths.
9. I have grave concerns of side effects both known and yet to be defined that may impair future fertility of pediatric patients.

10. Concerning autopsy data from Germany shows significant heart inflammation in people who died unexpectedly within 20 days of a SARS-CoV-2 vaccination, with death due to acute arrhythmogenic heart failure.

Point 1

Most children have already had COVID\*  
 If your child already has had chicken pox, we do not give a chicken pox vaccine  
 If your child has had COVID, they have natural immunity  
 Given the lack of long term safety data and potential significant side effects, FLCCC recommends against COVID shots for healthy kids

\*89% of toddlers by June 2022



**CHILDREN SURVIVE COVID 99.997% OF THE TIME** FLCCC ALLIANCE

Why are children at less risk of bad outcomes?

Some possibilities

1. Children have excellent innate immune systems
2. Children are less likely to mount an immune over-reaction to COVID
3. Children have fewer ACE-2 receptors for the COVID virus to bind to\*
4. Children have fewer co-morbidities than adults



\*Bunyavanich, Supinda, Anh Do, and Alfin Vicencio. "Nasal gene expression of angiotensin-converting enzyme 2 in children and adults." *JAMA* 323, no. 23 (2020): 2427-2429.

Table. Age-Specific Mortality Rates (per Million) for COVID-19 (March-October 2020) and Other Leading Causes of Death (March-October 2018)<sup>a</sup>

Age, y	Causes of death <sup>b</sup>										
	COVID-19	Heart disease	Malignant neoplasms	Chronic lower respiratory disease	Unintentional injuries	Accidental drug overdoses	Intentional injuries	Leading causes of infant deaths			
					Transport accidents	Suicide	Homicide	Birth defects	Short gestation	SUID	
<1	7.4	51.6	8.6	2.9	15.5	1.6	0.0	46.7	773.7	682.2	603.4
1-4	1.0	4.8	13.1	2.0	17.5	0.3	0.0	15.6	15.9		
5-14	1.0	2.7	13.5	2.0	14.6	0.4	9.4	4.7	6.4		
15-24	9.9	13.8	20.9	2.8	108.3	66.1	97.0	72.1	5.5		
25-34	38.6	52.1	53.7	4.2	113.2	220.7	120.9	78.8	6.4		
35-44	109.9	169.1	172.0	10.1	93.8	234.0	128.1	54.7	7.2		
45-54	294.8	509.7	597.5	56.1	100.7	208.2	140.3	33.9	11.2		
55-64	683.3	1239.8	1802.4	285.8	105.0	161.2	139.8	23.7	17.8		
65-74	1574.6	2516.9	3702.0	809.9	99.2	50.8	114.1	15.7	13.4		
75-84	3832.4	6478.5	6845.7	2117.3	129.9	16.0	129.6	13.2	14.9		
≥85	10 699.7	24 530.2	10 442.4	4278.4	139.1	14.7	133.4	13.3	31.2		
Total	698.8	1287.7	1219.8	307.5	89.2	122.3	102.3	39.0	19.4		

Abbreviations: COVID-19, coronavirus disease 2019; SUID, sudden unexpected infant death (including sudden infant death syndrome).

<sup>a</sup> Table presents 8-month aggregate COVID-19 mortality rates during the period of March through October 2020<sup>3</sup> and mortality rates for other causes during the period of March through October 2018,<sup>4</sup> the most recent year for which detailed cause-of-death data are available.

<sup>b</sup> Causes of death are defined by *International Statistical Classification of Diseases and Related Health Problems* codes for heart disease (I00-I09, I11, I13, I20-I51), malignant neoplasms (C00-C9), chronic lower respiratory disease (J40-J47), transport accidents (injuries) (V01-V99, Y85), accidental drug overdoses (X40-X44), suicide (\*U03, X60-X84, Y87.0), homicide (\*U01-\*U02, X85-Y09, Y87.1), birth defects (Q00-Q99), short gestation (P05-P08), and sudden unexpected infant death (R95, R99, W75).

2018 baseline  
Compared to 2020



JAMA December 17, 2020  
Steven H. Woolf

Ages 5-14 1 in 1,000,000  
From or with COVID

Suicides 9.4 per million

Point 4

[Israeli People Committee's Report Find Catastrophic Side Effects Of Pfizer Vaccine To Every System In Human Body - GreatGameIndia](#)

Point 5

<https://icandecide.org/article/v-safe/>

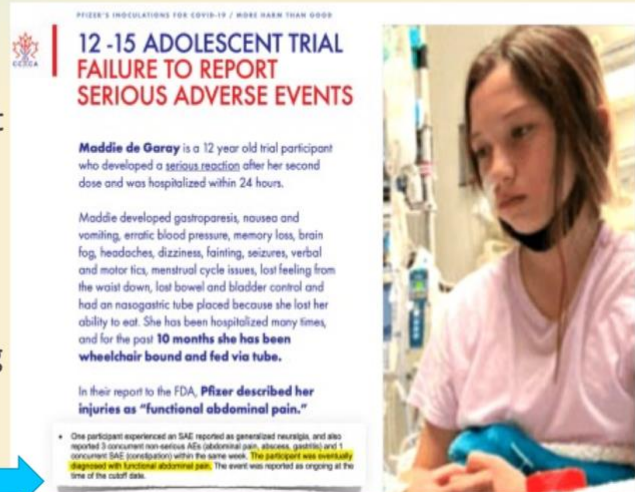
Informed Consent Action Network V. Centers for Disease Control and Prevention and Health and Human Services Civil Action No. 1:21-cv-1179 filed 12/28/21 in the Western District of Texas; Informed Consent Action Network V. Centers for Disease Control and Prevention and Health and Human Services Civil Action No. 1:22-cv-481 filed 5/17/22 in the Western District of Texas leading to a court order requiring release of the data

Point 6

When Maddie was 12 years old, she heard about the Pfizer vaccine trials at Cincinnati's Children's Hospital and told her parents she wanted to sign up as a test subject. Her brother, Lucas, also volunteered.

- Maddie is now **paralyzed** from the waist down.
- She has **gastroparesis** with great difficulty swallowing food and water.
- Maddie needs a **wheelchair** or walker to get around, and a **feeding tube** for nourishment.
- At one point, Maddie was having **20 or more blackout/fainting episodes per day**. POTS

Reported as functional abdominal pain



Point 7

## Pfizer original trials eliminated the control groups

FLCCC  
ALLIANCE

After 2 months, the placebo group in the original trial was offered the COVID vaccine and most took it

So we do not have long term follow up on the ~22,000 people who were to be the controls for long term differences in the health of vaxxed/unvaxxed

**In the initial pediatric trial, no long term comparisons of overall health or all cause mortality can be made**

**In the pediatric trials, control group eliminated after 6 months**



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Point 8

# Myocarditis and COVID mRNA vax

In the 12- to 17-year-old male cohort, the risk of myo/pericarditis is at least 11 times higher than the background rate.



Preliminary myocarditis/pericarditis reports to VAERS following dose 2 mRNA COVID-19 vaccination, Exp. vs. Obs. using 21-day risk window (data thru Jun 11, 2021)

Age groups	Females			Males		
	Doses admin	Expected <sup>1,2</sup>	Observed <sup>3</sup>	Doses admin	Expected <sup>1,2</sup>	Observed <sup>3</sup>
12-17 yrs	2,189,726	1-7	20	2,039,871	1-12	132
18-24 yrs	5,237,262	2-18	27	4,337,287	2-25	233
25-29 yrs	4,151,975	1-15	11	3,625,574	2-21	69
30-39 yrs	9,356,296	5-54	14	8,311,301	5-48	71
40-49 yrs	9,927,773	6-57	23	8,577,766	5-49	40
50-64 yrs	18,696,450	13-108	25	16,255,927	9-94	34
65+ yrs	21,708,975	12-125	17	18,041,547	10-104	16
Not reported	—	—	1	—	—	9

“a kinder, gentler, milder myocarditis”

presented June 23, 2021

Point 8

Bille, Karin, David Figueiras, Patrick Schamasch, Lukas Kappenberger, Joel I. Brenner, Folkert J. Meijboom, and Erik J. Meijboom. "Sudden cardiac death in athletes: the Lausanne Recommendations." *European Journal of Preventive Cardiology* 13, no. 6 (2006): 859-875.

Maron, Barry J., Joseph J. Doerer, Tammy S. Haas, David M. Tierney, and Frederick O. Mueller. "Sudden deaths in young competitive athletes: analysis of 1866 deaths in the United States, 1980–2006." *Circulation* 119, no. 8 (2009): 1085-1092.

Point 10

Schwab, Constantin, Lisa Maria Domke, Laura Hartmann, Albrecht Stenzinger, Thomas Longerich, and Peter Schirmacher. "Autopsy-based histopathological characterization of myocarditis after anti-SARS-CoV-2-vaccination." *Clinical Research in Cardiology* 112, no. 3 (2023): 431-440.