

Featured Article

**Vaccinating Young Children with mRNA
& Corona Orthodox Consensus (COC):
Israeli Perspectives, Scientific
and Bioethical Criticism**

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“They must find it difficult, those who have taken authority as truth, rather than truth as authority.” Gerald Massey

Abstract

“Public health” policy in Israel linked the “Omicron Panic” with the decision to vaccinate young children (aged 5-11) with the experimental mRNA Pfizer injections, including and especially for reasons of “herd immunity”, while pre-disqualifying any criticism. We argue that the “consensus” among the experts to administer mRNA treatments to young children cannot be explained based on data and facts alone, or on any sober cost-benefit analysis (including side effects) and is inseparable from “panic” policies (seemingly counterproductive to individual and collective health) and from the stated goal of vaccinated herd immunity. In other words, we do not argue whether to vaccinate young children with mRNA, but whether

the *consensus* is warranted. The bioethical discussion proceeds from this perspective.

The methodology used includes discourse analysis, and therefore both scientific and media sources were used, as evidence regarding contemporary public and professional discourse and available information. The paper examines issues of need, effectiveness, and safety, followed by logical, scientific, and bioethical criticism. The context of discussion is the worldwide prestige and reputation Israel's science, medicine, and healthcare system enjoyed so far, as well as Israel's own role in the global pandemic consensus, including acting as the "world's lab", the first country which attempted to achieve COVID-19 "herd immunity" by vaccinating its entire population with mRNA, children included.

The conclusion of the article is that there was no justification for the consensus to vaccinate young children with experimental mRNA; Based on the cumulative data (including post-vaccination "adverse events"), it is doubtful whether it was justified to recommend (rather than "permit") this treatment to adults as well; There was no justification for "incentives", including the "Green Pass" (vaccine passport) policy, especially regarding children. The bioethical analysis suggests that Israeli policies seemingly violate basic bioethical principles, including the Nuremberg Code, the Helsinki Declaration and UNESCO's Declaration on Bioethics and Human Rights. Further bioethical considerations regard the broader context and possible future implications.

This paper has three parts: Part One discusses the context of the decision to vaccinate children with mRNA, including the "Omicron Panic"; Part Two discusses the vaccine itself, including issues of need, efficacy and safety; Part Three discusses bioethical considerations, including the so-called phenomenon of vaccine "hesitancy". The discussion examines our argument according to the "rule of experts" phenomenon, and according to Jewish concepts and values such as "*Ifcha Mistabra*", "*Gnevat Daat*", "*Lifnei Iver*" and "*Machloket Leshem Shamayim*".

Keywords: Bioethics, public health (PH), individual/human rights, technocracy, Nuremberg Code, SCI-B-VAC, Israel

Introduction

In this paper, we examine the almost-unanimous (consensus) decision to vaccinate young children with Pfizer's experimental mRNA preventive genetic therapy (i.e., Corona "vaccines") received by experts in regulatory agencies (FDA, CDC and the Israeli PRT [Pandemic Response Team]¹).² We argue that the consensus cannot be explained by data & facts alone, which better support contrary conclusions or at least balances the debate.

This paper targets the experts' Corona Orthodox Consensus (COC) itself, which supposedly includes bioethical considerations that seem *not* to have made any discernible influence on their recommendations. Experts' orthodox consensus included agreement that "concerns" regarding Omicron justify extreme coercive public health (PH) measures (i.e., restrictions and enforcement), including expanding the Green (vaccine) Passport to younger children (5-11), as an integral part of COVID-19 policies, in the name of the greater collective good and vaccinated herd immunity.

We argue that the consensus itself is unsupported by Science (facts, data, ethics & logic), and therefore reveals other modalities of decision-making that are taking place, including dynamics of "group thinking"³ and the "rule of experts" phenomenon (shortly discussed in the discussion). We argue (a) that the COC seemingly supports the validity of "the rule of experts" thesis and (b) analyze the experts' consensus to "vaccinate" young children in Israel as a salient case study, socially and medically significant in its own right.

Originally, we argued that both professional assessment (medical/scientific) and bioethical analysis demonstrate that health

¹ The Israeli Pandemic Response Team (PRT) was established at the beginning of the pandemic, and includes about 90 members, only about half of which are physicians, as reported here: Yoav Even (29.12.21). "Investigation: Why do a veterinarian, a communications researcher and the director of a nursing home decide who will be vaccinated?" https://www.mako.co.il/news-lifestyle/2021_q4/Article-60b4674c5170e71026.htm.

² Terminological remark: re PRT, we followed the MOH's translation of the (literally) "pandemics management team" (מ"טצ), as in here: MOH Press Releases: Public Discussion Ahead of the Resolution on the Vaccination of Children Aged 5 to 11 for Coronavirus <https://www.gov.il/en/departments/news/03112021-04>

³ We discussed group thinking in: Mishori D. & Avi-Isaac D. (2022). The Green [vaccine] Passport and the Collapse of Liberal Bioethics: The "New Paradigm" of "Public Health" (Response to: Response to Response, by Hagai Boas and Nadav Davidovitch). Bioethics: Zefat Forum of Bioethics Newsletter 23 (2021). [Hebrew] <http://bioethicsnews.zefat.ac.il/inner.aspx?id=477&cat=79>

authorities should not have recommended this experimental treatment for children. Facts that accumulated since then seemingly support our original argument, some of which are presented below.

We focus here on events and public discourse in Israel, which became in many respects the global epicenter of mass mRNA vaccination. Prior to the Covid crisis, the Israeli health system was commonly regarded as one of the best and equitable in the world, with nearly universal public medical insurance, backed by an esteemed medical education system⁴ and excellent biomedical research, both in Academia and biotech. Israel was also accredited as leading in areas of medical technology assessment, health plan regulation and strategic planning, quality monitoring for community-based care, and more.⁵ When Israel became Pfizer's "world's lab"⁶ or "living laboratory"⁷ for mRNA vaccines, this well-deserved prestige and reputation were recruited to support the Corona Orthodox Consensus (COC), according to which, everyone who "believes" in science should support the policies recommended by the Experts, including lockdowns, masking, recurring testing and quarantines and vaccinating themselves and their children. "Rationality" became equated with accepting the Experts' *Narrative* of reality. This paper therefore discusses child vaccination as a case study of the quality of COC considerations. For this reason, our argument begins by focusing on the contexts and on the theoretical and epistemological background of the consensus' decision to vaccinate young Israeli children (5-11).⁸

⁴ Reis, S., Glick, S. M., Urkin, J., & Gilbey, P. (2017). The medical education system in Israel. *The Lancet*, 389(10088), 2570-2574.

⁵ Rosen, B., Samuel, H., Merkur, S., & World Health Organization. (2009). Israel: health system review. <https://apps.who.int/iris/bitstream/handle/10665/107953/HiT-11-2-2009-eng.pdf?sequence=4>

⁶ CODY LEVINE (27.2.21). Pfizer CEO Albert Bourla calls Israel "world's lab" in interview to NBC. Jerusalem Post. <https://www.jpost.com/breaking-news/pfizer-ceo-albert-bourla-calls-israel-worlds-lab-in-interview-to-nbc-660349>

⁷ Elaine Ruth Fletcher (12.3.21). In Israel's 'Living Laboratory' – Vaccines Offer Hope at End of Coronavirus Tunnel • HPW. <https://healthpolicy-watch.news/one-year-after-whos-pandemic-declaration-vaccines-offering-hope-at-end-of-coronavirus-tunnel/>

⁸ This paper is a revised work which was first presented at lectures given at a digital conference on vaccinating children (then, 12 and older) in Israel (May 2021) and at the Social Ethics Society (SES) Webinar (July 2021). See: Mishori, D (July 2021), Lecture: "Vaccinating Children with mRNA Technology; Bioethical Analysis". In: Online Conference: "Emergency Conference: Fighting for the Children". Vaccines Informed Consent Association. Tel Aviv. [Hebrew] <https://www.youtube.com/watch?v=gPQ5DKTLW5I>

Terminological Remark: Vaccines

Since the dissemination of mRNA vaccines, there were persistent arguments according to which such injections are not really “vaccines” but experimental preventive genetic therapies, since these injections do not include pathogens or pathogens’ parts (e.g., proteins).

According to Wikipedia (3.3.22), “A vaccine is a biological preparation that provides active acquired immunity to a particular infectious disease. A vaccine typically contains an agent that resembles a disease-causing microorganism and is often made from weakened or killed forms of the microbe, its toxins, or one of its surface proteins.”⁹ Such vaccines are regarded as “active immunization”¹⁰, the induction of immunity after exposure to antigens, whereas in “passive” immunization there is a transfer of active humoral immunity¹¹ of ready-made antibodies. According to this definition, mRNA formulas are not really “vaccines”.

For this reason, mRNA sceptics sometimes prefer using the terms “injections”, “experimental treatment”, or “experimental concoction” (Hebrew: תכשיר ניסיוני). Proponents of mRNA argue that these are “the newest type” of vaccines, “Nucleic acid vaccines” which “don’t include any part of the virus” but provide instead a “DNA or RNA blueprint that tells the cell to make the viral protein”, in order to provoke creation of specific antibodies, whose examples are the “Pfizer-BioNTech and Moderna COVID-19 mRNA vaccines” (ibid.),¹² which were expected to top US\$50 billion in global sales in 2021 alone.¹³

Mishori, D (July 2021), “Vaccinating Children with mRNA; Bioethical Criticism”. In: the 4th leg of the SES Webinar, July 6, 2021: Philosophical Perspectives in the Margins.

SES international scholars 2021 Webinar Series; <https://rb.gv/vmxzkg>;
<https://social-ethics-society.blogspot.com/2021/05/daniel-mishori>

⁹ <https://en.wikipedia.org/wiki/Vaccine> (3.3.22)

¹⁰ https://en.wikipedia.org/wiki/Active_immunization (3.3.22)

¹¹ A humoral immune response is mediated by antibody molecules secreted by plasma cells. See: Janeway CA Jr, Travers P, Walport M, et al. Immunobiology: The Immune System in Health and Disease. 5th edition. New York: Garland Science; 2001. Chapter 9, The Humoral Immune Response. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK10752/>

¹² Sasha Baumann (12.3.21). Are mRNA vaccines ‘true’ vaccines? <https://covid-101.org/science/are-mrna-vaccines-true-vaccines/>

¹³ Dolgin, E. (2021). The tangled history of mRNA vaccines. *Nature*, 597(7876), 318-324. <https://www.nature.com/articles/d41586-021-02483-w>

In order to evade preliminary terminological arguments, we used such terminologies interchangeably. For example, we chose as our paper's title "*Vaccinating Young Children with mRNA*" instead of "Administering Young Children with mRNA", although we believe that issues of terminology warrant scientific and public discussions since Science relies heavily on concepts and definitions, and not merely on raw "data". Improper terminology might obstruct scientific and professional considerations and create biases.

This topic also warrants public discussion since usage of the word "vaccines" ameliorates the novelty of mRNA formulas to the point that in Israel, proponents of the green (vaccine) passport argued that this policy was "proportionate" since Section 19 of the Public Health Ordinance of 1940 (an inheritance or relic from the days of the British Mandate) allows for the compulsory vaccination of citizens in areas where a contagious disease endangers public health.¹⁴ Originally the penalty for refusing a vaccine was a month in prison or a fine of five pounds. A 1973 amendment converted the sentence to six months' imprisonment or a fine of £ 5,000 (adjusted for inflation), and in cases of "continuing offense", a fine of an additional £ 100 for each day the vaccine's refusal continues. Section 19 was activated in Israel twice, in 1949 during an outbreak of smallpox (but wasn't enforced) and in 2018 in the Harish locality, via a controversial decision by the district physician which prevented 14 children from attending two local kindergartens unless vaccinated against measles.^{15,16}

If mRNA preparations are not "vaccines", but another type of preventive medical treatment, Section 19 can't be implemented, and the argument for Israeli former "precedents" of enforced medication are unsupported with respect to mRNAs.

¹⁴ Globes Team (7.12.21). Not an unprecedented step. ...Would a law requiring vaccination against Corona be an unprecedented move? Not really. <https://www.globes.co.il/news/article.aspx?did=1001393406>

¹⁵ Mako Health (25.12.18). Measles: In Harish, an unusual health ordinance was implemented... ...according to which, ...unvaccinated children were forbidden to participate in settings in which there was exposure to the disease, until their parents agreed to vaccinate them. <https://www.mako.co.il/health-news/local/Article-d3bbe6773e4e761006.htm>

¹⁶ According to the Israeli pro-vaccine NGO Midaat, section 19 was also implemented in the early 1990s during a measles event. We couldn't find any support for this claim. See Midaat (25.12.18): Activation of section 19 of the Public Health Ordinance. <https://www.midaat.org.il/midaat/press/releases/9999-2/>

Part One: Background and Context

1. “The Omicron Panic”

Around the end of November (first Hanukkah¹⁷ candle, 2021), Israeli public health authorities promoted a new national anxiety in the face of a new Corona “variant”. The headlines in [Hebrew] TheMarker cried out “Memories of March 2020: Omicron is causing panic in the markets” (28.11.21), “Fear in the markets: the variant will return economies to the starting point of the pandemic” (ibid.), and “Contagious uncertainty: tourism and entertainment industries hope for miracle” (29.11.21).

The justification for the renewed panic was a variant with dozens of changes in the structure of its crown, which might lead to decreasing the effectiveness of mRNA vaccines, allegedly designed for former variants, so a pressing recommendation was issued to the Israeli population to “go get vaccinated”: an example of the *illogics* surrounding our public and scientific lives since 2020.

This recommendation was issued despite the fact that many of the infected—those tested “positive” (“verified”)¹⁸ for the new variant in Israel—were fully “vaccinated” (many with a 3rd “booster” shot), including a cardiologist who infected another cardiologist.¹⁹ It was the same with the previous Delta variant: many of the infected were allegedly “protected”, i.e., “vaccinated” with mRNA.²⁰

The initial data showed that the panic was probably unwarranted (most of the infected had mild symptoms), and that the

¹⁷ Hanukkah, known as the Festival of Lights, is a Jewish festival commemorating the recovery of Jerusalem and subsequent rededication of the Second Temple at the beginning of the Maccabean revolt against the Seleucid Empire in the 2nd century BCE. <https://en.wikipedia.org/wiki/Hanukkah>

¹⁸ The term “verified” is used also for healthy individuals who were tested “positive” with PCR or ANTIGEN tests, notorious for their inaccuracies (lots of false positives and negatives).

¹⁹ Katie Dor (29.11.21). Another doctor is infected by the cardiologist who is suspected of having the Omicron variant. There is now a suspicion that he is also infected with Omicron. The two doctors are vaccinated with three doses of Pfizer vaccine. <https://rb.gv/ajekse> ...

²⁰ Meirav Cohen (3.11.21). The spread of the new Delta variant: the infection rates are very high, most of those infected are vaccinated. Walla. <https://news.walla.co.il/item/3468980>

“vaccinated” were not “protected” against infection or contagion (i.e., no justification for vaccine passports).

On December 10, 2021, the Israeli Ministry of Health (MOH) reported that 35 people were tested positive for Omicron, 10 “unprotected” (unvaccinated, expired “recoverees” from COVID-19 infection [six months after recovery], and expired vaccinated [more than six months after the second dose]), and 25 “protected” (with a Green Pass in effect).²¹ In other words, in terms of “protection” from Omicron infection, the “vaccine” had limited value, and may even have had a negative effect, as the virus spread rapidly among the allegedly-“protected”.

Ten days later, the data showed the same patterns: until December 21, 2021, 341 people tested positive (“verified”) in Israel for Omicron, none of them became seriously ill or hospitalized, 246 of which (the majority) were defined as “protected” while only 95 were unprotected”.²² Regardless of this data, the Israeli government continued to strongly promote vaccination instead of admitting that the Pfizer mRNA vaccines failed to prevent the spread of COVID-19 variants. The case for coercive green (vaccine) passports encouraging “vaccination” (alleged “protection”) was manifestly flawed. The Israeli government wasn’t caught “unprepared” for new variants. In early November (2021), Israel conducted a “preparedness exercise” in anticipation of the arrival of a new variant, the “Omega Exercise”²³ in the form of a “war game,” in which scenarios of air travel restrictions, quarantines, lockdowns, and other familiar or new “public health” measures were drilled.²⁴ The guiding logic behind these PH measures was social control, coercion, and enforcement, as alleged means of controlling the pandemic, including epidemiological investigations into “suspected” carriers.

²¹ Adir Yanko (10.12.21). 14 new people tested positive for Omicron in Israel, experts: “The variant is more contagious, it’s too early to celebrate the end of COVID-19”. YNET. <https://www.ynet.co.il/news/article/rymju2eqt#autoplay>

²² YNET (21.12.21). The number of verified [tested positive] for Omicron has doubled, none of them were hospitalized. <https://rb.gy/3jlyrd>

²³ Nir Dvori (10.11.21). For the first time in the world: Israel will hold a preparedness exercise tomorrow in preparation for the arrival of a new variant. | N12 https://www.mako.co.il/news-lifestyle/2021_q4/Article-54438f02bca0d71026.htm

²⁴ On social media, “conspiracy theorists” predicted that the measures from the scenarios would be implemented sooner or later as a result of the exercise, as they predicted a risk of “pandemic” following a preparedness exercise held at John Hopkins University (EVENT 201, 18.10.19). <https://www.centerforhealthsecurity.org/event201/>

It was reported that a “verified” vaccinated foreign worker who traveled by bus to the southern port of Eilat gave incorrect information (wrong travel date) in the epidemiological investigation (because she was “stressed and frightened”²⁵) and therefore caused false imprisonment (quarantine) of dozens of innocent passengers on suspicion of proximity to an Omicron carrier (they would have remained “innocent” even if exposed to “carriers”).

These “public health” measures were implemented even though it was initially known that the new variant was not dangerous. The doctor who told the world about it (Dr. Angelique Coetzee, then²⁶ chair of the South African Medical Association) claimed that her patients had “extremely mild symptoms”²⁷ and “recovered without the need for hospitalization, even if they were not vaccinated”, and concluded that “at the moment the panic is excessive”. She criticized what she described as an “over-reaction” by some European governments and criticized Britain’s PM Boris Johnson for creating “hysteria” around the new strain.²⁸ The Data from SA showed that most patients were under the age of 40, about half of which were unvaccinated (meaning about half were “vaccinated”). In addition to exhaustion, patients reported mild muscle aches, sore throats, and dry coughs. Only a few suffered from high fever.²⁹

South Africa expressed disappointment regarding the international response. They expected praise for their ability to identify new variants and to evaluate them epidemiologically but received an immediate severance of aviation ties (damage to tourism

²⁵ This is the case when “security officials” conduct “investigations” on viruses.

²⁶ Cebilehle Mthethwa (20.2.22). SA Medical Association board chair Angelique Coetzee steps down following controversial comments accreditation. NEWS 24. <https://www.news24.com/news24/southafrica/news/sa-medical-association-board-chair-angelique-coetzee-steps-down-following-controversial-comments-20220220>

²⁷ BBC (28.11.21). Omicron symptoms mild so far, says South African doctor who spotted it. <https://www.bbc.com/news/av/uk-59450988>

²⁸ Jamie Dettmer (15.12.21). “Stay Calm, Don’t Panic, Says South African Doctor”. <https://www.voanews.com/a/stay-calm-don-t-panic-says-south-african-doctor-/6356014.html>

²⁹ Yaffa Shir-Raz (28.11.21). Dr. Alroy-Preis: “There is a doubling of mortality in South Africa.” The chairman of the Medical Association in South Africa: “A storm in a cup of tea. The cases of the new variant we saw are very mild.” Real time news. <https://bit.ly/3ld3hg0>

and economy).³⁰ The South African government argued that travel bans on the country were “misdirected”³¹ and were “akin to punishing South Africa for its advanced genomic sequencing and the ability to detect new variants quicker.” South African government claimed that “Excellent science should be applauded and not punished”³², and that “These travel bans are based in politics, and not in science”.³³ Two months later, it was already common knowledge that Western nations ignored early evidence that the new variant was “dramatically” milder than previous waves. Two of South Africa's most prominent coronavirus experts told the BBC that Western skepticism about their work could be construed as “racist,” or, at least, refusal “to believe the science because it came from Africa”.³⁴

In Israel, citizens immediately faced renewed restrictions: almost the entire African continent was declared “red” (although most African countries were thousands of miles away from the “outbreak” site); The secret service’s [Shabak] digital surveillance system were re-implemented (and canceled shortly after); those returning from abroad were arrested in “quarantine hotels” (detention centers for COVID-19 suspects); the unvaccinated were (again) framed as an *epidemiological threat* in the face of the new variant (the Green and Purple Passes were “tightened”). All these were part of the **impossible** (and therefore irrational and unjustified) public mission undertaken by health authorities: to prevent the spread of a relatively unthreatening infectious respiratory virus, whose carriers are commonly asymptomatic or express mild symptoms, especially among young, healthy people and children.

³⁰ Ynet and the agencies (28.11.21). Omicron is spreading around the world, the doctor who discovered it: “Right now the panic is excessive” ... claims that her patients have developed only mild symptoms ... <https://www.ynet.co.il/news/article/sjuqgf1fy>

³¹ Al Jazeera News (28.11.21). ‘Absolute chaos’ in South Africa as flights grounded over Omicron. <https://www.aljazeera.com/news/2021/11/28/chaos-among-south-africans-as-flights-halted-amid-Covid-surge>

³² Agence France-Presse and Reuters (27.11.21). South Africa complains flight bans are ‘punishment’ for it detecting Omicron, new Covid-19 variant. <https://www.scmp.com/news/article/3157617/south-africa-complains-flight-bans-are-punishment-it-detecting-omicron-new>

³³ BBC (28.11.21). Covid: South Africa ‘punished’ for detecting new Omicron variant. <https://www.bbc.com/news/world-59442129>

³⁴ Andrew Harding (20.1.22). Was South Africa ignored over mild Omicron evidence? BBC News. <https://www.bbc.com/news/world-africa-60039138>

Closing the borders (an integral part of the “flattening the curve”³⁵ policy) didn’t work at the beginning of the pandemic and didn’t work with previous variants such as Delta (the same relative ineffectiveness as other coercive PH measures such as masks, quarantines, and lockdowns). The experts and decision-makers failed to comprehend that there are no available medical technologies or policies (certainly not via social control) that can stop the spread of respiratory viruses. The only achievable outcome could be “flattening the [epidemiological] curve”, which at most delays infections, at terrible social costs, including the abolition of human rights. All variants will reach the whole world anyway, like all previous ones did. Such measures, however, are destructive to normal life (routine) and have negative impacts on the economy, culture, democracy, and physical and mental health.

The emergence of variants (new strains of viruses) should not surprise anyone who has heard of the theory of evolution by natural selection. Viruses constantly evolve, and since “immunizations” were carried out in parallel with the pandemic (presence of viruses in the population), viral escapes were bound to occur, as the virus changes to resist “vaccines” (in this case, against specific antibodies that specifically target the spike protein).

Expert virologist Dr. Geert Vanden Bossche predicted such scenarios as early as March 2021, when he warned of a possible disaster due to COVID-19 vaccination campaigns.³⁶ Only “conspiracy theorists” and “anti-vaxxers” noted his remarks. Warnings about the ability of variants to impair the effectiveness of vaccines appeared at the beginning of 2021,³⁷ but did not affect Israeli or international policies (instead, the emergence of variants was blamed on the unvaccinated). Fortunately, mutations often make pathogens more contagious but less dangerous, as apparently was the case with Omicron.

³⁵ Debecker, A., & Modis, T. (2021). Poorly known aspects of flattening the curve of COVID-19. *Technological Forecasting and Social Change*, 163, 120432.

³⁶ Jonathan Jarry (24.3.21). The Doomsday Prophecy of Dr. Geert Vanden Bossche; A Belgian virus expert has scared the Internet by claiming the COVID-19 vaccines will doom humanity. No need to panic. <https://www.mcgill.ca/oss/article/Covid-19-critical-thinking-pseudoscience/doomsday-prophecy-dr-geert-vanden-bossche>

³⁷ Ewen Callaway (8.1.21). Could new COVID variants undermine vaccines? Labs scramble to find out Researchers race to determine why lineages identified in Britain and South Africa spread so quickly and whether they’ll compromise vaccines. NATURE. <https://www.nature.com/articles/d41586-021-00031-0>

Meanwhile, since January 2022, Green Pass policies were collapsing, with thousands of “verified” (people who were tested positive), mostly vaccinated, infecting their environment with a **plague of tests and quarantines** (by January 10, 162,341 were quarantined, after 1,516,107 tests were performed the previous week)³⁸. A pandemic of public health measures, infecting especially young children, who were being routinely tested and quarantined.

Omicron & Children

At the beginning of the Omicron “crisis”, the health correspondent of the right-wing newspaper (pro-government) Israel Today (27.11.21) stated that “vaccination must be increased”, and demanded that “the government should try to protect 5-11 year olds and encourage their vaccination as much as possible, **to increase herd immunity** and prevent further hundreds of children from becoming seriously ill with COVID-19 and even, God forbid, dying” (p. 1, emphasis added). “The rate of vaccination of children in the country is not enough,” he argued, and therefore **“the solution to the new variant: mass vaccinations in schools”** (headline, p. 5).³⁹

Hence the demand for vaccinating children was presented as a countermeasure against the new variant. The education system was recruited to vaccinate children in schools, allegedly fulfilling the **social goal of “herd immunity”**. Child vaccination with mRNA was never exclusively a matter of children’s health, but an alleged common-good result of mass vaccination justified by the myth of [injected] herd immunity.

2. Fear and Anxiety as a “Scientific” Position

The key word at the beginning of the “Omicron” crisis was “concern”,⁴⁰ an expression used by the WHO, which could be translated into Hebrew as either “worry” or as something that requires “attention”. The medical experts from the Shtetl⁴¹ (and the

³⁸ The data from the MOH’s dashboard, updated for 10.1.22, at 22.25. <https://datadashboard.health.gov.il/COVID-19/general>

³⁹ Ran Reznik (11.27.21), “Answer to the New Variant: Mass Vaccinations in Schools.” <https://www.israelhayom.co.il/health/article/5925914>

⁴⁰ UN (26.11.21). WHO labels new COVID strain Omicron, designates it a ‘variant of concern’. <https://news.un.org/en/story/2021/11/1106622>

⁴¹ A shtetl or shtetel is a nickname for a small town with a large Ashkenazi Jewish (often Yiddish speaking) population, of the type which existed in Central and Eastern Europe before the Holocaust. <https://en.wikipedia.org/wiki/Shtetl>

scientists among them, the wise man of Chelm)⁴² decided that when in doubt, “concern” should be translated into an anxiety or panic attack, which includes “spasms” in areas of individual rights, tourism, culture and economy, and catatonic national behavior expressed via lockdowns and other “withdrawal” symptoms (cancellation of trains to the airport; immediate restrictions on entry into Israel, etc.). All these accumulate to “full gas in neutral”⁴³, a waste of public resources and unjustified violation of individual rights, of personal well-being, and of social cohesion (to the point of violence, depression, and anxiety).

Here we allow ourselves a **scientific hypothesis**, according to which, the anxiety “attacks” of the type exemplified in the “Omicron Panic” (the logo chosen by YNET media to cover the “outbreak”) are a kind of **social autoimmune response** (Mishori, 2020, 238-9),⁴⁴ an *overreaction* of the social immune system (public health services) which might severely harm the collective social body and the wellbeing of countless individuals; Such social autoimmune (semi-epileptic) “seizures” commonly include *extreme biopower* measures (ibid), such as forced masking, quarantines and all other PH social “treatments”, which negatively affects the economy. Personal “side effects” include an increase in chronic diseases, discontinuation of various medical treatments, obesity, hypertension, diabetes, and increased use of antidepressants.⁴⁵ Children are especially prone to suffer from “side effects”. We should therefore question whether responsible health policies should produce such social “convulsions”, which spread uncertainty in all areas of life, or whether there are any other policies which do not mandate top-down collective anxiety attacks.

⁴² In East European Jewish folklore, the city of Chelm [Poland] functions as an imaginary city of fools, often presented ironically as “The Wise Men of Chelm”. https://vivoencyclopedia.org/article.aspx/wise_men_of_chelm

⁴³ An Israeli expression meaning futile ineffective effort or waste of energy, based on the parable of a car’s motor’s engine.

⁴⁴ Mishori, D. (2020). Medical Technocracy, Extreme BioPower and Human Rights: Heretic Criticism of “Public Health” Authoritarian Corona Policies. *Social Ethics Society Journal of Applied Philosophy*; Special Issue on COVID-19, July 2020: 230-266. http://ses-journal.com/wp-content/uploads/2020/07/Article-10_Mishori_SESJuly2020.pdf

⁴⁵ Doctors’ Only (17.3.22). Increase in chronic diseases due to discontinuation of elective treatments and lockdowns; Clalit’s study found that lockdowns and discontinuation of various medical treatments led to an increase in the number of patients with obesity, hypertension, diabetes and an increase in the use of antidepressants. <https://rb.gy/wq5tqx>

Allegedly (learning from PH policies), when in doubt, people should individually and collectively opt for anxiety or “panic” responses and should endorse epidemiological doomsday policies which **require** suspending individual rights until further notice, including behaving according to strict **epidemiological modesty** rules, such as “social distancing” and epidemiological veils (masks).⁴⁶

To the best of our knowledge, there is no place in science or medicine where it was ever demonstrated that it is appropriate and necessary to go into continuous anxiety attacks (or intermittent panic outbreaks) in order to improve wellbeing, health, or for any other consideration (national security?).

The opposite on the other hand is scientifically substantiated: depression and anxiety — from all reasons, including loss of livelihood, exclusion from families, loss of liberties and individual rights — impair the immune system, thus increasing risks of morbidity and mortality, including from respiratory diseases.

The fear methodology during the Corona Crisis might create unprecedented placebo effects, as the world has never been governed by a total medical agenda, allegedly justified by the first ever global public health emergency regime. The fear spread by the experts, which allegedly justifies PH pandemic policies, cannot create positive therapeutic outcomes, and one can only **hope that the “sickening” effect is not proportional to the efforts of experts to frighten the public.**

Not everyone was convinced they should fear the pandemic, to the point of completely surrendering individual rights within an ongoing medical emergency regime. Many, however, developed grave fears from the experts and “public health” policies (coercion and enforcement), especially from the “golden calf” of mRNA vaccines, and the vaccine passport policies, to the point of fearing “medical rape” (an expression used in social media by people forced to be tested or vaccinated by threat of being fired and/or by other social and institutional pressures, a fact that leads to the radicalization of public discourse, as demonstrated below).

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⁴⁶ Mishori D. & Avi-Isaac D. (2022). Tractate of Masks [מִסְכֵּת מַסְכוּת]: The Corona Masks Decree (Facial Veils) and Epidemiological Modesty — Laws of Foreign Work [foreign worship, Avodah Zarah] on Israel Railways. Li'Briut (“For Health” Magazine). [Hebrew]. <https://bit.ly/3zOX011>

January 2022 brought a change to the “culture of fear” (Furedi, 2006, 2018)⁴⁷ concerning Corona, as masses of Israelis (many of which were vaccinated) were infected by the wave of the weaker Omicron variant. Many of the new so-called “awaken” [מתעוררים] are beginning to comprehend the magnitude of the absurdity of Corona policies and the hijacking of basic individual liberties, in the name of a so-called “health emergency” whose reality and significance should have been topics for public controversy, whose very absence (especially in the conventional media) indicate suppression of unorthodox views and the much-needed scientific controversy.

3. The “Extremism” Discourse

Another relevant context of child vaccination is a large “investigative” report in a popular newspaper in Israel [Yediot] entitled “Unhealthy Logic” (19.11.21). The front page of the weekend’s magazine promised a glimpse “behind the scenes of the operation to thwart children’s vaccines in Israel,”⁴⁸ and the inner headline cried out “Anatomy of Extremism.”

According to the article, posts with a “conspiratorial air” appeared on the social network pages of The Israeli Public Emergency Council for the COVID-19 Crisis (PECC)^{49,50} including “historical comparisons to Nazis and conspiracies”. The historical comparisons included mentioning the Nuremberg trials, and the conspiratorial “air” is expressed in quotes from social networks such as “This is not protection, this is a dictatorship,” in the context of a government bill that extends the state of PH emergency. In other words, any criticism of COVID policies (the Green Pass, masks, tests and quarantines, etc.), disagreement with PH emergency, or opposition to the “Special

⁴⁷ Furedi, F. (2006). *Culture of fear revisited*. A&C Black; Furedi, F. (2018). *How fear works: Culture of fear in the twenty-first century*. Bloomsbury Publishing.

⁴⁸ Nadav Eyal, Adir Yanko | Updated: 20.11.21, “Behind the scenes of the campaign to thwart children’s vaccines in Israel”. <https://www.ynet.co.il/news/article/h1z6v11boy>

⁴⁹ <https://pecc-il.org/>

⁵⁰ Full Disclosure: one of the authors of this paper (DM) became a member of the Plenum of the Israeli Public Emergency Council for the COVID-19 Crisis (PECC) as of January 2022.

Authorities Law”⁵¹ (and its comparison with the German “Enabling Act” of 1933⁵²) constitutes “extremism”.

The investigative reporters did an important service to the public debate in Israel. For the first time, various aspects of the new Israeli discourse were described in the institutionalized media, based on the debate over whether “it is forbidden to compare” or whether we “must compare” between 1930s Europe and Corona biopolitics. Another “extremism” described in the article was a shift from criticism (presented as legitimate) against past lockdown policies, to anxiety (illegitimate, “conspiratorial”) about a medical dictatorship (“living in a 1984-style fascist technocratic regime”) and the increase in criticism against vaccines, including and in particular children’s vaccines.

The article referred mainly to members of the “common sense” model (orthodox experts who generally support vaccines, who saw the lockdown and enforcement policies as serious medical, social, and ethical mistakes), who have since founded the PECC, supported by citizens who lost blind faith in the considerations of health authorities.

The article quoted a physician from Mechusgan (מחוסגן), the Vaccinated-Kindergarten, an initiative since 2018 which aims to prevent admission to kindergartens of children who are not fully vaccinated (with “routine” vaccines), who said:

“Unfortunately, in such a period even information from one doctor or another [i.e., members of the PECC] can be without any medical basis. Such positions cause enormous damage in dealing with the pandemic, certainly after the professional bodies composed of dozens of experts from various fields in Israel and around the world have determined that the benefits of the vaccine unequivocally outweigh its disadvantages [risks] - even in children.”

⁵¹ LOC (July 2020). Israel: Law Granting Government Special Authorities to Combat Novel Coronavirus Adopted. Library of Congress, USA. <https://www.loc.gov/item/global-legal-monitor/2020-07-29/israel-law-granting-government-special-authorities-to-combat-novel-coronavirus-adopted/> ; Albin, E., Bar-Siman-Tov, I., Gross, A., & Brandes, T. H. (2021). Israel: Legal Response to COVID-19. *The Oxford Compendium of National Legal Responses to Covid-19* (Oxford University Press, 2021). <https://oxcon.ouplaw.com/view/10.1093/law-occ19/law-occ19-e13?prd=OXCON>

⁵² https://en.wikipedia.org/wiki/Enabling_Act_of_1933

In other words, any criticism of the idea to vaccinate children with mRNA, even by physicians and other relevant academics, is “without any medical or scientific basis.” Therefore, we begin our argument by reviewing the procedure, facts, and data that led to the approval to inject young children (5-11) with Pfizer's experimental concoction. We inquire whether the “scientific” or “medical” basis, on which the “experts” allegedly relied on with their consensus-recommendation to inject young children, exceeds in any way the depth and scholarship exemplified by their scientific and bioethical considerations during the Omicron Panic, and try to evaluate the quality of their judgments.

Then, we briefly discuss further bioethical considerations regarding injecting children with experimental mRNA formulas which received only emergency authorization. Based on these considerations, we discuss whether the reactions recorded in the “investigative” article were “extreme”, or whether they express an extreme situation, despair, and even fear on the part of those currently identified as “opponents” of COVID-19 policies about vaccine coercion (including “incentives” such as the Green Pass) and about vaccinating children in the face of an inability to enter substantive discussions with health authorities.

*

Moreover, the authors of the “investigative report” confessed that they became members of relevant WhatsApp groups for a long time, and were exposed to the “extremist” information and comments. However, the article failed to report whether these posts **were true or “fake”**.⁵³ Were they just nonsenses written by unqualified people who misunderstood science, or were they justly crying out “The Emperor has no clothes”?

⁵³ The frequent use of the term “Fake” was very prominent in the discourse among the competent authorities: government members, professional hierarchies, scientists, and various media commentators. There is in fact in the use of the term a message of the irrelevance of the other and his considerations: he who thinks differently and expresses an opinion that is different from the consensus is referred to in terms used to despise, belittle, reduce, and shame the other. A respectful bioethical discourse cannot exist in this kind of “communication”. The origin of the phrase “Fake” is in the “post-truth” discourse, which accompanies allegations about the conduct of the previous US president. This fact has created “fact checkers”, for whom “truth” are the opinions of the scientific orthodoxy and the establishment.

For example, was the information about **adverse reactions** (so called “side effects”) absolutely “false” or “fake”, or was most of the information reliable and properly verified? The children's vaccine is a good case-study to discuss the question of how Fake and Truth are disseminated between health authorities and “experts” and their critics.⁵⁴ One salient example is the attempt by the Israeli MOH to argue that Dr. Robert Malone (MD) is not the inventor of mRNA technology, after Malone warned parents against vaccinating their children with mRNA.⁵⁵ Our discussion will therefore address the following issues: the data (and the approval process), need, efficiency, safety, and other relevant ethical considerations. At the end we'll ask how critics were supposed to react, when their objections were met with disregard and even tagged as “fake”, and whether there was logic and reason in their objections.

It should be noted that there is another “extremism discourse”, which the journalists ignored: the incitement against the “antivaxxers” (this abusive and derogative expression proves the charge of incitement), which we deal with separately, in another paper.

Part Two: The Experimental mRNA “Vaccine”

4. Pfizer's Experimental mRNA “Vaccine”

Pfizer's mRNA “vaccine” is an ingenious innovative experimental gene therapy (according to the definition of “gene therapy” by the Israeli National Academy of Sciences⁵⁶), that was

⁵⁴ In any case, the question arises as to whether the editors of the “investigation” fulfilled their role when they were exposed to non-“Orthodox” information in the “conspiracy” groups.

⁵⁵ Frontline News (21.12.21). Israel Health Ministry attacks Dr Robert Malone - Analysis <https://americasfrontlinenews.com/post/israel-health-ministry-attacks-dr-robert-malone-analysis> MOH (19.12.21). True: The Vaccine for Coronavirus is Safe, Effective and Saves Lives. <https://www.gov.il/en/departments/news/fake-malone>.

⁵⁶ “Gene therapy ... is an experimental technique that harnesses genes to treat diseases or prevent them by inserting a genetic material into cells to compensate for abnormal genes, or to produce a beneficial protein.” Website of the National Academy of Sciences. <https://www.academy.ac.il/RichText/GeneralPage.aspx?nodeId=1129>

developed at record speed by shortcutting procedures designed to ensure safety.

To the best of our knowledge, the concoction was not submitted to the Israeli “Supreme Helsinki Committee for Medical Experiments in Humans (Genetic Research)”⁵⁷, which is supposed to serve as the national committee for approving experimental genetic therapies.

On the eve of Corona (February 2020), most members of the Israeli Supreme Helsinki Committee resigned in response to the MOH's decision to revoke most of the committee's powers (some were transferred to hospitals where internal Helsinki committees would be in conflict of interest), in order to facilitate procedures for approving medical and genetic experiments in humans.⁵⁸

The concoction is an extraordinary achievement of scientific and technological genius, provided that nothing goes wrong. This new experimental technology includes nanoparticles that might cause allergic reactions^{59,60} including PEG ([polyethylene glycol] synthetic lipids nanoparticles, allergenic to 7% of the population)⁶¹, and other potentially toxic substances. Synthetic lipids serving as carriers of mRNA molecules⁶² are supposed to penetrate muscle cells in the

...Here of course it is worth asking whether the formation of the viral spike protein, which is intended to stimulate the immune system, is a “beneficial protein”, but its role is definitely related to the “prevention” of diseases.

⁵⁷ Supreme Helsinki Committee for Medical Experiments in Humans (Genetic Research), Israeli Ministry of Health.

<https://www.health.gov.il/Services/Committee/Helsinki/Pages/default.aspx>

⁵⁸ Ido Efrati (6.2.20). Members of the committee approving trials in humans: The MOH surrenders to drug companies; Most members of the committee are expected to resign in protest of the decision of the director general of the MOH to expropriate their powers. The MOH: The move will shorten the experiment approval process. Haaretz. <https://www.haaretz.co.il/news/health/premium-1.8500664>

⁵⁹ de Vrieze, J. (2021). Pfizer's vaccine raises allergy concerns. SCIENCE sciencemag.org 1 JANUARY 2021 • VOL 371 ISSUE 6524

Banerji, A., Wickner, P. G., Saff, R., Stone Jr, C. A., Robinson, L. B., Long, A. A., ... & Blumenthal, K. G. (2021). mRNA vaccines to prevent COVID-19 disease and reported allergic reactions: current evidence and suggested approach. *The Journal of Allergy and Clinical Immunology: In Practice*, 9(4), 1423-1437.

⁶⁰ Klimek, L., Jutel, M., Akdis, C. A., Bousquet, J., Akdis, M., Torres, M. J., ... & Chivato, T. (2021). ARIA-EAACI statement on severe allergic reactions to COVID-19 vaccines—an EAACI-ARIA position paper. *Allergy*, 76(6), 1624-1628.

⁶¹ de Vrieze, J. (2020). Suspensions grow that nanoparticles in Pfizer's COVID-19 vaccine trigger rare allergic reactions. *Science*, 10.

⁶² For the list of ingredients, see:

<https://www.fda.gov/media/153713/download>

injection site and reprogram them to produce viral spike proteins (toxic in their own right), to encourage the formation of specific antibodies, for an unknown period of time. The concoction must be kept at a temperature of *negative* 70 degrees Celsius, a fact which, when not abided by, may cause instability.⁶³ A document leak to the BMJ (March 2021) indicates that some batches had lower-than-expected levels of complete mRNA, raising complex questions about the effectiveness and safety of the concoction;⁶⁴ Risk of pneumonitis⁶⁵ and dermatological injuries⁶⁶ has been reported at an early stage.

The concoction is used as a **short-term preventive treatment**. The recommendation during the fall of 2021 was to “get vaccinated” with a booster if 5 months had passed since the second dose (from the un-boosted “vaccinated”, the Green Pass was taken away 6 months after the second dose), but fear from Omicron led the PRT to recommend boosters even if only 3 months had passed from the date of the second shot (!). It was reported that the effectiveness of boosters “fades” after about 10 weeks.⁶⁷ Since the “protection” effect is not immediate either (two to three weeks, according to the manufacturer), it means the “protection” effect lasts about two to three months. In the meantime, experts have recommended fourth shots for the elderly (aged 60 and older),⁶⁸ and as of January 2022 that people 18 and older should get the fourth shot, without any additional data. These “recommendations” caused a stir, as it was no longer possible to hide the fact that these decisions were not based on experimentation, research or science. An immune system expert said

⁶³ Crommelin, D. J., Anchordoquy, T. J., Volkin, D. B., Jiskoot, W., & Mastrobattista, E. (2021). Addressing the cold reality of mRNA vaccine stability. *Journal of Pharmaceutical Sciences*, 110(3), 997-1001.

⁶⁴ Tinari, S. (2021). The EMA Covid-19 data leak, and what it tells us about mRNA instability. *bmj*, 372. <https://www.bmj.com/content/372/bmj.n627>

⁶⁵ Matsuzaki, S., Kamiya, H., Inoshima, I., Hirasawa, Y., Tago, O., & Arai, M. (2022). COVID-19 mRNA Vaccine-induced Pneumonitis: A Case Report. *Internal Medicine*, 8310-21; Advance Publication by J-STAGE: October 26, 2021.

⁶⁶ D’Cruz, A., Parker, H., & Saha, M. (2021). A Bullous Eruption following the Pfizer-BioNTech COVID-19 vaccination. *Journal of the European Academy of Dermatology and Venereology*.

⁶⁷ *New York Times* (27.11.21). A British study indicates a decline in the effectiveness of the booster against disease caused by the omicron. *Haaretz*. <https://www.haaretz.co.il/health/corona/premium-1.10495424>

⁶⁸ *YNET* (22.12.21). The first in the world: The team of experts recommended the administration of a fourth vaccine for those aged 60 and up ... and the introduction of the third vaccine - only 3 months after receiving the second dose ... <https://www.ynet.co.il/news/article/hknhkhyjy#autoplay>

honestly “I do not know on what basis this decision was made”, for after several weeks “we have been seeing a decrease in the effectiveness of the booster in preventing infection, especially among the older population”.⁶⁹

As we all know, the “vaccine” that received an emergency authorization had two doses, and no research was conducted on receiving a third, fourth and fifth dose ... Images of vaccine “cards” were published on social networks, wherein on the 8th or 10th dose one receives a pizza (or alternatively, a pacemaker), and there were discussions of nicknames for the next shot (“Super Duper Booster,” and the like).

According to data from Mars 2022 (22.3.22), 6,701,415 received the first dose, 6,126,068 received the second dose; 4,471,324 received the 3rd dose, and only 740,969 received the fourth dose. The trend was clearly visible already on December 2021, when 6,363,342 people received the first shot, 5,780,555 people received the second shot, and 4,095,367 people received the booster. Since the incentives to inject haven’t changed (Green Pass, panic of variants), we allowed ourselves already **in December 2021** (Mishori, Avi-Isaac & Kreisberg, 2022) to raise additional **scientific hypotheses**:

- (1) that the number of people vaccinated with the fourth dose will be lower than the number of recipients of the third dose;
- (2) that “side effects” explain part of the reduction in willingness to get vaccinated;
- (3) that the number of people framed as “anti-vaxxers” will increase with every additional dose required for the “Green Pass”.

People who were injected with some doses of mRNA and refuse additional doses (for whatever reason) will also object mandatory vaccinations, part of the new Merriam-Webster’s definition of “anti-vaxxers”:⁷⁰

“a person who opposes the use of vaccines or regulations mandating vaccination. Some self-identified anti-vaxxers are vehemently against all vaccines. Some are skeptical of specific vaccines ...”

⁶⁹ Alexandra Lukesh (22.12.21). Prof. Cyril Cohen: “Fourth vaccine? It is not clear to me how this decision was made.”. YNET. <https://rb.gv/gvse8c>

⁷⁰ <https://www.merriam-webster.com/dictionary/anti-vaxxer>

The mRNA formula functions as a biological/genetic software that changes the normal functioning of muscle cells, whose systemic or long-term consequences are unknown. The action of the experimental concoction on the body may be irreversible (if damage occurs, it might be irreparable). Meanwhile, it turned out that despite the theory, the injected substance does not stay at the injection site, and spreads throughout the body, reaching various organs through the bloodstream, where it can potentially cause various disorders, including autoimmune responses and fertility disorders.

The contract Israel signed with Pfizer was published with **blackened** parts, further agreements with Pfizer were completely hidden from the public eye; Government protocols on Corona policies were restricted for **30 years**, without any logical justification (who is the enemy, from whom such “national secrets” are kept? The citizens?). Independent NGOs have difficulty obtaining the original documents and data of the Pfizer experiment from the FDA.⁷¹ The Pfizer corporation itself is believed to have sought and may have received **complete exemption from liability** in case of damages (perhaps even due to negligence): the disconnection between profit (producer) and liability (in case of damage) creates threats to public health, and constitutes a **moral hazard** in its own right. Meanwhile, the BMJ has exposed flawed practices with the original Pfizer mRNA experimentation, including ill compliance with blindness testing requirements, data reliability, and failures in the effectiveness of the FDA’s regulatory oversight.^{72,73}

5. Public Opposition in Israel to Children’s mRNA Vaccination

Since early 2021, several documents opposing child mRNA vaccinations were written by Israeli doctors and experts, the most

⁷¹ <https://rb.gy/shb87n>

⁷² Thacker, P. D. (2.11.2021). Covid-19: Researcher blows the whistle on data integrity issues in Pfizer’s vaccine trial. BMJ, 375. <https://www.bmj.com/content/375/bmj.n2635>

⁷³ Pfizer itself has a history of fines paid for fraud, including the highest fine paid by Pharma (2009). <https://www.haaretz.co.il/misc/1.1278939>

noteworthy by Dr. Yoav Yehezkeili⁷⁴, Dr. Rafael Zioni (ADE phenomenon, especially dangerous in young people)⁷⁵, Dr. Efrat Shor⁷⁶, and Dr. Raya Leibowitz^{77,78} as well as a document signed by 100 Doctors sent to the Israeli Government,^{79, 80} excellent lectures by the environmental epidemiologist Ella Naveh,⁸¹ and the first position paper on child and adolescent vaccination by the PECC (April 2021)⁸².

The First Side Effects Report was published by the “The Israeli People’s Committee” (April 2021)⁸³, which was followed by the digital conference “Fighting for the Children” (26.5.21), organized by the “Vaccines Educated Choice” Association⁸⁴, were important milestones in the public and professional opposition against child vaccinations, as well as the demonstration in front of the Knesset, “Demonstration of 50,000 Women for the Children of Israel and Their Rescue” (18.11.21), attended by thousands of women, mostly from the conservative religious sector.⁸⁵

⁷⁴ Dr. Yoav Yehezkeili, “The vaccination of children against COVID-19 - an unfounded need and without any medical justification”, DoctorsOnly, 8.4.21, <https://doctorsonly.co.il/2021/04/225704/>

⁷⁵ <https://rb.gv/yp9wbo>

⁷⁶ Dr. Efrat Schur, “Why as a doctor I won’t recommend vaccinating children against COVID-19”, Bima, 11.12.2020. <https://www.bimmae.com/main/post/f8bb0d2b-86c1-4b2c-9bc3-98c34b1cfb19>

⁷⁷ Leibowitz, Raya. “Why children should not be vaccinated” - Post # 3 Facebook, 28 Mar. 2021, www.facebook.com/ravaleamit/posts/3975252229228803

⁷⁸ Leibowitz, Raya (16.12.21). The global bet on the vaccine is wrong. Here are the reasons. Haaretz. <https://rb.gv/vrscit>

⁷⁹ Amit Waldman, “About a hundred Israeli doctors sent a letter of protest to the government: No to vaccinating children against COVID-19”, N12, 11.4.21, https://www.mako.co.il/news-lifestyle/2021_q2/Article-089acf1079fb871027.htm

⁸⁰ Letter from the 100 doctors, 11.4.21:

<https://img.mako.co.il/2021/04/11/fullletter.pdf?Partner=interlink>

⁸¹ Ella Naveh (27.4.21). “First Do Not Harm - Side Effects of COVID-19 Vaccines”. Vaccines Association - an educated choice. <https://educated-choice.co.il/video/safety-covid19-vaccine-ella-nave/>

⁸² The PECC’s Position Paper: COVID-19 Vaccination for Children and Adolescents Under 16, 12.4.21. https://drive.google.com/file/d/1Hfrl_mfDmNTJsyfmtWwE70gFEG2G9un8/view

⁸³ Side Effects Report (April 2021), Civil Investigation Committee. https://4a1b9d73-4c47-4f3b-bb08-e515be8958ca.filesusr.com/ugd/3db409_998a2c3c40fa4e7799f3d16e0c2fb48b.pdf

⁸⁴ Link to the recordings of the digital conference “Fighting for the Children” (26.5.21), “Vaccines, Educated Choice”. <https://www.educated-choice.com/kids/Disclosure>: One of the authors of the article (D.M.) participated in this conference.

⁸⁵ “Live” recording of the demonstration:

https://www.facebook.com/watch/live/?ref=watch_permalink&v=31250318373516

Since then, experts from the PECC have published an up-to-date (conservative)⁸⁶ report on children's vaccinations (28.11.21)⁸⁷, and according to the data presented in it, the known risks are severe enough to disqualify children's mRNA vaccinations. Such discussions challenge the "consensus" claim, which ostensibly supports child vaccination, to which we will refer below.

6. The Need for a Vaccine

According to "worldometers",⁸⁸ by 28.3.22 Israel had 3,864,155 Coronavirus Cases (about 40% of 9.5 million population), and 10,485 deaths (mortality rate of 0.271%, reminiscent of flu [0.1%]). Most desists are 60 years and older (in Israel, average age of deceased patients tested positive for COVID-19 is 80+), with an average of two comorbidities. These stats do not differentiate between dying *from* Corona and *with* Corona (tested positive for Corona, while having other fatal medical conditions).

Regarding the claim that "COVID-19 is a serious disease in children", we consulted on December 2021⁸⁹ the "Oxford calculator", which integrates perennial COVID-19 data.

<https://qCovid.org/Calculation>

The calculator calculates data for people aged 19 and older (a little late for kids but it gives an idea). For a 55-year-old male without background illnesses (with BMI of the author— D.M.) the results were as follows: 0.0101% risk of death, or **1 in 9,901**. This risk is not negligible but isn't a pressing emergency either. The numbers indicate

⁸⁶ The report is "conservative", as it accepts the dominant narrative that there is benefit in injecting the experimental concoction in relation to at-risk populations (elderly, previously ill with serious illnesses and the like), but not in children and young people, and certainly not under the "Green Pass".

⁸⁷ https://pecc.org.il/docpdf/positionstatement_childvac/

⁸⁸ <https://www.worldometers.info/coronavirus/country/israel/> (28.3.22); Update, by 22.6.22 the numbers were: Coronavirus Cases: 4,293,082 Deaths: 10,926. Death risk: 0.254%.

⁸⁹ **Update:** In December 2021, the calculator didn't include **vaccination status**, which was integrated into the calculator format in 2022. Recalculating risks on 28.3.22, we found that the calculator gives unvaccinated higher risk of hospitalizations or death, data we are unable to evaluate. The relative minor risk of young people remained the same. For unvaccinated 19-year-olds (with DM's BMI), risk of death remained 0.0001% and risk of hospital admission 0.0018%, or 1 in 55,556.

that the risk of dying from COVID-19 is smaller than the risk of getting myocarditis from the Moderna or Pfizer vaccines (below).

We repeated the query in relation to a 19-year-old male with a similar BMI, and without background illnesses, and this time the risk was much smaller:

0.0001% or **1 in 1,000,000**

One in a million risk of death, 1 in **43,478** risk of hospitalization.

Given the fact that the risk decreases with younger age, and most of the “illness” in children is asymptomatic, this means that the absolute risk for healthy children is very small, probably one in 2 million. Apparently, children are more likely to die from lightning than from COVID-19, thus the risk of side effects becomes significant.

A study was recently published according to which out of about one and a half million children infected with COVID-19 in Germany, no child aged 5-11 died,⁹⁰ and a negligible risk was found for hospitalizations. These findings are consistent with data from Israel, where no healthy child died of COVID-19. The head of public health services stated at the Knesset Health Committee hearing that 11 children died of Corona in Israel, **all** with comorbidities (i.e., died with Covid, not from Covid),⁹¹ and summarized the children’s predicament the following day (17.11.21) in an accurate oxymoronic sentence: “I said very clearly, that most of the acute illness in children is asymptomatic or mild.”⁹²

7. The Data and Approval Procedure of the Pfizer Experiment on Children Aged 5-11

Allegedly, the testing and approval processes for mRNA injections in children have been exhausted in two different experiments (ages 12-16, and ages 5-11). We will examine only the experiment in younger children (5-11), to demonstrate the process and its quality.

⁹⁰ Yaffa Shir-Raz (6.12.21). New study from Germany: Zero children aged 5-11 died from COVID-19. @ Real-time news <https://bit.ly/3loVpBV>

⁹¹ Knesset News (16.11.21). Stormy discussion in the Health Committee on Corona vaccines for children. <https://main.knesset.gov.il/News/PressReleases/Pages/press16112021C.aspx>

⁹² Dr. Sharon Alroy-Preis in response to former Knesset member Moshe Feiglin (17.11.21): “I said very clearly, that most of the acute illness in children is asymptomatic or mild.” <https://www.facebook.com/1588774412/videos/2705075593131480>

Pfizer personnel first submitted the results of their trials and findings to the FDA, whose advisory committee on vaccines (allegedly a panel of independent advisers) evaluated the data and recommended vaccinating young children.⁹³ The panel's recommendations were accepted by the FDA's Commissioner⁹⁴, which were shortly later evaluated by CDC's advisory committee (ACIP)⁹⁵, whose recommendations were accepted in the United States. The alleged findings were that "the benefits of preventing severe cases of COVID-19 with the Pfizer vaccine generally outweighed the risks of the possible side effects in that age group",⁹⁶ and that "The side effects for children from this clinical trial are comparable to those from the adolescent study" (ibid). Therefore, an Emergency Use Authorization (EUA) was granted for the Pfizer-BioNTech COVID-19 (BNT162b2) mRNA vaccine to expand its use to children aged 5–11 years, administered as 2 doses (10 µg, 0.2mL each) 3 weeks apart.

Soon thereafter, the Israeli MOH processed this issue via the PRT, which voted in favor of vaccinating children 5-11 "by an overwhelming majority".⁹⁷ Committee members who recommended approval "believed the vaccine was the only way to prevent the next wave of morbidity from harming children".⁹⁸ Two opponents said "there was not enough information on side effects" (ibid). The PRT's recommendations were approved by the MOH Director General and vindicated by the Knesset Health Committee after a "stormy

⁹³ Vaccines and Related Biological Products Advisory Committee Meeting, October 26, 2021. <https://www.fda.gov/media/153447/download>

⁹⁴ FDA NEWS RELEASE (29.10.21). FDA Authorizes Pfizer-BioNTech COVID-19 Vaccine for Emergency Use in Children 5 through 11 Years of Age.

<https://www.fda.gov/news-events/press-announcements/fda-authorizes-pfizer-biontech-covid-19-vaccine-emergency-use-children-5-through-11-years-age>

⁹⁵ Advisory Committee on Immunization Practices (ACIP) (3.11.21). Grading of Recommendations, Assessment, Development, and Evaluation (GRADE): Pfizer-BioNTech COVID-19 Vaccine for Children 5-11 Years. <https://www.cdc.gov/vaccines/acip/recs/grade/covid-19-pfizer-age-5-11-eua.html>

⁹⁶ Yell Medicine (25.10.21). COVID-19 Vaccine Authorized for Kids Ages 5 to 11: What Parents Need to Know (updated Mars 2, 2021).

<https://www.yalemedicine.org/news/covid-vaccine-for-ages-5-to-11>

⁹⁷ By an overwhelming majority: Ministry of Health experts voted in favor of vaccinating children (10.11.21).

https://www.calcalist.co.il/local_news/article/s1kod5ftv

⁹⁸ Ido Efrati (14.11.21). The director general of the Ministry of Health has approved vaccination for ages 11-5; the operation is expected to begin next week. Haaretz. <https://www.haaretz.co.il/health/corona/1.10376858>

discussion”.⁹⁹ Apparently, it's only a matter of time before toddlers' vaccinations will be authorized via a similar process, “for the sake of herd immunity,” thereby making COVID-19 injections an integral part of routine vaccinations for babies and young children.¹⁰⁰

The consensus among the experts in the USA and in Israel was sweeping, reminiscent of election results in Syria: in the FDA the ratio was 18: 1. Seventeen for, one abstained and zero opposed; in the Israeli PRT, there were 73 in favor and 2 against.¹⁰¹ **Allegedly, the consensus demonstrates an exhaustive procedure**, until the data is examined, and then the question arises “**whether there was any scenario in which the vaccine would *not* have been approved?**”, or whether they would have avoided *encouraging* (rather than *allowing* or *recommending*) parents to inject children with mRNA (subject to the “incentivizing” Green Pass).

FDA experts said they “repeatedly reiterated the statement that the decision was ‘difficult,’” and some expressed concern about the “small size of the experiment and the lack of long-term information.” Another concern was that the vaccine approval might lead to schools’ decision to require a vaccine, but this matter “was not [part] of the commission’s mandate”, which ostensibly focused on “whether the benefit of the vaccine outweighs the risks”.¹⁰² Hence, **the way the discussion was framed determined the outcome**. It also follows that the **discussions *did not* include social and bio-ethical considerations**. Apparently, the FDA management’s decision to accept these “recommendations” also refrained from such considerations.

⁹⁹ Stormy discussion in the Health Committee on Corona vaccines for children (16.11.21).

<https://main.knesset.gov.il/News/PressReleases/Pages/press16112021C.aspx>

¹⁰⁰ Jamie Gumbrecht, CNN (2.2.22). Pfizer and BioNTech seeking emergency use authorization from FDA for Covid-19 vaccine for children younger than 5. <https://edition.cnn.com/2022/02/01/health/pfizer-Covid-vaccine-eua-request-younger-children/index.html>

¹⁰¹ Meital Yasur Beit-Or (10.11.21). The team of experts decided by an overwhelming majority: a vaccination of children aged 11-5 against COVID-19 should be recommended; Of the 75 staff members who advise the Ministry of Health, 73 recommended approving Pfizer's vaccine for children. A decision has not yet been made whether to vaccinate recovering children as well. <https://www.israelhayom.co.il/health/article/5612636/>

¹⁰² Gali Wiener (26.10.21). The FDA Advisory Committee has voted in favor of vaccinating children. Globes.

<https://www.globes.co.il/news/article.aspx?did=1001388752>

The dose approved in children (5-11) is 1/3 of the dose for adults (12+), so the difference in dose between “childhood” (11 and 11 months and 11 days) and “adolescents” (12) doses is X 3, and that is “scientific”. No use was made, for example, of weight or height criteria: in the best tradition of public health, “one size fits all”; there is no “custom” or “personalized” medicine. The small dose was later blamed for the rapid reduction in efficacy of the treatment.¹⁰³

The experiment in children aged 5-11 included about 1,500 children in the vaccine group, and 750 in the control group (placebo) (a total of 2,268 children). The results of the experiment show that 16 children in the control group contracted COVID-19 (mild symptoms) compared with 3 in the vaccine group, a fact that showed an apparent “effectiveness” of 90.7%, in reduction of mild symptoms, negligible “effectiveness”.

Another way to present the experiment’s findings: **0 children in the vaccine group had severe illness or died compared with 0 children in the control group**. In other words, the experiment showed no effectiveness (absolute zero) in reducing severe morbidity or mortality in children.

There could have been no other result for the experiment, as severe morbidity and mortality due to COVID-19 are very rare in children, and usually appear only in cases of “background illnesses,” i.e., other serious morbidity. Therefore, the experiment was supposed to show “effectiveness” by other means: reducing mild symptoms and/or increasing specific antibodies, as required by the FDA.

All claims about reducing the risk of serious illness and mortality are not proven in the study, despite the experts’ tendency to assume that this is the case; similarly, it has not been proven that the Pfizer formula prevents infection (does not protect grandmothers) or “Long COVID” (not tested in the study), nor PIMS or fear of heights. These are also the findings in the latest position paper of the PECC, which includes top senior Israeli scientists.¹⁰⁴

Moreover, the Pfizer treatment reduced 13/750 cases of mild symptoms in children (less than 2%), while at least two hundred (200/1,500) children reported “side effects”, “mostly mild” (mainly

¹⁰³ Pfizer Covid vaccine was just 12% effective against omicron in kids 5 to 11, study finds. PUBLISHED MON, FEB 28 2022.
<https://www.cnbc.com/2022/02/28/pfizer-covid-vaccine-was-just-12percent-effective-against-omicron-in-kids-5-to-11-study-finds.html>

¹⁰⁴ PECC, position paper, COVID-19 vaccine for children (24.11.21).
https://pecc.org.il/docpdf/positionstatement_childvac/?fbclid=IwAR2xCEuWDO-xDQghstGgMX3Cc6z2PZd08WemG74k9shXhNsQTxmMnrQz434

fever, headaches, and fatigue). This means that for every prevented case of (mild) symptoms of COVID-19 we have at least 7-8 children suffering from “side effects” symptoms. If it turns out that there are also long-term side effects, the cost-benefit ratio is even worse. Moreover, some of the side effects include “Flu-like” symptoms, which in themselves overlap with symptoms of COVID-19:¹⁰⁵

“Symptoms of flu-like illness, including fatigue, muscle aches, fever and chills, were reported in several countries and had also been reported after Covid-19 vaccination in clinical trials. Most symptoms were mild to moderate and transient. These adverse effects were more frequently reported in vaccine recipients under 55 years of age.”

Hence, (a) in some cases, “side effects” overlap with COVID symptoms allegedly “prevented” via the vaccine; it also follows (b) that the very classification of symptoms as “side effects” (“flu-like”) versus COVID-19 illness influenced the calculation of the vaccine’s alleged effectiveness and the alleged cost-benefit ratio.

To the best of our impression, **the “experiment” was not accompanied by satisfactory scientific studies:** no blood samples were taken from children in the experimental group to perform general health follow-ups, so there was no follow-up of (for example) liver, heart or kidney functions, etc. (no comparison of general health data between children in the experimental group vs. the control group). No in-depth studies were published on possible biological reactions resulting from the injections.

To the best of our knowledge (according to allegations by “conspiracy theorists”, which may be incorrect), health authorities refrained from performing autopsies on bodies of vaccine recipients who died after vaccination; No comparative studies of vaccinated/unvaccinated people were conducted in the parameters of doctor’ visits, hospitalizations or general morbidity and mortality. In other words, the “science” seems to be used to justify the desired conclusion, according to which children should be injected with the experimental concoction, which has been declared Safe & Effective.

¹⁰⁵ Reports of flu-like symptoms after COVID-19 vaccination. Reactions Weekly. 2021; 1847(1): 4. Published online 2021 Mar 20. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7978436/>

8. Safety

Regarding “safety”, the experimental group numbered 1,500 children. This means that risks affecting 1 in more than 1,500 will not be found in the study. For example, it was reported that in Germany the administration of Moderna’s vaccine to people aged 30 and under was suspended¹⁰⁶ due to heart inflammations. According to Reuters,

“The German PEI data showed a ‘report rate’ for heart inflammations of 11.71 per 100,000 shots with the Moderna vaccine for men in the 18-29 age group, compared with 4.68 for the Biontech/Pfizer shot [1 in 21,367.5 shots]. For women, the rate was 2.95 with Moderna and 0.97 with Biontech/Pfizer. In the 12-17 age group, the rate was 11.41 for males with the Moderna shot compared with 4.81 for Biontech/Pfizer. There was no data provided for females in the lower age group.”¹⁰⁷

Such a rate of side effects, a risk of 1 in 8,539.7 shots, cannot be detected by an “experiment” involving only 1,500 children. The question is, how come all the experts, from the FDA, CDC, or the Israeli PRT compromised for such a small experiment, as an excuse to authorize the vaccine, despite the risk of failing to detect critical safety issues?

Astonishingly, Germany decided to vaccinate people under 30 with the Pfizer jab (instead of Moderna’s), which according to Israeli reports causes heart inflammation (myocarditis,) at a rate of 1 to 3,000-6,000 (according to the MOH, 1: 6,600), “particularly after the second dose among young male recipients”.¹⁰⁸

¹⁰⁶ Robert Hart (10.11.21). Germany, France Restrict Moderna’s Covid Vaccine For Under-30s Over Rare Heart Risk—Despite Surging Cases. Forbes. <https://www.forbes.com/sites/roberthart/2021/11/10/germany-france-restrict-modernas-Covid-vaccine-for-under-30s-over-rare-heart-risk-despite-surging-cases/?sh=1c0fdc822a8a>

¹⁰⁷ Riham Alkousaa (10.11.21). Germany recommends only Biontech/Pfizer vaccine for under-30s. Reuters. <https://www.reuters.com/world/europe/germany-recommends-only-biontechpfizer-vaccine-people-under-30-2021-11-10/>

¹⁰⁸ Mevorach, D., Anis, E., Cedar, N., Bromberg, M., Haas, E. J., Nadir, E., ... & Alroy-Preis, S. (2021). Myocarditis after BNT162b2 mRNA vaccine against Covid-19 in Israel. *New England Journal of Medicine*, 385(23), 2140-2149. <https://www.nejm.org/doi/full/10.1056/NEJMoa2109730>

Israel, operating according to contrary logic, started giving Moderna's vaccines to soldiers (who are typically younger than 30), while soldiers who developed reactions (side effects) to Pfizer's jab (!) were recommended to get the Astrazeneca jab¹⁰⁹ as a second shot, which most European countries stopped using due to blood clots, bleeding, pulmonary, embolism and death;¹¹⁰ The "booster" (also for soldiers who were vaccinated with other mRNA jabs) is Pfizer only (ibid.). There is no theoretical basis for such combinations. It seems public health experts developed a habit of experimenting with humans, children included.

Moreover, **children are not small adults**. They have unique issues of growth and development, fertility and malignancy. Typically, new vaccine trials will include several years of animal trials, and long-term follow-up of experimental treatment recipients (5-10 years). Practically all COVID-19 vaccines were exempted from animal testing (hence the "emergency authorization"¹¹¹), and a two-month follow-up (!) was enough to declare the treatment Effective & Safe. In other words, insufficient research to **bet** on the safety and fertility of an entire generation of children, with technology whose *long-term* safety profile is completely unknown.

9. Side Effects (Adverse Events/ Reactions) (a)

¹⁰⁹ Astrazeneca for Soldiers, Col. (Res.) Orly Yaron, 7.12.21

<https://www.facebook.com/photo/?fbid=10159613924877954&set=gm.921877792090165>

¹¹⁰ Calcalist (15.3.21). Germany, France and Italy halted the use of Astrazeneca vaccines for COVID-19; The Netherlands and Ireland joined Denmark, Norway and Iceland which had already temporarily stopped the use of the British-Swedish company's vaccine, due to reports that vaccinators who received it had suffered blood clots, bleeding and pulmonary embolism, and some had died. <https://www.calcalist.co.il/world/articles/0.7340.L-3899135.00.html>

¹¹¹ "Emergency clearance" could be given to vaccines only in situations where there is no cure for the disease, and the only way to deal with it is preventative treatment through vaccination. Since the beginning of the pandemic, there were persisting reports that there are effective protocols for treating Covid (for example, with hydroxychloroquine, ivermectin, and/or vitamin C, D and zinc supplements); "Dr. Zelenko's protocol" is especially known. We cannot evaluate these treatments, but if there were effective treatments to some extent, the "emergency authorization" should have been revoked.

The purpose of this section is not to exhaust the discussion, but to show that what was already known is enough to question the “consensus”.

With mRNA vaccines, especially Pfizer’s, the **US VAERS** (Vaccine Adverse Event Reporting System) has set an **all-time record in AE** (adverse events) **reports** (compared to all previous vaccines) associated with COVID-19 injections, **including death**. When preparing our first draft of this paper (31.12.21), there were already more than a million reports of side effects (1,016,999)¹¹², hundreds of thousands of emergency room (ER) visits and hospitalizations, 21,382 deaths, over ten thousand heart attacks and almost twenty thousand reports of myocarditis/pericarditis.¹¹³ Three months later (1.4.22), 200,000 reports were added, and the overall number reached 1,216,787 AE Reports, 26,693 reported deaths, and 147,677 reported hospitalizations from COVID shots; By the End of June (22.6.22), there were already 1,307,926 reports, of which 29,031 reported deaths and 164,324 hospitalizations.

VAERS is based on submissions by the public and physicians, and thus susceptible to unverified reports, misattribution, inconsistent data quality and especially underreporting. According to the Lazarus report (2011)¹¹⁴, it is estimated that only a small number of all adverse reactions are reported to VAERS (about 1%-10%). For this reason, the staggering number of reports was supposed to justify Regulators and Media attention, which seem to disregard such data. Moreover, Josh Guetzkow, Senior lecturer at The Hebrew University, recently exposed (following a freedom of information request) that apparently the CDC wasn’t even looking for safety signals at VAERS, suggesting serious flaws in regulatory monitoring of post-vaccination adverse events.¹¹⁵

¹¹²https://openvaers.com/index.php?fbclid=IwAR3M0Aw2bN6OEcEcZ1YH6r42pdIDZ5VaizTfEhag_TQRMSxxECzbl7y0cA

¹¹³ <https://openvaers.com/Covid-data>

¹¹⁴<https://openvaers.com/images/r18hs017045-lazarus-final-report-20116.pdf>

¹¹⁵ Josh Guetzkow (17.6.22). New FOIA Release Shows CDC Lied About Its VAERS Safety Monitoring Efforts They never found any safety signals, because they didn't look for them. <https://jackanapes.substack.com/p/new-foia-release-shows-cdc-lied-about>

Besides VAERS accumulating data, we now have Pfizer's own side effects report (17.12.20-28.2.21)¹¹⁶, which was revealed following a requirement under the Freedom of Information Act (the FDA first assessed it would require 55 years to process!)^{117,118} which included a huge number of side effects after just two and a half months: 42,086 reports, of which 1,223 were *death* reports. The last 9 pages of the report include about 1,250 different "side effects" (practically, everything that could go wrong in human health, like a medical textbook covering most of serious and life-threatening conditions known to science, and probably also new ones, since science never investigated mRNA injections' adverse health reactions). It would have been appropriate if such data were released early on, and the question arises whether the FDA or PRT members were aware of such data in real time.¹¹⁹

These numbers alone were supposed to justify suspension of using the new mRNA vaccines, based on the 1976 precedent in which the mass vaccination program against the swine flu "epidemic" (which turned out to be a false alarm) was stopped due to the deaths of 25 people from the vaccine (and another 500 suffering from Guillain-Barre autoimmune syndrome), out of 40 million Americans who took the vaccine.¹²⁰

Moreover, according to the report, "Most cases (34,762) were received from United States (13,739), United Kingdom (13,404) Italy (2,578), Germany (1913), France (1506), Portugal (866) and Spain (756); the remaining 7,324 were distributed among 56 other countries" (p. 6). **There is no mention of data coming from Israel**, despite the fact that Israel was supposed to be the "world's lab", and its government was supposed to send the manufacturer (according to

¹¹⁶ Pfizer (2021). 5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021. <https://rb.gv/mwz9ta>

¹¹⁷ Jenna Greene (18.11.21). Wait what? FDA wants 55 years to process FOIA request over vaccine data. Reuters. <https://rb.gv/h5udeo>

¹¹⁸ FDA must hit the gas on FOIA request tied to Pfizer's COVID-19 vaccine, judge orders (Fraiser Kansteiner, Jan 7, 2022) <https://rb.gv/ptgqyl>

¹¹⁹ Most reports were received from the USA, UK, and about 10 other countries. There were no reports from Israel, despite being the "world's lab" and the first to mass vaccinate its citizens, especially the young.

¹²⁰ Langmuir, A. D. (1979). Guillain-Barré syndrome: the swine influenza virus vaccine incident in the United States of America, 1976-77: preliminary communication. *Journal of the Royal Society of Medicine*, 72(9), 660-669.

the agreements with Pfizer) data concerning efficacy and safety. There was no explanation regarding the *absence* of such data.

On August 23, 2021, the FDA granted full authorization of the Pfizer-BioNTech COVID-19 Vaccine, now marketed as Comirnaty. In a press release the Acting FDA Commissioner Janet Woodcock was quoted: “While millions of people have already safely received COVID-19 vaccines, we recognize that for some, the FDA approval of a vaccine may now instill additional confidence to get vaccinated...” [underlines added].¹²¹ We wonder whether the meaning of “safety” has changed, or how the FDA and PH experts define “safety” these days, and whether authorization given the data above should give worried citizens “additional confidence”.

Also, even before vaccinations in children were approved in the US, dozens of reports of child deaths following COVID-19 injections were accumulating,¹²² and dozens of serious side effects had been recorded in children aged 5-11 since the vaccine was approved.¹²³

Meanwhile in Israel, in light of allegations that the MOH is making it difficult to report side effects, a civilian project has been launched on a voluntary basis by the “The Israeli People’s Committee,”¹²⁴ which collects reports of side effects. The latest report (updated to 28.11.21)¹²⁵ lists over four thousand six hundred reports of side effects from Pfizer, including 619 deaths, 456 heart events, and a host of other side effects, including seizures, autoimmune diseases, neurological reactions of varying degrees, paralysis, and more. This is an under-report, similar to estimates in the VAERS system. To the best of our knowledge, the MOH has not commented on the data of “The Israeli People’s Committee”, and no effort was made to synchronize information.

It is recommended (though not easy) to watch the documentary “Testimony Project” (English subtitles); All interviewees

¹²¹ FDA NEWS RELEASE (23.8.21). FDA Approves First COVID-19 Vaccine; Approval Signifies Key Achievement for Public Health. <https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine>

¹²² Yaffa Shir-Raz (9.12.21). The American VAERS system: 52 reports of child deaths - 46 of them in the Pfizer vaccine. Real Time. <https://bit.ly/3lzgFEZ>

¹²³ Yaffa Shir-Raz (17.12.21). The CDC reports 8 cases of myocarditis in children aged 5-11 after Pfizer vaccination. 58 reported side effects at these ages were classified as severe. <https://bit.ly/3p4mvqr>

¹²⁴ The Israeli People's Committee. <https://rb.gy/okesoy>

¹²⁵ The Israeli People's Committee. https://www.the-people-committee.com/files/ugd/3db409_e6f4bfd39ca24558a6f6473598a79840.pdf

are not “anti-vaxxers”, but citizens who faithfully acted in accordance with the MOH recommendations, got COVID injections and were injured.¹²⁶

*

Moreover, it turns out that Pfizer’s secret formula (the Coca-Cola of Epidemiology) has been changed, and the substance currently injected into adults and children is not the substance that received approval. According to Dr. Yaffa Shir-Raz (29.11.21)¹²⁷, “Already in September, the American Medical Association updated unique codes for the new formula – for both children and adults. Pfizer executives admitted at an FDA hearing that the new formula has never undergone clinical trials” (ibid.). The change in the formula, designed to improve the stability and shelf life of the vaccine, is expressed in the “buffer” component (buffer: a solution designed to maintain the balance between the acidic and basic salts in the concoction). The buffer used in the experiments was PDS and the new buffer is tromethamine (Tris). The new formula has not been tested on humans or animals. This issue was not considered by the PRT before approving the experimental treatment for children.

On 10.9.21, attorneys Irit Yankovich and Rotem Brown appealed to the Ministry of Health, on behalf of the “The Israeli People’s Committee”, under the Freedom of Information Law, regarding the composition of the vaccine and monitoring processes, due in part to the fact that the information does not appear on the vials. Seemingly, the product is marketed in violation of the Israeli Pharmacists’ Ordinance.¹²⁸ Eventually, MOH’s admitted (23.3.22) that it did not make any independent laboratory tests of the vaccine before it was forcibly injected into 6 million citizens. The state admitted it has not checked anything, but claimed someone else (Pfizer) made the necessary tests. Hence, Israel examined only Pfizer’s documents and not the preparation itself. When the attorneys demanded to see

¹²⁶ The testimonies project - The Full Movie (English) (3.10.21); <http://www.vaxtestimonies.org/en/>

¹²⁷ Yaffa Shir-Raz (29.11.21). Exposure: Under the Radar, Pfizer’s Vaccine Formula Also Changed for Adults - Not Just for Children’s Vaccines | *Real Time*. <https://rb.gy/pkbzt0>

¹²⁸ Adv. Irit Yankovich, Post (Request via Freedom of Information). <https://rb.gy/hoprzy>

Pfizer's lab documents, the State claimed it was Pfizer's "trade secret."¹²⁹

Such issues were relevant to the authorization process. The fact that PRT members refrained from such discussions is indicative of the quality of the approval process.

*

We allow ourselves to make **another scientific hypothesis** that, as time goes on and more data pertaining risks will be revealed (costs), effectiveness will turn out to be lower than initially predicted (initially it was thought that "two shots will suffice"¹³⁰; An "expert" who frequently appeared in the media anticipated at the time that "the third vaccine may be sufficient for life"¹³¹). In our estimation, anyone who understands the data differently is deceiving themselves. In such circumstances, the decision to "vaccinate" young children, as well as the "Green Pass" policy, cannot be explained by the facts alone (scientific/medical), before these issues are even discussed from relevant bioethical aspects (Nuremberg Code; UNESCO Universal Declaration on Bioethics and Human Rights; Helsinki Rules [Public Health Ordinance — Experiments on Humans]; Israeli Patient Rights Law).

10. Side Effects (b)

The phrase "side effects" might be misleading, as it normalizes *iatrogenic* health challenges (Iatrogenesis: injuries and diseases caused by the medical treatment itself). In previous generation vaccines, it was explained that "side effects" are a natural phenomenon, when the body deals with the disease, although some "side effects" commonly originate from the "adjuvants" or the preservatives in vaccines. The Pfizer "vaccine" does not cause disease, but causes the body to produce spike proteins. This means that "side effects" are either (A) evidence of toxicity of the spike proteins themselves (hence one must ask whether it was a good idea to turn

¹²⁹ Irit Yankovich and Rotem Brown (19.5.22). FB update. <https://rb.gy/5dioih>

¹³⁰ Neta Bar (28/6/21). US research: Pfizer and Moderna vaccines may be effective for life. Israel Hayom. <https://rb.gy/e1lbpb>.

¹³¹ Prof. Galia Rahav: "Perhaps the third vaccine will last a lifetime", Maariv Online 06/08/2021. <https://www.maariv.co.il/corona/corona-israel/Article-857681>

muscle cells into viral-protein production plants), or (B) evidence of other health disruptions due to other factors in the experimental concoction.

There is evidence for the relevance of Option [A] side effects, according to which even if the replication capabilities of the virus are removed, the spike protein still has a major detrimental effect on vascular cells, due to its ability to bind to ACE2 receptors.¹³² This fact does not rule out option [B]. In any case, these are symptoms of poisoning, while the mechanisms of toxicity have not yet been investigated. Instead, the epidemiological study zooms out, arguing that at the population level, there is no evidence of an excess risk relative to the norm of “side effects” (despite the accumulation of evidence), a fact that necessitates a re-examination of this concept, which may be nothing more than a whitewashing of toxicity findings.

11. Side Effects (c): "There is No Connection to the Vaccine"

Numerous reports indicate that alleged victims of side effects (or their families) encounter mistrust in the health care system, which tends to presume that “there is no connection to the vaccine.” Such responses were already recorded with respect to previous vaccines. Health experts tend to speculate that such claims by laymen (ordinary people, not “experts” who understand science) include simple misunderstandings of the epidemiological and methodological context. According to the official version, in any given time, numerous health events naturally occur, such as heart attacks, strokes, sudden deaths, etc. We therefore shouldn’t confuse correlation (one event after another) with causation (event A caused event B). Since most Israeli adults received the concoction, many natural events will occur close to the time of vaccination. The experts are right, but adverse events that occur in close proximity to injections necessitate raising hypotheses and testing them, according to which, there may be causal connections to the vaccine.

¹³² Salk Institute (30/4/21). THE NOVEL CORONAVIRUS’ SPIKE PROTEIN PLAYS ADDITIONAL KEY ROLE IN ILLNESS; Salk researchers and collaborators show how the protein damages cells, confirming COVID-19 as a primarily vascular disease <https://www.salk.edu/news-release/the-novel-coronavirus-spike-protein-plays-additional-key-role-in-illness/>

Zhongming, Z., Linong, L., Wangqiang, Z., & Wei, L. (2021). The novel coronavirus' spike protein plays additional key role in illness. <http://resp.llas.ac.cn/C666/handle/2XK7JSWQ/324601>

The position that precludes the possibility of adverse reactions from vaccines might create scientific biases that could delay identification of health challenges related to vaccination campaigns, as evidenced by claims appearing in the first side effects Report of The Israeli People's Committee¹³³ (April 2021), titled "Never has a vaccine injured so many".¹³⁴ According to the report, Israel systematically silenced and shut down all surveillance and monitoring systems:

"The silencing mechanisms of the Israeli health system regarding the adverse events related to the corona vaccine, and the denial of their severity and worrisome scope, combined with the fact that the mainstream media in Israel have ignored adverse events and avoided reporting them, have created a situation whereby the Israeli public is almost completely unaware of the existence, nature and prevalence of the post-vaccination adverse events. This vagueness that exists among the Israeli public with respect to the vaccine-related adverse events prevents citizens from receiving all the information they need to make a balanced and responsible decision about the vaccination. Moreover, it raises the concern that the lack of contraindications for susceptible populations to the vaccine has unnecessarily harmed the citizens to the point of needless mortality."

Healthcare professionals may be trapped in an atmosphere of suspicion that any criticism is irrelevant, misdirected or intended to sabotage required COVID efforts, on the part of those who "do not believe in science" or feed on misinformation, disinformation, or false (fake) information. This creates predisposition to deny the reality, severity or significance of adverse reactions: "side-effects denial" or "reality denial".

12. Nocebo Effects and "Side Effects"

¹³³ The Israeli People's Committee (NGO) <https://www.the-people-committee.com/english>

¹³⁴ The Israeli People's Committee Report of Adverse Events Related to the Corona Vaccine (May 2021): Never has a vaccine injured so many. https://www.the-people-committee.com/files/ugd/3db409_fe2169ea0ce643f0855453af968088ae.pdf

Not all “side effects” reported at the Pfizer mRNA trials were physical injuries. For many the culprit seems to be NOCEBO effects (Latin: “I shall harm”).¹³⁵ The nocebo effect is the (negative) counterpart of the placebo effect, where expectations for healing via treatment or medication create health improvements of about 35% among control groups’ participants in clinical trials. Because of the Placebo phenomenon, all clinical trials include a “control” group (often inaccurately referred to as “placebo”).

Medical drugs are considered efficacious if proven more effective than the placebo. A nocebo effect is created when negative expectations arising from clinical treatments may yield negative results. For example, information about possible side effects might yield adverse reactions. The nocebo response is affected by the content and manner in which information is presented to patients, and it may adversely affect quality of life and the continuation of treatment, so clinicians are required to minimize these responses as much as possible to prevent, for example, anxiety (panicogenic or anxiogenic),¹³⁶ due to negative verbal suggestions that provoke pre-anxiety about pain (evidence of the important role of cognition and consciousness in the therapeutic outcome). Verbal communication (“do not think of a white elephant”) and non-verbal communication by physicians can elicit a nocebo response, issues that raises complex questions about “informed consent”, which requires caregivers to know how to frame information in a positive way.¹³⁷

This well documented phenomenon (Howick, et al, 2018)¹³⁸ was analyzed with regard to the Pfizer adults’ mRNA trials (Haas, 2022).¹³⁹ A review of 12 articles with AE reports (for 45380 participants—22578 placebo [control] recipients and 22802 vaccine recipients) reveal that,

¹³⁵ Colloca, L., & Miller, F. G. (2011). The nocebo effect and its relevance for clinical practice. *Psychosomatic medicine*, 73(7), 598.

¹³⁶ Benedetti, F., Lanotte, M., Lopiano, L., & Colloca, L. (2007). When words are painful: unravelling the mechanisms of the nocebo effect. *Neuroscience*, 147(2), 260-271.

¹³⁷ Planès, S., Villier, C., & Mallaret, M. (2016). The nocebo effect of drugs. *Pharmacology research & perspectives*, 4(2), e00208.

¹³⁸ Howick, J., Webster, R., Kirby, N., & Hood, K. (2018). Rapid overview of systematic reviews of nocebo effects reported by patients taking placebos in clinical trials. *Trials*, 19(1), 1-8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6288933/>

¹³⁹ Haas, J. W., Bender, F. L., Ballou, S., Kelley, J. M., Wilhelm, M., Miller, F. G., ... & Kaptchuk, T. J. (2022). Frequency of Adverse Events in the Placebo Arms of COVID-19 Vaccine Trials: A Systematic Review and Meta-analysis. *JAMA Network Open*, 5(1), e2143955-e2143955. <https://rb.gy/7tirmo>

“...After the first dose, 35.2% ...of placebo [control] recipients experienced systemic AEs, with headache ...and fatigue ... being most common. After the second dose, 31.8% ...of placebo [control] recipients reported systemic AEs. The ratio between placebo and vaccine arms showed that nocebo responses accounted for 76.0% of systemic AEs after the first COVID-19 vaccine dose and for 51.8% after the second dose. ...”

The researchers did NOT focus on the rarer and more serious side effects, myocarditis or blood clots etc. but on the “mild” symptoms such as headaches, weakness and fatigue, and nasal effects. From these results we learn additional significant facts: (1) At least 30% of vaccine recipients actually suffered from common side effects (unaccounted for by the nocebo effect) and this means the suffering of millions, nowadays including children. Not a trivial matter.

It should also be noted that in real life, unlike the control group, the ‘unvaccinated’ do not even have to go to clinics for getting a shot, so their condition is better compared both to the vaccine and control (placebo) groups in the clinical trials, both of whom are subjected to the nocebo effect.

It might also be argued that *PH “panic” policies, the opposite of positive psychology* (discussed in section 2), *also necessarily involve risks of nocebo iatrogenic effects.*

13. The Unasked Question: Health

The discussion of “efficiency” versus “safety” obscures the main parameter that should have been discussed: Will children be “healthier” after receiving the concoction, when today the forecast is that they will have to receive multiple doses of it? The institutional discussion ostensibly assumes that if a child has not “fallen in the statistics” (had severe adverse reactions), then the **gamble** has been successful and he is “healthier”, in the sense of being allegedly “protected”.

This assumption must be debated, for the simple reason that medical treatment (including preventive treatments such as injections) might be detrimental to health. The assumption that it is permissible and necessary to “program” muscle cells of children to produce foreign viral proteins (virus in Latin: poison), without

harming health, is not scientifically proven; Pfizer's experiment was not designed to prove such claims.

The present discussion deals only with mRNA vaccines, but this question regards also routine vaccines, which might cause (each of them separately, and certainly all together) a negative contribution to overall individual health,¹⁴⁰ as seemingly evidenced by data showing that children in the US (the most vaccinated in the world in terms of vaccine doses up to the age of 18) are the sickest in the developed world in terms of chronic symptoms, autoimmune diseases, allergies, developmental problems (including ADHD), and the like.¹⁴¹

14. Interim Summary: The Consensus

The consensus in regulatory agencies in the United States and in Israel cannot be explained by the data alone. Therefore the "consensus" itself becomes a question: what creates or enables the consensus among experts? We regard "the rule of experts" and group thinking as part of the explanation, discussed separately in an article concerning the "new paradigm" of public health.¹⁴²

The data show that the risk from the disease for children and young people is practically miniscule, compared with the risk of suffering from "side effects" or AE (adverse events), which is NOT insubstantial and probably even unprecedented in comparison with other vaccines or drugs, a fact that requires extreme caution. Many have already been severely affected by the vaccine (including relatives and friends of authors of this paper), so the question arises whether it was appropriate to approve this vaccine, let alone recommend it to children, to seduce them with "temptations" (ice cream, alcohol, trophies & freebies), to frighten them and their parents to accept this

¹⁴⁰ It is recommended in this context to watch the video Do Vaccines Make Us Healthier? (2020), based on studies comparing vaccinated and non-vaccinated children, including links (on the film page) to the original studies. Video link: <https://vimeo.com/566367078?fbclid=IwAR3fy7P5makIQxpoySwa0 tW0Um5mxxV0 itjvnVtNAh2cGGrZ3I AL-0FhY>

¹⁴¹ The SICKest Generation: The Facts Behind the CHILDREN'S HEALTH CRISIS and Why It Needs to End (2018). CHD. <https://ttfuture.org/files/file-uploads/pages/generation-sick-ebook.pdf>

¹⁴² Mishori D. and Avi-Isaac D. (2022). The Green Pass and the Collapse of Liberal Bioethics: The "New Paradigm" of "Public Health" (response to a response to a response, by Hagai Boaz and Nadav Davidovich). Bioethics Bulletin 23. [Hebrew] <http://bioethicsnews.zefat.ac.il/inner.aspx?id=477&cat=79>

novel treatment and even use “incentives” such as quarantines and the Green Pass.

It should be noted that we regard the decision to “vaccinate” **recovering persons** and children as **further evidence of serious deficiencies in the “consensus” experts’ judgment**, especially (again) when the “vaccine” is linked to the Green Pass. The risk of infection for recovering patients is small, and they have already shown resistance to the virus, meaning they are not in any *personal* risk. Moreover, the Israeli MOH refrained from identifying the “recoverees” (via serological tests) for a long time. When serological tests were allowed, around summer 2021, it was ridiculous, as these tests can detect antibodies (evidence of recovery) up to four months from infection (whether there was an illness, or an asymptomatic event), while COVID-19 has been with us for about two years. In other words, a criterion is used that makes recovery expire, even though the immune system remembers.

According to data from the MOH, at the end of November, 22% of children in Israel (277,831 children out of about 1.2 million) were “recoverees”;¹⁴³ This is in relation to a disease that is usually asymptomatic in children, so many parents were in no hurry to “test” the children (with unreliable PCR tests), meaning that the true number may be much higher (double? More?). The large number of recoverees among children could have been the basis for a “natural” herd immunity policy: Allow young and healthy people to become infected (as suggested in Israel by the “Common Sense Model” and PECC experts, at the beginning of the pandemic), instead of a “vaccinated/injected herd” with preventive treatments that expire within a few months.

The above discussion focused on considerations of necessity, efficiency, and safety. In the next section we will briefly mention additional bioethical considerations.

¹⁴³ Meital Yasur Beit-Or (23/11/21). Health Minister Nitzan Horowitz in the children’s immunization campaign: “There is no reason to expose them to the disease” <https://www.israelhayom.co.il/health/article/5840094>

Part Three: Bioethical Considerations

15. Bioethical Considerations (a)

- A. Since the mRNA Pfizer vaccine has not been tested on animals, its use on humans constitutes an experiment and therefore its use **is contrary to section 3 of the Nuremberg Code (!)**¹⁴⁴
- B. The vaccine has not been tested on recoverees, adults or children, so recommending this treatment for them (recoverees were instructed to get at least one dose) also constitutes an undeclared “experiment”, and thus a violation of the Nuremberg Code.
- C. The clinical trials included two shots only; therefore recommendations of third (“booster”) and fourth shots (mega-booster? Super-duper booster?), also constitute an undeclared “experiment”, and thus violate the Nuremberg Code.
- D. Any medical intervention requires justification. In the case of the children, who are generally not at any significant risk from COVID-19, no sufficient justification was presented, beyond “herd immunity”.
- E. The mass vaccination with mRNA is a (failed) experiment in achieving “herd immunity” with a vaccinated herd and is therefore a violation of the first rule of the Nuremberg Code (voluntary and informed consent to participate in medical trials).

In the months leading up to the vaccine’s approval, “experts” in the media explained that without “vaccinating” (injecting) most of the children there would be no herd immunity. Apparently (**a scientific hypothesis**), current mRNA technology cannot prevent the spread of viral diseases in the respiratory tract (notwithstanding, most “infected” are asymptomatic), as outbreaks in the most vaccinated places prove. Thus, the “vaccinated-herd immunity” is probably nothing but an unsubstantiated **scientific myth** in the present context, and an undeclared **mass experiment** in public health on humans.

¹⁴⁴ The Nuremberg Code (1947), BMJ 7070 Volume 313: Page 1448 (1996). [https://media.tghn.org/medialibrary/2011/04/BMJ No 7070 Volume 313 The Nuremberg Code.pdf](https://media.tghn.org/medialibrary/2011/04/BMJ%20No%207070%20Volume%20313%20The%20Nuremberg%20Code.pdf)

- F. Administrating mRNA to children under “incentives” such as the green pass (vaccine) passports) violates the basic principles of the UNESCO declaration on bioethics and human rights (2005); Corona policies at large practically **abolish** the UNESCO declaration¹⁴⁵ as “a canon”¹⁴⁶ for our age and represent a total collapse of liberal (individuals’ rights based) bioethics, at least with respect to PH policies.
- G. The administration of the concoction to children (and adults) constitutes an undeclared **double experiment** in (1) herd immunity and (2) in the concoction itself, and therefore constitutes a gross violation of the Helsinki rules (Israeli Public Health Ordinance 1980 — Experiments in Humans)¹⁴⁷.
- H. The **Precautionary Principle** was supposed to prevent mass vaccination, and certainly of most of the children, with a concoction whose long-term effects and consequences are unknown. One can only hope that all our loved ones will evade the statistics, which are more alarming than most consensus-experts are willing to admit.
- I. The current policy is akin to a statement that **Murphy’s Law**¹⁴⁸ doesn’t apply to vaccine safety (Murphy’s Law is a humorous rule that in any given situation, if there is a chance that something can go wrong, it will go wrong). Public health policies seem to presume that no unknown or adverse unintended consequences might occur, an unscientific position.
- J. Children should not be used as a means for the health of others: neither of the “herd” nor of grandparents; This is a violation of the second formulation of the Kantian categorical imperative: “Act in such a way that you treat humanity, whether in your own person or in the person of any other, never merely as a means to an end, but always at the same time as an end” (Immanuel Kant, Groundwork of the Metaphysic of Morals, 1785).

Therefore, the argument for injecting children in the name of “herd immunity”, or in order to reduce infection or

¹⁴⁵ UNESCO (2005). Universal Declaration on Bioethics and Human Rights <https://unesdoc.unesco.org/ark:/48223/pf0000146180>

¹⁴⁶ Trotter, G. (2009). The UNESCO Declaration on Bioethics and Human Rights: A canon for the ages?. *Journal of Medicine and Philosophy*, 34(3), 195-203.

¹⁴⁷ Public Health Regulations (Medical Experiments on Humans), academic year of 1980-1981. <https://www.health.gov.il/LegislationLibrary/Briut18.pdf>

¹⁴⁸ “Anything that can go wrong, will go wrong.”

contagion, is in **direct violation** of the Kantian categorical imperative.

The fact that the Pfizer’s mRNA formula has not been shown to prevent infection or contagion (nor was the experiment designed to prove it), and was still promoted under this pretense, is a **grotesque** violation of Kantian ethics.

- K. Moreover, the focus on young children and adolescents is unethical due to the fact that they are considered by Israeli law as **minors and helpless**, a fact that raises serious concerns about major violations of the Israeli law in this matter.¹⁴⁹ Young children are not able to carry out an orderly “informed consent” procedure, and their parents were also exposed to improper “incentives” and social pressures and persuasion according to which it is legitimate and even right to use their children’s bodies for “public health” goals.
- L. There were two other justifications in the media for children’s vaccinations: exemption from quarantine (which indeed causes children severe distress), and the ability to travel abroad without restrictions. A senior medical director stated that “one of the main purposes of vaccinating children is to allow them to avoid quarantine.”¹⁵⁰ These expressions of “need” are nothing but the consequences of the COVID-19 policies, not “health” needs. If PH limitations and “incentives” are removed, such “needs” for vaccines disappear.

Essentially, “encouraging” the use of the concoction (through the Green Pass, pizzas, monetary rewards, etc., as practiced in Israel) violates the principle of informed consent and violates the principle that parents are given free and full discretion regarding the health of their children;

For example, according to one study, the “Green Pass” or “mandatory COVID-19 certification (showing vaccination, recent negative test, or proof of recovery)” increased the rate of COVID vaccination in six countries, including Israel.¹⁵¹ The

¹⁴⁹[https://www.molsa.gov.il/Populations/Disabilities/Lists/List1/Attachments/5/LawOnshin\[1\].pdf](https://www.molsa.gov.il/Populations/Disabilities/Lists/List1/Attachments/5/LawOnshin[1].pdf)

¹⁵⁰ Meirav Cohen (27/10/21). Paediatricians: “We understand parents who are afraid to vaccinate, our job - to give the answers” <https://news.walla.co.il/item/3467669>

¹⁵¹ Mills, M. C., & Rüttenauer, T. (2022). The effect of mandatory COVID-19 certificates on vaccine uptake: synthetic-control modelling of six countries. *The Lancet Public Health*, 7(1), e15-e22. <https://www.sciencedirect.com/science/article/pii/S2468266721002735>

difference between the immunization rate before the Green Pass and afterward reveals the magnitude of **medical “rape”** (a recurring expression among some vaccinated on social networks).

- M. Financial incentives given to physicians, healthcare providers, and professionals to advance vaccination *disrupt the informed consent process in terms of the ability to consult experts reliably.*
- N. Presenting the risk to children as greater than the data shows and concealing or downplaying the extent of “adverse events” and their significance (any usage by authorities or experts of the phrase “safe and effective”), prevent free and informed decision-making.
- O. The accumulation of evidence of widespread side effects suggests a major breach of the “*First, do no harm*” *commandment* (*primum non nocere*); Side effects are *iatrogenic* processes: the sickening of the population, the scope and meaning of which are denied and silenced.
- P. The seeming absolute exemption from responsibility (liability) granted by the blackened contract to the manufacturer in case of damages—which creates disconnection between profit (of the manufacturer) and liability (in case of damage)—constitutes a moral hazard in its own right and a threat to public health.
- Q. Any individual use of the concoction, against the background of the Green Pass policy, might be interpreted (by experts and policy makers) as silent consent to policies of *medical apartheid* and coercion (making the un-vaccinated an oppressed minority), and should therefore in itself be considered by individuals whether to use this technology, as long as such policies persist.
- R. Current PH policies violate scientific and academic ethics. The hiding and denying of scientific controversies via claims of “consensus” totally disrupt the critical and skeptical foundations of science and are contrary to the Mertonian Norms¹⁵² of *disinterestedness* and *organized skepticism*.
- S. Apparent failure of the so-called “evidence-based medicine” (EBM).
- T. Loss of public trust in health, state, and global institutions.

¹⁵² For discussion of Mertonian Norms, see: Anderson, M. S., Ronning, E. A., Vries, R. D., & Martinson, B. C. (2010). Extending the Mertonian norms: Scientists' subscription to norms of research. *The Journal of higher education*, 81(3), 366-393.

- U. The framing of criticism as illegitimate heresy, and portraying critics as “opponents,” “conspiracy theorists,” “deniers,” and the like, contradicts Merton’s norm of *communality* and constitutes medical McCarthyism. **Science conducted in such ways cannot be trusted.**
- V. The “consensus” on vaccinating children, as portrayed above, seemingly violates two concepts of Jewish law: (1) “*Geneivat daat*”¹⁵³ and (2) “*Lifnei iver*”.¹⁵⁴
“*Geneivat daat*” is the prohibition against misleading others and causing them to think wrongly about a certain issue; “*Lifnei iver*” (“Thou shalt not put an obstacle before the blind”) forbids the exploitation of the blind. A broad interpretation of this *Mitzvah*¹⁵⁵ speaks of the prohibition against giving misleading advice to a person on matters he does not understand.

16. Additional Bioethical Considerations

- A. Faulty educational and health messages (1); The country’s systems work to internalize a distorted message that “health” (even of young and healthy people) is a matter of using high tech industrial pharmaceutical technologies and synthetic materials, produced in laboratories and factories, instead of strengthening the natural immune system with proper nutrition, exercise and environmental quality—quality of *HaMakom/place*¹⁵⁶.
- B. Faulty educational and health messages (2); The system educates children to fear bacteria and viruses, with overemphasis on sanitation and hygiene, at a dose that before COVID-19 would have been assessed as obsessive-compulsive behavior (OCD) and/or hypochondria.¹⁵⁷

¹⁵³ https://en.wikipedia.org/wiki/Geneivat_daat

¹⁵⁴ https://en.wikipedia.org/wiki/Lifnei_iver

¹⁵⁵ <https://en.wikipedia.org/wiki/Mitzvah>

¹⁵⁶ In Hebrew, *HaMakom* literally means “The Place” and also “God”, perhaps in the sense of “The Omnipresent”.

<https://en.wikipedia.org/?title=Makom&redirect=no> ; redirected:

https://en.wikipedia.org/wiki/Names_of_God_in_Judaism

¹⁵⁷ Humans exist as organisms that include an internal and external biota, which in the right balance do not contradict and even constitute conditions for healthy living.

- C. The emphasis on viruses is a denial of the environmental, life-style and circumstantial causes of morbidity and mortality, which often (statistics) are what make the difference between mild disease (and even asymptomatic infection) and life-threatening events.
- D. Activating “incentives” for “immunization” creates distinction, stigmatization, separation, exclusion, sanctions and discrimination between vaccinated and unvaccinated children; A social environment is created based on inequality (vaccinated vs. unvaccinated) and complete disruption (medical misinterpretation) of concepts such as solidarity and empathy.
- E. Severe psychological harm due to daily socio-normative pressures. The new “vaccinated class” causes feelings of inferiority, humiliation, shame, distress and mental-psychological harm to children from the new “ostracized” class: the unvaccinated, including in relation to their parents. Using incentives [pizza, entering a party, etc.] causes severe moral damage and a feeling of inferiority; In the past, if a child was not invited to a birthday party by her classmates, parents and teachers would say “it is forbidden to exclude ... the whole class must be invited ...”. Today an exclusion of unvaccinated children is the new norm dictated by the Ministries of “Health” and “Education”.
- F. Loss of privacy, violation of medical secrecy.
- G. The medical classification [Green Pass] is reminiscent of *Social Ranking*, similar to the Chinese model, and might serve as an integral part of such systems in alleged “liberal” states, totally disrupting democratic and libertarian principles.
- H. Concerns should be given to prospects of dependency on recurrent vaccination due to social mechanisms such as the Green Pass.
- I. Reinforcement of *trans-humanist values* (a “person” is considered as such only if they have undergone a technological medical “upgrade”; a non-upgraded person [or one with an expired upgrade] is not entitled to enjoy full individual rights.
- J. Concerns of undermining the doctrine of self-ownership (the basis for John Locke’s theory of liberal “natural” rights), in case future legislation or rulings will determine that an “upgraded” person (genetically, immunologically) is a carrier of biological/genetic/corporate software that constitutes

intellectual property, similar to rulings that allowed for patents on genetically modified (or genetically characterized) living beings (currently all but humans). Scenarios of human rights' enclosure are not impossible in a world based on sanctifying corporate intellectual property (IPRs) and on suspending individuals' rights on grounds of "public health".¹⁵⁸

K. Also, in a future legal context, mRNA technology could create chimeric [trans-human] creatures that lack rights.

17. Vaccine "Hesitancy" Discourse

To our best judgment, the notion of vaccine "hesitancy"¹⁵⁹ is often used to camouflage "safety" issues. This alleged phenomenon was characterized by a WHO working group on immunization (SAGE) that prepared a "review" in March 2012 advancing a "relatively new field of research on vaccine hesitancy".¹⁶⁰

Vaccine "hesitancy" was defined as "delay in acceptance or refusal of vaccination despite availability of vaccination services" and was described as influenced by "factors" such as "complacency, convenience and confidence"¹⁶¹. In other words, the very definition of "hesitancy" precludes concerns about safety and regards all "hesitations" as issues of "trust", "lack of confidence", and other psychological factors. According to a recent article by Israeli scholars,¹⁶²

"Scientists often imagine that vaccine hesitancy is primarily the result of a knowledge gap: if the right knowledge is provided, the gap will be bridged, the

¹⁵⁸ Mishori D. (2014). Reclaiming Commons Rights: Public Ownership, Human Rights and Future Generations. *Journal of Law and Ethics of Human Rights* 8 (2): 335-366.

¹⁵⁹ Dubé, E., Laberge, C., Guay, M., Bramadat, P., Roy, R., & Bettinger, J. A. (2013). Vaccine hesitancy: an overview. *Human vaccines & immunotherapeutics*, 9(8), 1763-1773.

¹⁶⁰ Schuster, M., Eskola, J., & Duclos, P. (2015). Review of vaccine hesitancy: Rationale, remit and methods. *Vaccine*, 33(34), 4157-4160.

¹⁶¹ MacDonald, N. E. (2015). Vaccine hesitancy: Definition, scope and determinants. *Vaccine*, 33(34), 4161-4164.

¹⁶² Rosen, B., Waitzberg, R., Israeli, A., Hartal, M., & Davidovitch, N. (2021). Addressing vaccine hesitancy and access barriers to achieve persistent progress in Israel's COVID-19 vaccination program. *Israel journal of health policy research*, 10(1), 1-20.

logical conclusion will readily become apparent, and the rational decision-making process will kick in and override the emotional, illogical, misinformed position previously held. It has become increasingly clear that vaccine hesitancy cannot be fully addressed just by restating the facts. ...anti-vaccination attitudes [are] highest among those who exhibited conspiratorial thinking and those with a low tolerance for impingements on their freedoms.. Razai and colleagues note that higher-than-average rates of vaccine hesitancy among ethnic minorities are believed to be due in part to ‘the historical mistrust of government and public health bodies that runs deep in some ethnic minority groups’.” (p. 8)

Hence, the general narrative is that there is both (a) a “knowledge gap” and (b) the need “to override the emotional, illogical, misinformed position”, that cannot be fully addressed just by “restating the facts” since vaccine sceptics exhibit “conspiratorial thinking” and “historical mistrust of government and public health bodies”. Such framings preclude rational critical discourse on vaccine safety since it is presumed that the “facts” totally support the standard orthodox viewpoint. In Israel, COVID vaccine “hesitancy” was described as unfounded since the Israeli program used the Pfizer vaccine which allegedly was “not affected by the safety concerns regarding the AstraZeneca and Johnson & Johnson vaccines that appear to have affected uptake in many other countries” (ibid, p. 5). We regard facts cited above about the Pfizer jabs as contradicting this statement.

At the beginning of 2019, “vaccine hesitancy” was described by the WHO as one of the top ten threats to public or global health (WHO, 2019)¹⁶³. We have argued in 2019 (i.e., prior to the new COVID challenges) that “vaccine hesitancy” *framing* (rather than “phenomenon”) is a “chilling example” of vaccine-catered “ethics”, which amounts to outright *incitement* against any vaccine skepticism in any context and *suppression* of vaccine-safety related issues

¹⁶³ Scheres, J., & Kuszewski, K. (2019). The Ten Threats to Global Health in 2018 and 2019. A welcome and informative communication of WHO to everybody. *Zeszyty Naukowe Ochrony Zdrowia. Zdrowie Publiczne i Zarzadzanie*, 17(1), 2-8.

(Mishori, 2019: 25)¹⁶⁴. Tellingly, despite data revealing safety and ethical issues with COVID vaccinations, the “hesitancy” framework still dominates the standard orthodox medical narrative:

“COVID-19 vaccine hesitancy will pose substantial risks for both people who delay or refuse to be vaccinated and the wider community. It will make communities unable to reach thresholds of coverage necessary for herd immunity against COVID-19, thus unnecessarily perpetuating the pandemic and resulting in untold suffering and deaths.”¹⁶⁵

Hesitancy is portrayed by the authors as “pervasive, misinformed” and “contagious”, and as a threat to individual and collective health. The argument that COVID vaccine hesitancy prevents communities from reaching “thresholds of coverage necessary for herd immunity” and that it is “unnecessarily perpetuating the pandemic and resulting in untold suffering and deaths” portrays the “hesitators” as outright social/epidemiological threats and enables using them as scapegoats in case herd immunity via mRNA vaccines is unattainable, or in case the pandemic persists (or seemingly persists) despite widespread vaccination.

18. Appeal to the Supreme Court of Justice

On 23.12.21, Adv. Ronit Liran-Shaked filed an appeal to the Israeli Supreme Court of Justice (8839/21)¹⁶⁶ against the MOH (and Pfizer), regarding the “completely unreasonable” decision to give Pfizer’s mRNA injections to the entire population (“as a very dangerous drug that causes catastrophic damages”), and to “declare

¹⁶⁴ Mishori, D. (2019). Water Keepers, Fluoridation and the Rule of Experts: Bioethical implications of Disciplinary Science. *Eubios Journal of Asian and International Bioethics*, EJAIB Vol. 29 (1): 18-27.
<http://www.eubios.info/EJAIB12019.pdf>

¹⁶⁵ Wiysonge, C. S., Ndwandwe, D., Ryan, J., Jaca, A., Batouré, O., Anya, B. P. M., & Cooper, S. (2021). Vaccine hesitancy in the era of COVID-19: could lessons from the past help in divining the future? *Human vaccines & immunotherapeutics*, 1-3.

¹⁶⁶ Adv. Ronit Liran-Shaked (23.12.21). appeal to the Supreme Court of Justice (8839/21), and accompanying documents and appendices [Hebrew]: [Bit.ly/RLS Bagaz Pfizer Vaccine](https://bit.ly/RLS_Bagaz_Pfizer_Vaccine)

the concoction [התכשיר] a medical experiment according to national laws”, arguing that the MOH gives zero weight to considerations relevant to the protection of the individual (safety, effectiveness, and informed consent), as opposed to “pandemic eradication” considerations.

We examined the petition documents, which were written in an exemplary manner, and in our view they should have been discussed and even deserved to be accepted. This was another test for the High Court, after failing all previous tests regarding the protection of individual rights against medical coercion in recent years (Mishori, Ozer & Weizmann, August 2020) (Mishori and Liran-Shaked, March 2021 [Masks]).

On January 6, 2022, the Supreme Court rejected the petition, and even ordered the petitioner to pay NIS 5,000 “expense” to the state, arguing that an “established case law” determines “that this court does not put itself in the shoes of the competent administrative authority and does not replace its judgment, and even more so when it comes to issues of medical expertise.” As far as the High Court is concerned, the MOH is an “expert” with which the court does not intervene in its professional considerations. This decision ignored the facts that the petition dealt with the de facto abolition of the requirement for informed consent, and the claim that the MOH is making an experiment on human beings as defined by law in Israel (bioethical and legal issues in which the MOH has no special expertise)—i.e., not medical-professional issues.

It is worth noting that the High Court judges contradicted themselves, as they argued in the ruling that “false news cannot serve as a basis for administrative criticism of the competent authorities”. Hence the judges allowed themselves to distinguish between truth and falsehood (Fake), i.e., to rule “on matters of medical expertise.” The judges did not give examples of “false news” in the petition.

The rejection of this petition is another stain on the Israeli High Court, which for its own reasons generally refrain from overruling “experts” decisions, especially with regard to the MOH, thus avoiding interference even in issues that might involve risks of serious injury and death to adults and children, and even in cases of alleged breaches of human rights and the Israeli Patients’ Rights Law. Moreover: The Supreme Court’s seems to embrace *judicial scientism*, making “science” and “medicine” immune to judicial criticism. As

already been noted, “scientism”¹⁶⁷ is a belief in science, or rather: a belief in what experts and scientific authorities say about reality in the name of science.

19. Discussion

An earlier Hebrew version of this paper was published on Mars 2022, in a bioethics newsletter¹⁶⁸ distributed in a mailing list of more than 5,000 recipients, including most Israeli physicians and lawyers interested in the meeting points between medicine, law and ethics, including most senior public health officials.

So far (July 2022) we received only informal responses, meaning that arguments on behalf of children’s safety, bioethics and human rights, are currently met with disinterested disregard by the orthodox establishment and most officials. The silencing phenomenon, or the suppression of scientific discourse on vaccines was already described recently by Elisha et al (2022),¹⁶⁹ but is currently ever more salient with regard to young children, who were supposed to be best guarded by society and its regulators and experts.

Such suppressed discourse has already been allegedly demonstrated in Israel by the SCI-B-VAC scandal. About 428,000 newborns and infants in Israel (children born between 2011-2015) received an experimental hepatitis B vaccine (SCI-B-VAC), which allegedly caused thousands of adverse reactions, including neurological and autoimmune injuries. In 2015, a recall was made, and the scandal broke, and was suppressed since. Urging such children to be vaccinated against covid necessarily involve risks of negative synergies and autoimmune flare-up. Faced with “green-pass” restrictions, SCI-B-VAC parents feared their children might be injured again. The MOH and the PRT refrained from addressing such topics,

¹⁶⁷ “...an exaggerated trust in the efficacy of the methods of natural science applied to all areas of investigation...” “...excessive faith in science”. <https://www.merriam-webster.com/dictionary/scientism>

¹⁶⁸ Mishori D., Avi-Isaac D. & Kreisberg B. (Mars 2022). Experts’ Consensus and Vaccinating Children with mRNA: Scientific and Bioethical Criticism. Bioethics: Zefat Forum of Bioethics Newsletter 23. [Hebrew] <http://bioethicsnews.zefat.ac.il/inner.aspx?id=475&cat=79>

¹⁶⁹ Elisha, E., Guetzkow, J., Shir-Raz, Y., & Ronel, N. (2022, May). Suppressing Scientific Discourse on Vaccines? Self-perceptions of researchers and practitioners. In *HEC Forum* (pp. 1-19). Springer Netherlands. <https://link.springer.com/article/10.1007/s10730-022-09479-7>

despite the fact that it relates to nearly half (!) of the 5-11 target population for the mRNA vaccines.¹⁷⁰

In the meantime, it was revealed that despite the minimal vaccination rates for ages 5-11 (25% by the end of June 2022)¹⁷¹, a new study indicates a 2-4 times higher incidence of side effects from the Pfizer vaccine compared to ages 12-17.¹⁷² The findings of the study, commissioned by the Ministry of Health, were hidden from the public despite being presented to the MOH at the beginning of June 2022, prior to their decision to booster 5-11 olds, and to consider toddlers vaccination. The findings also point to new side effects, some of which long lasting (more than a year).¹⁷³

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The decision to vaccinate the entire population, including children, was promoted using stigmatization and prior disqualification of any critique that expressed different opinions, including apparent denial of the magnitude and significance of side effects. This raises difficult questions about the factual and scientific basis that led Israeli health authorities to repeatedly declare that the vaccines are “safe”, while imposing severe sanctions on those reluctant to get injected with mRNA. We regard such dynamics as exhibiting “rule of experts” dynamics, which disrupt logical and scientific evaluation of socio-medical dilemmas.

¹⁷⁰ For info re the SCI-B-VAC scandal, see: Yaffa Shir-Raz (27.11.19). **A serious lawsuit: "An experimental vaccine was given to hundreds of thousands babies in Israel"**. <https://www.ageofautism.com/2019/11/a-serious-lawsuit-an-experimental-vaccine-was-given-to-hundreds-of-thousands-babies-in-israel.html>; **The Hebrew version of this article was published on Ynet (19.9.18)**. <https://www.ynet.co.il/articles/0,7340.L-5348495,00.html>

¹⁷¹ The percentage of vaccinated in one dose among 12-15 year olds is 65.6%, in a second dose 54.6%, and in a third dose 14.8%; The percentage of vaccinated among 16-19 year olds is 89.3%, in the second dose 78.2%, and in the third dose 45.9%. Source: Yaffa Shir Raz (29.6.22). <https://rb.gy/l2nd95>

¹⁷² Yaffa Shir Raz (29.6.22). Exposure: Despite the minimal vaccination rates for ages 5-11 - A new study that the Ministry of Health hides from the public indicates a 2-4 times higher incidence of side effects from the Pfizer vaccine compared to ages 12-17 | *Real Time*. <https://rb.gy/l2nd95>

¹⁷³ For example, one finding identified a phenomenon called Rechallenge: recurrence or exacerbation of a previous side effect after receiving another dose of the vaccine (e.g., recurrence / exacerbation of menstrual disorders in adolescents after another dose).

The “rule of experts” was a phrase originally coined by Mitchel (2002)¹⁷⁴, but refers to a thesis published in 2019, in two journal articles^{175,176} according to which, the way Science and Academia are currently structured gives excessive power to “experts”, which nest in a semi-feudal inherently subdivided system of disciplinary science. Disciplinary science is inherently “Babylonian” since experts in different disciplines commonly speak different professional languages, and often portray non-experts (lay people or experts in other discipline) as unqualified to understand or to criticise experts’ considerations.

Public Health (PH) was discussed as an example of such dynamics. It was also argued (in 2019, prior to covid events) that within the PH sub-discipline emerged a decades-long tradition of hostility towards criticism (and the use of derogatory framings such as “antifluoridationist” [1953]^{177,178} or “anti-vaxxers” [2001]¹⁷⁹), as well

¹⁷⁴ The “Rule of Experts” was Mitchell’s (2002) critique of modernization in the “developing” world. Based on insights from Egypt, Mitchel argued that the powers of global capitalism and techno-science tend to reproduce their own understanding of the world and criticised the idea that one part of the world could help another through transfer of Technology. See: Mitchell, T. (2002). *Rule of Experts: Egypt, Techno-Politics, Modernity*. Berkeley: University of California Press. For further discussion, see also: Levi R. & Mishori D. (2021). Anupam Mishra, TEK and the Challenge of a “Broad” Water Ethics. *European Society for Engineering Education (SEFI)*. <https://www.sefi.be/2021/12/14/anupam-mishra-tek-and-the-challenge-of-a-broad-water-ethics/>

¹⁷⁵ Mishori, D. (2019a). Water Keepers, Fluoridation and the Rule of Experts: Bioethics, Biohacking, and Disciplinary Science, *Eubios Journal of Asian and International Bioethics* EJAIB Vol. 29 (1): 18-27. <http://www.eubios.info/EJAIB12019.pdf>

Mishori, D. (2019b). The Rule of Experts: Academic Freedom, Professional/Academic Ethics and Disciplinary Science. *Social Ethics Society Journal of Applied Philosophy* 5 (2): 23-62. <https://rb.gy/aj3i86>

¹⁷⁶ The “rule of experts” argument was presented as keynote lecture at the 9th Annual Social Ethics Society (SES) conference (28 October, 2019), Mindanao, Philippines. FB post. <https://rb.gy/k0knqj>

¹⁷⁷ According to Merriam Webster dictionary, an antifluoridationist is “a person opposed to the fluoridation of public water supplies”. <https://www.merriam-webster.com/dictionary/antifluoridationist>.

From our perspective, “antifluoridationist” is a derogative term applied by PH experts to adversaries who oppose an environmentally questionable PH practice (Mishori, 2019a).

¹⁷⁸ For an example of usage in PH, see: Armfield, J. M. (2007). When public action undermines public health: a critical examination of antifluoridationist literature. *Australia and New Zealand Health Policy*, 4(1). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2222595/>

¹⁷⁹ <https://www.merriam-webster.com/dictionary/anti-vaxxer>

as disrespect and even hostility to human and liberal rights (including freedom of expression and conscience), especially regarding vaccines (2019b, pp. 41-42, 44-45), whenever such rights might conflict with PH policies.

It was argued that the “rule of experts” is based on logically fallacious arguments such as arguments from authority (*Argumentum Ad Verecundiam*)¹⁸⁰ (e.g., reputation [professional status] and consensus), and on *ad-hominem* arguments (e.g., critics are “unqualified”, they are not considered “experts”, and if qualified they are discarded as refuted by the very consensus they argue against).¹⁸¹

We consider the last two years as exemplifying such dynamics, including regarding the question whether to vaccinate young children with mRNA, starting with perceptions of reality (e.g., the “Omicron Panic” and “the extremism discourse”) as part of the official narrative. We do not argue that the “rule of experts” accounts for the whole phenomenon of the Corona Regime and Covid policies, but that this phenomenon enables to account for some of the dynamics which enabled the formation and maintenance of the Corona Orthodox Consensus (COC), including the incitement against “anti-vaxxers”. Other dynamics probably involve other power structures and modalities which should be exposed and discussed, provided an open unbiased discourse—which requires freedom of expression and of conscience and academic freedom—could take place within Society, the Media, Politics, Science and Academia.

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¹⁸⁰ The argument from authority was originally regarded as a logical fallacy. Presently, some formulations regard this argument as non-fallacious if referred to authorities whose opinions are “likely to be true on the relevant issue” (e.g., here: We regard this conception as expression of the “broad” concept of rationality, which is unable to cope with dynamics of the rule of experts” (Mishori, 2019, 49-50).

¹⁸¹ We also argued in 2019 that professional ethics (PE) cannot overcome the shortcomings of “rule of experts” dynamics since PE is conceived as “wider” than plain morality since it includes the “professional”/scientific part which relies on disciplinary presumptions, values and alleged (theories-dependent) “facts” which give experts the power to establish alleged-truths (regarding reality). Since experts have the power and authority to define Truth (alleged “facts” or “science”), they ipso-facto receive the power to establish the Good, making professional ethics a tool of disciplinary power hierarchies, inadequate to challenge established or novel practices, even if seemingly unethical (vices) or logically unfounded (errors). This system makes technocracy and experts-technocrats nearly immune to (scientific or judicial) criticism, and thus undermines democracy and basic human rights and freedoms (Mishori, 2019a,b).

Based on the available facts and data, it isn't clear how the idea of using the Pfizer formula on young children (aged 5-11, and in general) gained widespread consensus among the "experts". Assessing the risks versus the benefits was supposed to create more "balanced" debates, the very absence of which indicates flaws in decision-making processes. At most it was possible to "allow" those interested in vaccinating their young children to do so; The data does not support any "recommendation", and certainly not usage of "nudging", "incentives", or coercion, so the consensus in the decision-making bodies should be explained using other dynamics and modalities.

Already in our Hebrew version of this paper we cited an up-to-date website from January 2022 that includes over 1,000 scientific publications that seemingly substantiate the claim that mRNA vaccines are dangerous, some of which deal specifically with children. We have not reviewed all these studies (some were included in this paper), but a partial review shows that the accumulated evidence is more than enough to challenge the consensus, certainly with regard to young children.¹⁸²

The website argues that "Irrefutable science" shows that COVID 19 vaccines are "not safe and not effective in limiting transmission or infection" and that the "safe and effective" slogan is "false propaganda" and therefore constitute "breach of duty" by public officials who now are continuing to push this vaccine.

Our own paper clearly shows that the "consensus" ignores side effects, thus minimizing their severity: deceitful behavior (*Gnevat Daat*) or "side-effects denial", the denial of the toxicity of the concoction, allegedly for reasons of public good (allegedly, it is collectively better that everyone be vaccinated, since collectively the benefits outweigh the risks, despite risks to individuals, so the public is told "Safe & Effective"). "Safe & Effective" becomes a PH **mantra**, rather than sober risk-benefit evaluation.

Meanwhile, it turned out that less than half of the famed PRT members are medical doctors (and even among them there is a hierarchy of those who are more or less "knowledgeable" of vaccines), and the rest are veterinarians, security officers and other

¹⁸² Covid Vaccine Scientific Proof Lethal. Post published: 5 January 2022. https://www.saveusnow.org.uk/Covid-vaccine-scientific-proof-lethal/?fbclid=IwAR2PoiOYlvvCn7jIZ3FIhZ_HADqmvSsnKUIIM44ZZ-

professionals.¹⁸³ It is good to consult people from a wide range of professions, but their aura of expertise in this context is questionable, and questions about the dynamics of consensus are becoming even more pressing.

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Children are defined by law as minors and helpless, and many of them have been severely harmed since the onset of the pandemic in every possible measure of mental health, domestic violence, and more. Although they are relatively immune to COVID-19, they were treated as spreaders of disease, allegedly threatening older relatives, and therefore allegedly justifying a “vaccine” that is known not to prevent infection and contagion. Masks, quarantines and COVID testing are the most common manifestations of policies towards children, which completely disrupted their well-being and the education system. Quarantine became a means of extorting parents into participation in the double experiment of (a) the Pfizer formula and of (b) herd [vaccinated] immunity (an experiment that probably already failed), and in the words of the then Israeli Prime Minister (2.1.22),

“... We have decided to exempt from quarantine vaccinated people aged 5 and up who have been exposed to someone who has tested positive, after being tested and found negative. The rule that should guide us all - the vaccine in fact protects you from serious illness and quarantine. Those who are fully vaccinated are protected from serious illness and the need to go into quarantines.”¹⁸⁴

¹⁸³ “Study: Why are a veterinarian, communications researcher and director of a nursing home deciding who will be vaccinated? Last week, the EMT made a decision to recommend a fourth vaccine - for the first time in the world. We examined who the members of the advisory team are and what their connection is to this medical issue. The findings are surprising - most of them are not doctors at all - among them, administrative personnel and army officers” Yoav Even | N12 | Posted 29/12/21 https://www.mako.co.il/news-lifestyle/2021_q4/Article-60b4674c5170e71026.htm

¹⁸⁴ Remarks by the Prime Minister in a statement to the media, 36th Government, 02.01.2022. https://www.gov.il/he/departments/news/event_statement020122

“The vaccine protects against quarantine,” is the policy.¹⁸⁵ Decisions about children’s health were supposed to be made by parents, who are exposed to aggressive social persuasion tactics and consciousness engineering according to which the use of their children’s bodies is legitimate for the sake of “protecting” themselves and the vulnerable and to achieve “herd immunity”. Most parents became a captive and frightened population, exposed to Green-Pass-style “incentives,” consistently fed with trending information that may cause them to take risks in matters they are unfamiliar with, in violation of the “*Lifnei Iver*”¹⁸⁶ Commandment (Leviticus, 19:14), a moral failure.

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According to what was published, the “professional” discussions did not include bioethical considerations; at the very least, such considerations did not change the “consensus.” The head of the PRT said (10.11.21)¹⁸⁷ that the experts who are members of the team are “committed to the scientific truth”, emphasizing that the discussion dealt “only with issues related to the safety and effectiveness of the vaccine for children, not society, culture or economy”, i.e., broad holistic or systemic considerations were not deliberated, bioethical considerations included. The head of the PRT added that there were few things that were unanimously agreed upon: “Maintaining the health of children as individuals, the decision in the end is autonomous and at the discretion of each family and must be non-coercive.” Safety-wise, the arguments against vaccinating young children are well founded, a fact which was supposed to preclude “incentives” and coercion. The Green Pass cannot count as “non-coercive”, while the official rhetoric strongly emphasized the threat of contagion from children and herd immunity. Moreover, children were

¹⁸⁵ In January 2022, a vaccinated child exposed to a person positive for COVID-19, will do an antigen test and if it comes out negative he/she will be able to continue their life as usual, while an unvaccinated child in the same situation have to do a PCR test and even if it comes out negative he/she will still get quarantined (house arrest) for a week, until the next PCR test.

¹⁸⁶ https://en.wikipedia.org/wiki/Lifnei_iver; Friedman, H. H. (2013). ‘Placing a Stumbling Block before the Blind Person’: An In-Depth Analysis. Available at SSRN 2311478. <https://rb.gy/rynwcj>

¹⁸⁷ Adir Yanko (10.11.21). By an overwhelming majority: Ministry of Health experts voted in favor of vaccinating children. Calcalist. https://www.calcalist.co.il/local_news/article/s1kod5fvt

directly targeted on social media by “celebrities” and “influencers”, citing identical scripts, characterized as “brainwashing” by critics, as demonstrated by an excellent video by Asaf Michael Elazary¹⁸⁸; This was consciousness engineering, not autonomous decisions made at the discretion of each family.

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One of the most devastating effects of Covid policies, is the sudden *global invalidation* of UNESCO’s *Universal Declaration on Bioethics and Human Rights* (2005). The annulment of UNESCO’s Declaration is based on the total invalidation of *Informed Consent*, by several different means: (1) Trended information and suppression of alternative views; (2) The “Green (vaccine) Passports”, whose “incentives”, which creates medical apartheid according to medical status (coercion of medical procedures), are nothing but *Informed Consent*; (3) Through PH mandates such as masking, quarantine, mandatory testing and lockdowns, whose logic relies on coercion rather than consent; All three were part of government and global efforts to vaccinate young children. Reflections on a world whose inhabitants were abruptly stripped of their UNESCO’s bioethical rights, has not yet began.

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A dominant flaw in the experts’ consensus is the methodological reluctance to deliberate “*Ipcha Mistabra*” [איפְּחָא מִסְטַבְרָא מְסַתְבְּרָא],¹⁸⁹ contrariety or “on the contrary”, a Talmudic¹⁹⁰ term used to challenge logic of accepted opinions, often indicating that the opposite is the truth. Apparently, no experts who challenge the consensus were invited to the Israeli PRT; members of the PECC were not invited. In orthodox forums, there is little interest and even hostility towards contrariety discourse and “*Ifcha Mistabra*”. We suggest that the very absence of other voices indicates serious flaws in decision-making processes. It is therefore recommended that experts’ training in the

¹⁸⁸ Yudi Sherman (16.6.22). This is what brainwashing looks like’: Israel’s vaccine influencers. Americasfrontlinenews.com. <https://rb.gv/ued4h4>

¹⁸⁹ Ifcha Mistabra: Literally: The opposite is most likely; Idiomatically: On the contrary. <http://www.learnhebrew.org.il/print/2013/nov3.htm>

¹⁹⁰ <https://en.wikipedia.org/wiki/Talmud>

future include a Talmudic methodology of “*Machloket Leshem Shamayim*” sanctifying debates “for Heaven's [health] sake”.

In Judaism, controversy for Heaven's sake is a substantive controversy, in which both participants strive to reach the study of truth, and therefore such controversies continue to be relevant even after they have been resolved. A controversy not-for-Heaven's-sake is either personal controversy or reflecting power struggles and wills of power; such controversies cease to be relevant once it is decided (who is correct) and are forgotten from the heart.¹⁹¹

It seems that the professional and scientific training of the experts does not include the ability to “*Lehotzi davar mitoch davar*”— to understand “something from something”, “understanding one idea from another idea”¹⁹² or “to infer one thing from another”¹⁹³, the characteristic of *Binah* (understanding) in Judaism, the third Sephira on the Kabbalistic Tree of Life.

20. Updates & Conclusions

“*Lay not thine hand upon the lad*” (Genesis: 22,12)¹⁹⁴

This article examined the connections made in Israel between the “Omicron Panic” and the decision to vaccinate young children (aged 5-11), allegedly to achieve “herd immunity” (apparently impossible with current mRNA technology).

As we have seen, the almost-unanimous (consensus) decision to vaccinate young children with experimental mRNA preventive genetic therapy (corona “vaccines”) received by experts in regulatory agencies (FDA, CDC and the Israeli PRT) cannot be explained by data alone, which better supports contrary conclusions or at least balanced debates, whose very absence suggests suppressed public and scientific discourse.

Since we submitted our paper to SES Journal (April 2022), the FDA authorized toddlers' vaccination (6 month and up), by both Pfizer

¹⁹¹ Lerner, B. D. (2001). The akedah: machloket l'shem shamayim sofa l'hitkayem. *Jewish Bible Quarterly*, 29(2), 118-124.

https://jbnqnew.jewishbible.org/assets/Uploads/292/292_Lerner2.pdf

¹⁹² [https://en.wikipedia.org/wiki/Binah_\(Kabbalah\)](https://en.wikipedia.org/wiki/Binah_(Kabbalah))

¹⁹³ <https://kolhaseridim.blogspot.com/2015/07/parashas-devarim-chochmah-binah-and-daas.html>

¹⁹⁴ King James' Bible, <https://biblehub.com/genesis/22-12.htm>

and Moderna, by a unanimous vote (15.6.22).¹⁹⁵ This, despite the fact that according to the CDC¹⁹⁶, about 75% of US children and teenagers already had antibodies in April 2022 from past COVID infections, up from about 45% in December 2021,¹⁹⁷ so most young children already have natural immunity, and need not experiment with short-term mRNA injected “protection” which might interfere with their perfectly-able natural immune system.

Following the FDA’s decision, The Israeli MOH announced it is also considering Corona vaccines for infants (16.6.22),¹⁹⁸ and earlier (14.6.22) recommended a booster shot (third dose) for kids aged 5-11.¹⁹⁹ We consider such decisions as demonstrating our thesis regarding serious flaws in the experts’ COC, in the US and in Israel alike.

Moreover, the booster recommendation for ages 5-11 was given despite the fact that only about 25% in that age group were vaccinated (at least one shot), which suggests a sharp drop in Israeli parents’ trust in PH recommendations, and after solid evidence of rapid decreasing efficacy of children’s vaccines (estimated at 51% by June 2022).²⁰⁰ This drop in public trust was also manifested in April 2022, when parents refused to vaccinate their children against Polio²⁰¹, after an alleged “outbreak” of vaccine-derived poliovirus in

¹⁹⁵ FDA NEWS RELEASE (17.6.22). Coronavirus (COVID-19) Update: FDA Authorizes Moderna and Pfizer-BioNTech COVID-19 Vaccines for Children Down to 6 Months of Age. <https://rb.gy/axufok>

¹⁹⁶ CDC (29.4.22). Seroprevalence of Infection-Induced SARS-CoV-2 Antibodies — United States, September 2021–February 2022 Weekly / 71(17);606-608. <https://rb.gy/wayz19>

¹⁹⁷ CNBC (26.4.22). At least 58% of U.S. population has natural antibodies from previous Covid infection, CDC says. <https://rb.gy/7ruvhb>

¹⁹⁸ Assaf Golan (16.6.22). Following the FDA decision: The Ministry of Health is considering corona vaccines for infants.

<https://www.israelhayom.co.il/health/article/11673201>

¹⁹⁹ TOI STAFF (14.6.22). Facing COVID spike, Health Ministry recommends third vaccine dose for kids 5-11. Times of Israel.

<https://www.timesofisrael.com/facing-covid-spike-health-ministry-recommends-third-vaccine-dose-for-kids-5-11/>

²⁰⁰ YNET (30.6.22). Clalit's new study: The children's vaccine against corona is only 51% effective. <https://www.ynet.co.il/health/article/rkeqmtt59>

²⁰¹ Ido Efrati (27.4.22). Fearing Major Polio Outbreak, Israel Now Aims to Vaccinate 2 Million Children After a small outbreak of polio cases was detected in Jerusalem, the Health Ministry has decided to expand the vaccination campaign and begin inoculating babies as young as six weeks. Haaretz. <https://rb.gy/twfmkp>

Israel,²⁰² allegedly (according to the MOH) because of “lack of vaccinations...[d]ue to fake news”²⁰³. Despite MOH efforts, the Polio ‘Two Drops’ vaccines campaign²⁰⁴ almost completely failed.²⁰⁵

The Head of Israel’s Public Health Services, referred in an interview to the fact that there was little response to the Covid vaccination of children aged 5-11, and assessed that parents “will not be very responsive” to toddlers vaccination either, “because of the many noises against the vaccine”.²⁰⁶ We presume that by “noises” she meant any criticism of the idea to vaccinate young children with mRNA, including this very paper (and the earlier Hebrew version), a fact which further demonstrates COCs inability to consider criticism, even when children’ health is at stake.

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The reference to criticisms as “noises” reveals a pattern according to which, experts overstate risks from diseases, overstate benefits of their pharmaceutical therapies and downplay risks from these therapies. Reality shows additional disturbing patterns: the risks (disease or pandemic) turn out to be less severe than experts estimated, while the therapy (mRNA vaccines) turns out to be less efficacious and with rapidly decreasing desired effects and much more dangerous and even lethal than previously estimated by the experts. The most disturbing pattern is the experts’ inability to admit errors

²⁰² WHO (15.4.22). Circulating vaccine-derived poliovirus type 3 – Israel. <https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON366>

²⁰³ SHIRA SILKOFF (3.4.22). Polio outbreak in Israel caused by lack of vaccinations - Knesset Health Committee "Due to fake news, suddenly everything has a question mark over it, even vaccines which we have had for years," said head of Public Health Services. Jerusalem Post. <https://www.jpost.com/health-and-wellness/article-703081>

²⁰⁴ i24NEWS (15.4.22). Israel: ‘Two Drops’ campaign deploys 2.5 million polio vaccines. <https://www.i24news.tv/en/news/israel/society/1650004080-israel-two-drops-campaign-deploys-2-5-million-polio-vaccines>

²⁰⁵ Maytal Yasur Beit-Or (27.6.22). Polio vaccination campaign dubbed clear failure among pre-teens, teens; A Health Ministry campaign launched in response to a polio outbreak in Israel sees the vaccination among children aged nine and over increase marginally from 3% to 7%. Israel Hayom. <https://www.israelhayom.com/2022/06/27/polio-vaccination-campaign-dubbed-clear-failure-among-pre-teens-teens/>

²⁰⁶ Golan, 16.6.22, *ibid*.

and mistakes, and the inability of the Media to reflect this Reality accurately.

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The “extremist discourse,” allegedly evolved within “anti-vaxxer” circles (according to the journalistic report, quoted in section 3), is a natural social response to aggressive medical technocracy and trended biased media, which denies the materiality of the debate on vaccinating children with mRNA by portraying adversaries as ignorant of or misunderstanding science, unqualified, or as intentionally relying on “fake news” and “misinformation”. The fact that “experts” adopted such rhetoric creates polarized discourse, which was described by Yogi Hendlin (2021) as “Post-Truth Extremist Response”.²⁰⁷ We regard such rhetoric as demonstrating controversy-denial (or reality-denial), a particularly disturbing type of *intellectual dishonesty* in science, which deprives science of its most essential qualities: skepticism and criticism.

Continuing current trends creates an orthodox, paternalistic, and authoritarian science, which treats every criticism as heresy; the consensus arguments (“You are not an expert/doctor”), besides being logically fallacious, disrupt substantive judgments on issues at hand. Presenting criticism as illegitimate and avoiding a matter-of-fact response reflect inability to change opinions or admit mistakes. All these constitute grave violations of ethical, scientific and medical integrity, and creates medical McCarthyism, which breeds “monocultures of the mind”.²⁰⁸ The “consensus” is never the hallmark of scientific discourse at its best, but the amazing process by which a group of able people completely lose their ability for independent or deviant ideas.

Seemingly, the skeptical and critical mechanisms designed to prevent iatrogenic disasters and a breach of bioethical principles, ceased to work or are not working properly. This fact necessitates an exhaustive critical discussion of other “public health” measures used nowadays, especially the “Green Pass” or the corona masks, due to concerns that the quality of the experts’ judgment in relation to such

²⁰⁷ Hendlin, Y. H. (2021). The Law of the Excluded Middle: Discourse as Casualty of the Post-Truth Extremist Response to the Coronavirus Pandemic. *Law, Culture and the Humanities*, 1743872121999737.

²⁰⁸ See: Shiva, V. (1993). *Monocultures of the mind: Perspectives on biodiversity and biotechnology*. Palgrave Macmillan.

measures is not better than the quality of independent judgment demonstrated with regard to the Omicron panic or child vaccination.

In addition, it has been demonstrated that there is a culture of judgmental and disparaging discourse towards those who deviate from the consensus, even if their positions are well founded. The very frequent use of the expression “Fake News” with respect to any criticism is often nothing more than mouth-clogging, one of the offensive and derogative expressions of medical McCarthyism. In a life-loving society, capable of having a respectful discourse, the use of such terms requires great caution, especially when it is used by official or professional spokespersons.

It should also be noted that the COVID-19 policies (masks included) have created unprecedented ecological and environmental damage,²⁰⁹ in terms of medical waste and plastics, whose consequences for the natural environment and human and ecological health (including micro-plastics²¹⁰ contamination) are disastrous; Such issues have also evaded experts’ considerations. We doubt whether utterly unecological policies could produce health-promoting results, and presume that the total lack of ability to address environmental concerns with regard to covid policies also testifies as to the quality of COC considerations.

Unlike medical drugs, intended for unhealthy “patients”, vaccines are given as preventative treatments for the healthy which constitute *extreme medicalization*, forcing *over-medication*, which requires every citizen to be a subject and/or customer of the health system; The same is true with respect to different (unreliable)²¹¹

²⁰⁹ Amy Cheng 10/11/2021: The world created about 8 million tons of pandemic plastic waste, and much of it is now in the ocean. Washington Post. https://www.msn.com/en-xl/northamerica/top-stories/the-world-created-about-8-million-tons-of-pandemic-plastic-waste-and-much-of-it-is-now-in-the-ocean/ar-AAQxDwR?cvid=d3f63b646010488087ac009cb7e99761&ocid=winp1taskbar&fbclid=IwAR11V_cDI_gRpW9UnYPvi1cB-XEkziKbTRMidu3W3FqTD5Z-fd2e8RV-Qu8

²¹⁰ Micro plastics - Decomposition products of plastics (polymers) that appear in tiny pieces, fibres and granules, whose size can range from tens of microns to a few millimetres.

²¹¹ For example: Katie Dor (5.4.22). Dozens of errors were discovered in antigen tests - healthy subjects went into quarantine in vain. First publication: in tests provided to hospitals and nursing homes many cases of “false positives” were detected. Ministry of Health: “Order to stop using the kit until the end of the inquiry”. <https://www.kan.org.il/item/?itemid=125163>; Braunstein, G. D., Schwartz, L., Hymel, P., & Fielding, J. (2021). False positive results with SARS-CoV-2 RT-PCR tests and how to evaluate a RT-PCR-positive test for the possibility of a false positive result. *Journal of Occupational and Environmental Medicine*, 63(3), e159.

COVID-19 testing (which identifies people as **positive** or negative, such as PCR or Antigen tests), whose logic is that people are constantly suspected of being an epidemiological threat to themselves and others (guilty until temporarily proven innocent). Such policies now target children, toddlers and babies.

“Side effects” of this extreme medicalization include the suspension of individual rights—iatrogenic process which alone justifies an immediate suspension of current PH policies (including the Green Pass and the Israeli “Special Authorities to Combat the Novel Coronavirus [Temporary Provision] Law”²¹²), and the abolition of the ongoing state of emergency, which was prolonged for another year in the Knesset (28.6.22) for no apparent epidemiological reason.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7934325/>

²¹² Proposed Regulations for Special Powers for Dealing With the Novel Coronavirus (Temporary Provision) (Restricting Activity of Institutions Conducting Educational Activity and Additional Provisions) (Amendment No. 12), 2022. https://main.knesset.gov.il/EN/activity/Pages/Today.aspx?fbclid=IwAR2fyqeVF9S8qoUP40011zjGGsmk3CCv2l4IpiZRg6K1AmsCSXC_ZFO37oc