

Doctors and Scientists Appeal to European Parliament To Reconsider The Covid-19 Policies Regarding Children

1. Whereas Article 44 of the Charter of Fundamental Rights of the European Union establishes a right of petition; and whereas the declaration of the Covid-19 pandemic and the public authorities' response to this has caused an unprecedented crisis in Europe (the 'Crisis'),
2. We, doctors, academics, scientists and parents, wish to draw Parliament's attention to the possible contravention of Article 24 of the Charter of Fundamental Rights of the European Union as regards the protection of the child and in particular the provision whereby in **all actions relating to children¹, whether taken by public authorities or private institutions, the child's best interests must be a primary consideration.**
3. Whereas the **WHO Constitution²** defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'
4. Whereas the **UNCRC³** States 'recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development, and make the best interests of the child a primary consideration.' Lawful health protection therefore demands a holistic assessment. The social, cultural, spiritual, and psychological impacts of health policy, especially with regard to children, must be taken into account.
5. Whereas the **Lisbon Treaty** elevated the **protection of the rights of the child** to the rank of *objective* of Union action, both internally and externally, as enshrined in the Treaty on the European Union Article 3(3) according to which 'the Union (...) shall combat social exclusion and discrimination, and shall promote social justice and protection, equality between women and men, solidarity between generations and protection of the rights of the child.'
6. Whereas, despite the high standards of protection afforded to children under EU and national laws and repeated calls from the scientific community, such as the **Declaration for the Protection of Children and Young People from the Covid-19 Response⁴**, to uphold that protection during the crisis, we have seen the ongoing application of measures that contravene this same protection. From mask mandates^{5,6} in schools and public life; to school closures; to regular invasive testing as a precondition to attending school or other in-person activities, including the imposition of severe restrictions or discriminatory exclusion from activities, necessary for a child's healthy development; to coercive medical interventions such as mandatory vaccination, these measures were imposed without risk-benefit analysis to support their necessity, proportionality or bare utility with regard to advancing the interests of children, or any justification of how these limitations on children's rights would benefit society^{7,8}.
7. Whereas, to support our plea, we submit the following:

- i. Children most commonly have a mild^{9,10,11} presentation or do not become sick at all when infected with SARS-CoV-2. For healthy children, the risk of death from Covid-19 is almost zero^{12,13,14,15}. In fact, influenza¹⁶ and respiratory syncytial virus (RSV)¹⁷ are a more serious threat to children than Covid-19.
- ii. There is a concerning picture of widespread adverse events and deaths^{18,19,20,21,22,23} following Covid-19 vaccination, especially myocarditis and pericarditis in children and adolescents^{24,25,26,27,28}. The risk of adverse events increases with each subsequent injection^{29,30,31,32}. Furthermore, there is emerging evidence pointing to the interference of Covid-19 vaccines with innate immunity^{33,34}. This may be particularly detrimental to children. Such risks are unacceptable in light of the low risk to children from Covid-19. Where potential harm exists from an innovation and little is known about its long-term consequences, the precautionary principle should apply - *primum non nocere*.
- iii. The Pfizer Covid-19 vaccine is still in an experimental phase and has not yet completed phase III clinical trials³⁵, and in the European Union it has only received a conditional market authorization from the European Medicines Agency (EMA). Medium and long-term data on the safety of the Covid-19 vaccines is absent, therefore the medium and long-term risks are unknown^{36,37,38}. Furthermore, contracts concluded by the European Commission with vaccine producers exonerate the latter from any responsibility for the safety or efficacy³⁹ of their vaccines. Harmful long-term effects are far more consequential for the young, due to the higher potential of years of life lost or years of healthy life lost to disability and, therefore, this medical intervention requires a higher burden of proof regarding its safety.
- iv. As with any intrusive intervention, the decision whether to vaccinate a child must be based on an individual assessment. The risk-benefit analysis for the Covid-19 vaccination of children is not favourable for the vast majority of them^{40,41,42,43}. Where a net benefit can be clearly demonstrated, free and informed consent⁴⁴ of parents must always be observed, as required by Article 3(2)(a) of the Charter.
- v. Covid-19 vaccines do not prevent infection or transmission. Several studies document large numbers of breakthrough cases^{45,46,47,48,49} (infections in vaccinated individuals), reflecting the waning efficacy of the Covid-19 vaccines over a few months^{50,51,52,53,54}. In fact, the Delta SARS-CoV-2 variant produces similar viral loads in the vaccinated and unvaccinated population^{55,56,57,58}. Early data on the Omicron variant, suggests that it is even more adept at escaping vaccine protection against infection^{59,60,61}.
- vi. Numerous studies have shown that children are not a major driver of the epidemic^{62,63,64,65,66} and adults in contact with children do not have higher Covid-19 related mortality^{67,68,69}.
- vii. It is unethical and in contradiction to international Conventions and Treaties^{70,71,72,73,74,75,76} to subject children to the risks - known and unknown - of Covid-19 vaccination when this is done not for their own benefit but for the

protection of high-risk adults. There are several alternative strategies to protect the latter⁷⁷.

- viii. Since August 2020, several safe and effective prophylactic and therapeutic^{78,79,80,81,82} protocols have been shown to reduce deaths with Covid-19 by 75%^{83,84} in high-risk individuals.
- ix. Natural immunity from infection with SARS-CoV-2 is broad and robust^{85,86,87,88,89,90,91} and more effective than vaccine-induced immunity^{92,93,94}, especially in combating variants^{95,96,97}. Natural immunity is the preferred route for all low-risk individuals, especially children.
- x. Vaccinating children is not necessary for herd immunity. As defined by the WHO⁹⁸ "Herd immunity is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection." After almost two years of the pandemic, most people either have pre-existing^{99,100,101} immunity from other coronaviruses, have recovered from Covid-19 or have been vaccinated¹⁰².

8. Taking into consideration that there is currently no consensus among the European and international scientific and medical community on the efficacy, effectiveness and safety of the Covid-19 vaccines^{103,104,105}, particularly with regards to children^{106,107,108,109,110,111,112,113,114,115,116,117,118}, nor on vaccination as a means of ending the Crisis.

We appeal to Parliament for a review of Member States' policies to control the spread of SARS-CoV-2 with respect to children, in particular the blanket vaccination of children irrespective of individual risk. We welcome the opportunity to present our collective expertise before the European Parliament in a public hearing, to support and further evidence the claims we make in this petition.

We plea with the Parliament to encourage national and European public authorities to respect the standards set out in the Charter of Fundamental Rights and in particular the right to dignity and life (Articles 1 & 2), the right to physical but also 'mental' integrity (Article 3), the right to liberty (Article 6), the right to respect for private and family life (Article 7), the right to education (Article 14), including the principle of proportionality and of necessity when limiting the rights and freedoms of people (Article 52), as well the United Nations Convention on the Rights of the Child (UNCRC) setting out the civil, political, economic, social and cultural rights of every child, which is ratified by all EU Member States.

Children are not at serious risk from the SARS-CoV-2 virus and are not major contributors to its spread. However, they continue to be unfairly and disproportionately impacted^{119,120,121,122,123,124,125} by the response to Covid-19¹²⁶ - a situation for which they are in no way responsible and to no extent prolonging. Furthermore, they will shoulder the burden of this Crisis for years to come.

We call on you to put an end to this situation and return to a state of affairs in which children's best interests are at the core and indeed the heart of all action in society.

Although children are a third of our population, they are all of our future. We trust that our representatives will protect the fundamental rights and freedoms of European children, the most cherished but also most vulnerable members of our society.

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Endnotes

1. As laid down in the UN Convention on the Rights of the Child (UNCRC), a child is any human being below the age of 18.
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28. <https://www.medrxiv.org/content/10.1101/2021.12.23.21268276v1>
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39. [Notre Bon Droit, De Bandt - Avis sur la licéité des clauses d'exonération](#)
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