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17 Pharma Henchmen Who Voted to Experiment on Your Kids — and How to Shun Them

The 17 members of the U.S. Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee who voted 17-0 in favor of authorizing Pfizer's COVID vaccine for kids ages 5 to 11 all have deep ties to pharma.

By [Children's Health Defense Team](#)

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On Oct. 26, the membership of the U.S. Food and Drug Administration's (FDA) Vaccines and Related Biological Products Advisory Committee (VRBPAC) [voted 17-0](#) in favor of lower-dose use of Pfizer's experimental [COVID-19 vaccine](#) in children ages 5 to 11.

The 17 individuals — including an “acting” committee chair and 11 voting members who were [temporary](#) rather than core VRBPAC members — formulaically stated the injections' benefits outweigh the risks in that age group.

Three days later, [Dr. Janet Woodcock](#) — a 35-year FDA veteran serving “temporarily” as commissioner — evoked her personal credentials “as a mother and a physician” when she predictably [extended](#) Pfizer's [emergency use authorization](#) (EUA) to the 5-11 age group, having previously granted EUAs for adolescents ([ages 12-15](#)) and those [age 16 and up](#).

This article highlights the conflicts of interest and [financial entanglements with vaccine companies](#) that enabled this rogues' gallery's immoral vote to expose 28 million U.S. children to the risk of injury and death.

These conflicts are ably [documented](#) by groups such as the Project On Government Oversight (POGO), in databases such as the Centers for Medicare & Medicaid Services' [Open Payments](#) and in the [Children's Health Defense](#) (CHD) [eBook](#), “Conflicts of Interest Undermine Children's Health.”

What this information strongly suggests is that VRBPAC's members — soi-disant (so-called) [authorities](#) in their respective fields — are thoroughly beholden to [pharmaceutical](#), military, philanthropic and academic paymasters, with stock options, grants, patents and prestige clearly ranking well ahead of children's safety.

This article also gives readers the tools and information to shun and shame these corrupt doctors and scientists — and their institutions. (See shunning action items at the end of the article.)

Sham deliberations

The Biden administration's Oct. 20 release of a [detailed pediatric vaccination plan](#), the administration's pre-purchase of [65 million](#) Pfizer pediatric doses and the Centers for Disease Control and Prevention's (CDC's) [advance issuance of guidelines](#) for vaccinating 5- to 11-year-olds are all clear signals that VRBPAC's “deliberations” and vote were a sham — with the outcome predetermined.

VRBPAC's Oct. 26 vote to foist the [risky COVID vaccines](#) onto defenseless children shows that even under intense and [well-informed](#) public pressure, the committee members were prepared to proceed with their shameful and shameless decision.

Buttressed by top-down directives, VRBPAC members apparently felt free to ignore [140,000 comments](#) submitted to FDA by members of the public — an estimated 99.999% of whom objected to administering the vaccines to younger children.

On Oct. 25, CHD [put FDA on notice](#) that “CHD will seek to hold [FDA] accountable for recklessly endangering this population with a product that has little efficacy but which may put them ... at risk of many [adverse health consequences](#), including heart damage, stroke and other thrombotic events and reproductive harms.”

Around the world, doctors, [scientists](#), parents and [citizens](#) who have [questioned](#) or [opposed](#) the need for pediatric COVID vaccination are horrified by the VRBPAC and FDA decisions, having witnessed the cascade of [catastrophic](#) post-injection adverse events in adolescents and young adults — including [life-altering injuries](#) that FDA and [Pfizer](#) refuse to acknowledge.

Two of VRBPAC's “yes” votes came from CDC officials — hardly a disinterested or independent contingent. Most of the others who voted “yes,” including the 11 temporary voting members and acting chair, are affiliated with leading schools of medicine and public health heavily reliant on government grants and funding from entities like the [Bill & Melinda Gates Foundation](#). (The Gates Foundation is a “major funder of universities” and gives [two-thirds](#) of those funds to U.S. institutions).

One National Institutes of Health (NIH) division director [abstained](#), citing “limited safety and efficacy data.” The VRBPAC meeting also included one non-voting pharmaceutical industry representative from Merck.

The CDC's Advisory Committee on Immunization Practices (ACIP) is widely expected to endorse vaccination of 5- to 11-year-olds at its meeting on [Nov. 2-3](#). As political economist Toby Rogers has [noted](#), “Every person on [the ACIP membership] list has a financial conflict of interest. That is not good science.”

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Shunning: a powerful tool

What can a frustrated and appalled public do to take to task powerful policymakers who are impervious to embarrassment?

We can shun.

The word “[shun](#)” means to “avoid using, accepting, engaging in or partaking of” or to “refuse to accept socially” or “stay away from.”

Psychologists are well aware of the impact of shunning — a tried-and-true method of rejecting those who behave [immorally](#). Speaking in 1880 of absentee landlords intent on evicting Irish farmers suffering from near-famine conditions, Charles Stewart Parnell [argued to great effect](#):

“When a man takes a farm from which another has been evicted, you must shun him on the

roadside when you meet him, you must shun him in the streets of the town, you must shun him in the shop, you must shun him in the fairgreen and in the marketplace and even in the place of worship, by leaving him alone, by putting him in a moral Coventry, by isolating him from the rest of his country as if he were the leper of old, you must show your detestation of the crime he has committed.”

After reviewing VRBPAC members’ statements, activities and affiliations (summarized below), you may agree that it is well past time to shun them.

As citizens, employees, co-workers, shareholders and alumni, stop supporting individuals and institutions that are unashamedly willing to harm our children.

Cowardice, avarice and petty craving for prominence are no substitute for integrity and morality, and should not be rewarded.

Acting Chair Arnold Monto

[Dr. Arnold Monto](mailto:asmonto@umich.edu) (asmonto@umich.edu) is professor of public health and epidemiology at the University of Michigan in Ann Arbor. Monto has been [acting chair](#) for VRBPAC’s COVID-19 vaccine deliberations since October 2020. Previously, he was a four-year VRBPAC member (through January 2020).

Monto was a key player in [pandemic planning and response](#) for many decades, including during past headline-grabbing pandemics (real or [invented](#)) such as the 1968 Hong Kong influenza, bird flu, severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS).

Monto is a key proponent of the unproven theory that [schoolchildren](#) must be vaccinated to achieve “[herd immunity](#).”

Pfizer’s COVID vaccine clinical trial results showed [more Bell’s palsy in the vaccine group](#) (four cases out of 18,801) than in the placebo group (zero out of 18,785). Monto characterized this finding as “not out of line with the routine occurrence of Bell’s palsy in the population,” adding, “so we cannot say the vaccine caused it.”

However, Bell’s palsy has been [associated with vaccines](#) for decades and has been compensated through the [National Vaccine Injury Compensation Program](#).

Also of note:

- Monto **founded and co-directs** the University of Michigan-based Michigan Influenza Center, one of five centers across the country that collects data for CDC.
- Monto has served as principal investigator on studies funded by CDC, the National NIH and **Sanofi Pasteur**.
- According to POGO and Open Payments, between 2014–2020, Monto received 117 payments totaling **more than \$176,000** (65% for consulting and speaking fees) from **Pfizer** as well as Seqirus, Hoffmann-La Roche, Sanofi, Genentech, Novartis and Shionogi.
- Monto has consulted for the Defense Advanced Research Projects Agency (DARPA).
- In earlier clinical trials (**2006–2008** and **2011–2013**), Monto laid the groundwork for the “nonpharmaceutical interventions” that have been brought to the fore during COVID (e.g., masking, “sequestration” and social distancing).

Notably, the University of Michigan houses the nation’s #5-ranked School of Public Health and one of the country’s largest university health systems. In 2020, the university received **\$144 million** in revenue via the Coronavirus Aid, Relief and Economic Security (CARES) Act — most of which (94%) was associated with the **Provider Relief Fund** administered by the U.S. Department of Health and Human Services (HHS). The CARES monies represent an amount nearly equal to what the university received in private gifts (\$149 million) from foundations and others.

The University of Michigan has been embroiled in a massive sex abuse scandal, with allegations that it covered up decades of abuse by the university’s late athletic physician Robert Anderson — reportedly “the largest scale of sexual abuse **by a single person** in U.S. history.”

Captain Amanda Cohn (core VRBPAC member)

Captain Amanda Cohn, M.D., (acohn@cdc.gov) is chief medical officer in the Office of Vaccine Policy, Preparedness, and Global Health at CDC’s National Center for Immunization and Respiratory Diseases.

Cohn is also executive secretary for ACIP, which is about to have its own vote on COVID vaccines for 5- to 11-year-olds. Cohn has attended past VRBPAC meetings and has served on the committee since February 2020.

Cohn started her CDC career as an officer with the agency’s Epidemic Intelligence Service (EIS). After researching the part played by EIS officers in past “epidemics,” journalist Jon Rappoport concluded it serves as **a front for the medical cartel**, with a mission to persuade the public that “the whole world is being attacked by viruses, all the time.”

Judging by the papers listed in her **curriculum vitae**, Cohn’s particular niche seems to be to sell vaccines as a “**rite of passage**” for infants and troubleshoot how best to increase vaccine uptake in specific (and vulnerable) populations such as pregnant women, unaccompanied minors, adolescents, senior citizens and Africans.

At the Oct. 26 meeting, Cohn cheerily framed COVID vaccination as an equity issue, **stating** “This is an age group that deserves and should have the same opportunity to be vaccinated as every other age group.”

At a VRBPAC meeting in October 2020, Cohn **stated**:

“I just want to ... clarify one point, which is just for the public record that the federal government cannot mandate vaccines ... In the setting of an EUA, patients and individuals will have the right to refuse the vaccine.”

She has not repeated this statement since President Biden issued his attempted [federal-mandate-by-press-release](#) in early September.

Cohn [lied](#) to the public and to medical professionals, incorrectly referring to non-existent evidence that COVID vaccines are effective in individuals who previously had a coronavirus infection — the clinical trial evidence showed the contrary.

Speaking with Congressman Thomas Massie in early 2021, Cohn agreed this messaging was a “mistake” but then continued to publicly put forth the same false information without correcting the record.

Also of note:

- In October 2020, Cohn presented “Vaccinate with Confidence for COVID-19 Vaccines,” a [national strategy](#) to “reinforce confidence” through “novel and ... robust strategies to increase demand and uptake.” In that presentation, Cohn noted that “a new pandemic, a new vaccine and a new adult-focused platform means shifting tactics.”
- At the VRBPAC meeting that same month, Cohn evoked the likelihood of [waning COVID vaccine immunity](#) after four to six months, describing it as a “potential communication issue.”

Oveta Fuller (temporary voting member)

[Oveta Fuller, Ph.D.](#) (fullerao@umich.edu) is, like Monto, at the University of Michigan (since 1988), where she directs the African Studies Center and is an associate professor of microbiology and immunology.

Fuller also participates in the university's [BioSocial Methods Collaborative](#) — a center created to “link the social and health sciences” and “transcend the separate silos of social science, medicine and biology.”

Fuller has held the status of a “temporary voting member” at VRBPAC meetings on COVID vaccines. In December 2020, Fuller was one of four to vote against recommending Pfizer’s vaccine for emergency use, citing concerns about autoimmunity and stating, “We don’t even know what’s going to happen to people [in the long term](#) who get these lipid particles and mRNA vaccine.”

At the time, Fuller [described](#) her role on the committee as “a heavy responsibility” and “very sobering.” This did not stop her from readily endorsing the experimental shots for young children 10 months later.

Two of Fuller’s self-described [research interests](#) include global health and HIV. As an ordained minister, Fuller promotes an HIV intervention called “Trusted Messenger” that recruits Black church leaders to “dispel myths” about HIV, saying it takes place at “the intersection of faith and science.”

Fuller now wants to apply this experience to COVID, using “trusted messengers” to [increase vaccine uptake among Black Americans](#) who “distrust the healthcare system.”

Two other interests of Fuller’s are “practical implementation of biomedical discoveries” (again, using religious leaders “to take biomedical advances into their community organizations”) and microchip

detection of pathogens — a research area that has become hot since COVID and in which DARPA and the Pentagon have displayed [considerable interest](#).

Microchips — sensors inserted under the skin — are the next step beyond wearable sensors. DARPA and collaborators completed a [study](#) in late 2020 in which wearable sensors allowed the researchers to monitor “heart rate, respiratory rate, physical activity, oxygen saturation and electrocardiographic data” in participants deliberately infected with the flu.

Fuller is currently collaborating with chemical engineers and human genetics researchers to develop [microchip technologies](#) to detect variations in influenza virus.

Also of note:

- Over her career, Fuller has received research and career [awards](#) from National Institute of Allergy and Infectious Diseases (NIAID)/NIH, the U.S. Public Health Service, the National Science Foundation and the U.S. Department of State.
- Fuller has also attracted monies from private foundations like the Ford Foundation and is the Ford Foundation Fellows' [liaison](#) for the state of Michigan. The Ford Foundation recently launched an [initiative](#) to “further global vaccine access” and ensure “equal access to COVID-19 vaccines” globally.

Hayley Gans (core VRBPAC member)

[Dr. Hayley Gans](#) (hgans@stanford.edu) is a professor of pediatrics at Stanford University Medical Center and has served on VRBPAC since mid-2019. Gans has been at Stanford since her medical internship and residency in the early 1990s.

In 2015, Stanford received [\\$50 million](#) from the Gates Foundation to “accelerate” efforts in vaccine development. Unsurprisingly, Gans is a staunch vaccine proponent, [stating](#), “History and science support vaccines as one of the safest and most effective infectious disease prevention strategies, second to clean water.”

The bulk of Gans' research and publications focus on [infant immunity](#) and the “[challenges](#) of tailoring vaccines and effective immunizations for young children,” notably [measles vaccines](#) made by Merck.

Gans advocates vaccinating severely [immunocompromised](#) children and adults, including those about to receive [organ transplants](#).

At the December 2020 meeting at which VRBPAC recommended Pfizer's first EUA, Gans initially expressed reservations about including 16- and 17-year-olds but then [voted with the majority](#) anyway in favor of the vaccine for those 16 and up.

Soon after, Gans [enthused](#) that the “careful consideration and scientific deliberation” that led to VRBPAC's EUA decisions for COVID vaccines was “miraculous” and the evidence “overwhelming in favor of approving vaccination ... with little [sic] serious events.”

Also of note:

- Regarding being part of the unanimous vote in favor of [Moderna's](#) EUA, Gans stated, “I would say the evidence that has been studied in great detail on this vaccine [highly outweighs](#) any of the issues that we've seen.”

- At a June 2021 VRBPAC meeting to discuss the “data needed to support authorization and/or licensure of COVID-19 vaccines for use in [pediatric populations](#),” Gans asked [questions](#) about the failure of existing safety surveillance systems to adequately capture pediatric adverse events. Her questions also underscored that no one is trying to identify risk factors for [myocarditis](#), nor is anyone “proactively” adding autoimmune side effects to the solicited list of adverse events. These concerns did not stop the pediatric specialist from now voting to inject 5-year-olds.
- In 2015, Gans received payments from [GlaxoSmithKline](#) (GSK) totaling roughly \$4,700. Publications reveal Gans has also been a consultant for [Merck](#), the company whose vaccines she studies. Gans frequently publishes papers with authors who have even more extensive financial ties to the pharmaceutical industry.
- According to [disclosures](#) in a 2021 publication, Gans has received funding/grant support from the NIH’s National Vaccine Program Office and has consulted for HHS.

James Hildreth (temporary voting member)

[James Hildreth, Sr., Ph.D., M.D.](#) (<https://twitter.com/JamesEKHildreth>) is president and chief executive officer of Meharry Medical College in Nashville, “the nation’s oldest and largest historically Black academic health science center.”

Meharry was a COVID vaccine [test site](#) and brags about [administering Pfizer’s vaccine](#) on campus to children ages 12 and up.

Hildreth has been one of the media’s go-to Black leaders during COVID. He threw in his lot with [Dr. Anthony Fauci](#) early on by framing vaccines as the primary [solution](#). He has also spoken out against the use of [ivermectin](#) for COVID prevention or treatment, [declaring](#) (against all evidence to the contrary in [PubMed](#)) that “there is no study in the world of ivermectin in humans.”

He was appointed to VRBPAC as a “temporary voting member” for the COVID vaccine deliberations.

In an April 2020 interview, Hildreth echoed A. Oveta Fuller’s approach to making inroads in a deservedly skeptical Black community, [stating](#) “One of the most important roles for HBCUs [historically black colleges and universities] during this outbreak is to continue to serve as trusted messengers and opinion leaders for these communities.”

In September 2021, Hildreth drummed up alarmism about [children of color](#) “dying from COVID-19,” laying the groundwork for his Oct. 26 “yes” vote.

Also of note:

- Hildreth, who is Black, was educated at Harvard and Oxford (as a [Rhodes Scholar](#)) before attending medical school and teaching until 2005 at Johns Hopkins University. Johns Hopkins is infamous for its experiments on [vulnerable populations](#), including Black [children](#) and [adults](#). Johns Hopkins established the HeLa cell line after taking cells from patient [Henrietta Lacks](#) without permission.

Jeannette Lee (temporary voting member)

[Jeannette Lee, Ph.D.](#) (jylee@uams.edu) is a biostatistics professor in the College of Medicine at the University of Arkansas. Previous positions included a two-decade career at the University of Alabama and a few years working in industry at Bristol-Myers.

Lee lists one of her top research interests as “design of clinical trials,” notably [pediatric trials](#). She was specifically sought out as a “temporary voting member” of VRBPAC due to her “unique and specialized competencies in biostatistics [specifically for clinical trials](#).”

Judging by her “yes” vote on Oct. 26, Lee was apparently unconcerned by the well-documented design defects of Pfizer’s clinical trials, which, as Toby Rogers pointed out, were “[intentionally undersized to hide harm](#),” among other problems.

Lee is already a core voting member of the FDA’s [Cellular, Tissue and Gene Therapies Committee](#), which considers the “safety, effectiveness and appropriate use of human cells, human tissues, gene transfer therapies and xenotransplantation products.”

Could Lee’s gene therapy “competencies” be the reason why she was solicited to rubber-stamp the experimental [gene-based](#) mRNA COVID injections?

Lee required and was granted a [waiver](#) to serve on VRBPAC due to a financial interest in Philip Morris International (with holdings valued between \$25,000 and \$50,000). The waiver request noted Philip Morris is “a company which can be affected by the particular matters before the [VRBPAC] committee.”

Members of the public who are unaware of the relationship of tobacco to vaccines should note that [tobacco-based models of vaccine production](#) represent a key area of DARPA investigation and investment.

On Oct. 14, the Philip-Morris-backed firm Medicago [announced](#) the launch of the world’s first [tobacco-based COVID-19 vaccine](#).

Although former CDC director Brenda Fitzgerald was forced to resign in early 2018 after her conflicted investments in tobacco and vaccines became public, Lee received her waiver without fuss. “The need for her participation” was deemed to outweigh “any potential conflict due to the financial interest described.”

The waiver letter also noted that it would be “difficult to find another individual with equivalent expertise [who is not conflicted](#) either by a consulting/research relationship or by a disqualifying financial interest.”

Also of note:

- At the February 2021 VRBPAC meeting that authorized emergency use of the [Janssen/Johnson & Johnson \(J&J\)](#) COVID vaccine (at which Lee reliably voted “yes”), Lee noted there would be “a lot of interest” in seeing data — as it happens, non-existent — pertaining to the influence of viral strain on [vaccine efficacy](#).
- Lee has received extensive grant support from NIH as well as support from CDC and the U.S. Department of Defense.
- Like James Hildreth, Lee’s graduate training was at Johns Hopkins University.

Ofer Levy (temporary voting member)

[Ofer Levy, M.D., Ph.D.](#) (ofer.levy@childrens.harvard.edu) is a pediatrics professor at Harvard and director of Boston Children’s Hospital’s [Precision Vaccines Program \(PVP\)](#), a network of [hundreds](#) of individuals from academia, government and industry collaborating “to employ advanced technologies

to discover and develop vaccines,” with a focus on vaccines for populations with “distinct immunity” such as the very young and the elderly.

Areas of interest pursued by Levy’s PVP — funded by NIH and NIAID as well as the Gates Foundation — include big data and development of [new vaccine adjuvants](#) to rev up immune responses in a “population-specific manner.”

With NIAID support, the program has also been working to develop [age-specific COVID vaccines](#). Levy is “a named inventor on [patents](#) relating to vaccine adjuvants and human in-vitro systems that model vaccine action.”

Levy and Boston Children’s Hospital are currently recruiting for a [NIAID-funded clinical trial](#) that will study newborn responses to hepatitis B vaccines in Gambia and Papua New Guinea.

In a strategically timed interview in late September, Levy advance-signalized his “yes” vote, [stating](#) that a vaccine for children at this moment in time “would be important.” Levy also argued, last December, that it was “important to include children” when he endorsed Pfizer’s shot [for teenagers](#) ages 16 and 17.

Despite considerable [evidence to the contrary](#), he characterizes the FDA’s review process — with at most one month for data review — as “robust” and “transparent.”

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Also of note:

- Open Payments shows that since 2014, Levy has received [\\$463,374](#) in “associated research funding” from Shire and MedImmune and roughly \$19,000 in consulting fees and other payments from biopharma companies UCB, GSK, Merck and Shire.
- At the 2nd Biennial Precision Vaccines Conference organized by Levy and colleagues and held at Harvard in 2019, Levy’s group chose as their [opening speaker](#) vaccine scientist Dr. Stanley Plotkin. Plotkin is infamous for his [1960s experiments](#) on orphans and for harvesting organs from hundreds of fully formed aborted fetuses to make vaccines. The invasive [immunoengineering](#), nanoparticle-reliant “delivery systems” and fancy adjuvants that he and Levy are now cheerleading may sound more sophisticated but are scarcely more reassuring.

Cody Meissner (core VRBPAC member)

[Dr. H. Cody Meissner](#) (cmeissner@tuftsmedicalcenter.org) is professor of pediatrics and chief of pediatric infectious disease at Boston’s Tufts University School of Medicine, an institution to which he appears quite loyal.

After going to medical school at Tufts in the early 1970s, Meissner remained in Boston for postgraduate training at Boston Floating Hospital, Dana Farber and Harvard, devoting a brief two years to NIH before accepting a faculty position at Tufts in 1979.

Since 2014, Tufts Medical Center has received [more than \\$14 million](#) in “general payments” from companies that include Boston Scientific, Bayer HealthCare Pharmaceuticals, Jansswen, Biogen, Amgen, Pfizer, Gyrus Acmi, Sanofi, Otsuka and Genentech.

More significantly, Tufts has received more than \$38.5 million in research payments — with [Pfizer as the top funder](#) (12% of total). Other biopharma companies providing research monies include Merck, Gilead, Shire, Takeda, Abiomed, Otsuka, Novartis and AbbVie.

Meissner has served on VRBPAC since summer 2018. During the deliberations about 5- to 11-year-olds, Meissner expressed several reservations, noting that the coronavirus is largely “a disease that spreads [from adults to adults](#),” pointing out that more than four in 10 children (according to CDC data) have experienced natural infection and thus likely have natural immunity and [commenting](#) that some children “may be at increased risk of myocarditis.”

Meissner [stated](#), “We’re getting down to a very small percent of otherwise healthy (5)- to 11-year-old children who might derive some benefit, and we simply don’t know what the side effects are going to be.”

He also [commented](#) that while scientists have “a very good sense of what the adverse events are” for measles-mumps-rubella (MMR) vaccination, “We do not have that with this particular messenger RNA vaccine.”

Last December, Meissner [abstained](#) from the initial EUA vote for Pfizer’s shot, and in June 2021, he [stated](#) he was “concerned about the safety issue” for pediatric vaccines.

Nevertheless, perhaps in deference to Pfizer’s prominent place in Tufts’ portfolio of funders, Meissner is now on the record with a vote in favor of Pfizer’s vaccine for “otherwise healthy” children.

Also of note:

- Meissner has served on ACIP since 2008 as well as on various committees of the American Academy of Pediatrics (AAP), a [medical trade group](#) notorious for its own conflicts of interest.
- Since 2010, Meissner has sat on the [Massachusetts Vaccine Purchasing Advisory Council](#) and, since 2017, on HHS’s National Vaccine Advisory Committee.

Patrick Moore (temporary voting member)

[Patrick Moore, M.D., MPH](#) (psm9@pitt.edu) has been a professor of microbiology and medical genetics at the University of Pittsburgh Cancer Institute (UPCI) since 2002. Pittsburgh is home to influential foundations such as the Richard King Mellon Foundation — which just announced a [\\$150 million](#) grant for the city’s development of science, technology, robotics and manufacturing — and the Pittsburgh Foundation. Moore holds the Pittsburgh Foundation [Endowed Chair](#) in Innovative Cancer Research.

Moore had a varied career prior to settling at Pittsburgh, including (like CDC’s Amanda Cohn) a two-year stint as a CDC EIS officer (in the “special pathogens” branch), some time at CDC’s [Fort Collins lab](#), two years as Deputy Commissioner for the New York City Department of Health and eight years in Columbia University’s epidemiology division.

At the Oct. 26 meeting, Moore expressed [disappointment](#) “that the clinical trials for children didn’t start until June 1 of this year.” Despite the abbreviated timeline, he dismissed the risk of myocarditis as a “[theoretical risk](#)” and stated, “If surveillance systems do start seeing severe outcomes and deaths from vaccination, I’m quite confident those surveillance systems will tell us we need to pause like we did with the J&J vaccine.”

Moore declined to comment on the fact that the [Johnson & Johnson “pause”](#) was short-lived, nor did

he mention the 15- and 16-year-olds who recently died of heart problems and “fatigue” [within one to six days](#) of receiving Pfizer injections.

Also of note:

- In late September, the University of Pittsburgh co-hosted the Precision Medicine World Conference, at which the organizers made a point of honoring the husband-and-wife researchers who [led development](#) of the Pfizer-BioNTech mRNA vaccine.

Michael Nelson (temporary voting member)

[Michael Nelson, M.D., Ph.D.](#) (mrn8d@virginia.edu) is chief of the Asthma, Allergy and Immunology Division of the University of Virginia's (UVA's) School of Medicine. He also earned his M.D. and Ph.D. degrees at UVA.

Nelson lists his research interests as [including](#) “vaccine immunology and adverse effects.”

Nelson stepped into the UVA position only in late 2020, after a 25-year career in the U.S. Army, including at Walter Reed National Military Medical Center. Among other activities, Nelson [served](#) as consultant to the Army Surgeon General in allergy, immunology and immunizations.

In the Oct. 26 discussion, Nelson made the bold [suggestion](#) that parents should be allowed “to weigh the [benefits and risks](#) [of COVID vaccines] for their children,” stating “We should certainly not underestimate the knowledge and decision-making power of the public.”

Nonetheless — surely well aware of the potential for the vaccine to be mandated for school attendance — Nelson joined 16 other members of VRBPAC in giving Pfizer's vaccine the go-ahead in children as young as 5.

Also of note:

- Nelson is no stranger to FDA committees, having [chaired](#) the FDA's Allergenic Products Advisory Committee from 2014 through most of 2017. In 2019, that same committee cleared the way for biotech firm Intrommune Therapeutics to go after the significant [immunotherapy market](#) for peanut allergies — a problem that many believe is linked to [childhood injections](#).
- While at Walter Reed, Nelson received modest [payments](#) from Sanofi Pasteur.

Paul Offit (core VRBPAC member)

[Dr. Paul Offit, M.D.](#) (offit@chop.edu) is professor of pediatrics and director of the Vaccine Education Center at Children's Hospital of Philadelphia (CHOP), as well as holding the [Merck-endowed](#) Maurice R. Hilleman Chair of Vaccinology at the University of Pennsylvania.

Offit [developed](#) the Merck RotaTeq rotavirus vaccine — recommended by ACIP in 2006 for universal use in infants.

Offit is a notorious vaccine [industry insider and shill](#) and has famously [asserted](#) that babies can tolerate “10,000 vaccines at once.”

The group Vaccine Nation ranks Offit sixth on its top-ten list of “[vaccine influencers](#),” along with figures like Bill (#1) and Melinda (#4) Gates and [GAVI Alliance](#) CEO Seth Berkley (#5).

Offit began serving on ACIP in 1998, three weeks before the nation's first rotavirus vaccine (Wyeth's ill-fated RotaShield) got the committee's and Offit's thumbs-up. Shockingly, ACIP recommended the vaccine for universal use before FDA had even licensed the product.

When RotaShield's propensity for causing serious infant bowel obstructions (called intussusception) forced Wyeth to pull it from the market the next year, Offit abstained from ACIP's vote withdrawing its endorsement.

In 1998, four out of eight ACIP members, Offit included, "had financial ties to pharmaceutical companies that were developing different versions of the [rotavirus] vaccine."

A blistering 2000 report by the House Committee on Government Reform criticized conflicts of interest at both CDC and FDA, asserting that it should not be "routine" for scientists with drug industry ties to serve on policy advisory committees.

When queried, Offit gaily admitted, "I am probably just the kind of person you are talking about. I am a co-holder of a patent for a (rotavirus) vaccine [RotaTeq]. If this vaccine were to become a routinely recommended vaccine, I would make money off of that."

Offit did make money, earning "at least \$29 million as part of a \$182 million sale by [CHOP] of its worldwide royalty interest" in RotaTeq. This jackpot earned Offit the nickname of Dr. Paul "For Profit" Offit.

RotaTeq has remained on the childhood schedule to this day despite being linked to fatal cases of intussusception and despite contamination with viruses linked to wasting in pigs.

Offit's industry-sponsored propaganda often seeks to erode parental rights to make decisions about their children's health — dangerous rhetoric that he has not hesitated to ratchet up since COVID.

In late August 2021, for example, Offit editorialized for CNN that "parents do not have carte blanche" with respect to their children and that "school district mandates [such as COVID vaccine mandates] that reduce the risk of death to children should be enforceable."

Selectively ignoring the provable deadly track record of COVID vaccines less than one year after their rollout, Offit also asserted on CNN that "there is no constitutional right to avoid vaccine mandates against a deadly disease."

Offit briefly drew attention in 2020 when he issued a rare (for him) safety warning, pointing out COVID vaccines' potential to trigger antibody-dependent enhancement. When it came time for Offit to vote for the experimental vaccines, however, he confidently flip-flopped, stating he was "not personally concerned" about their safety.

The same cavalier attitude was on display at the Oct. 26 VRBPAC meeting when Offit declared, "You never know everything. The question is whether you know enough."

Contradicting the clear evidence that children have vanishingly small risks of COVID-related hospitalization and death, Offit declared, "We certainly know there are many children between 5 and 11 years of age who are susceptible to this disease who could very well be sickened or hospitalized or die from it" — and then voted "yes."

Also of note:

- In addition to his Merck-endowed academic chair and Merck's bulk purchases of Offit's books for

distribution to physicians, Offit has received other [payments](#) from both Merck and Pfizer.

- In 2009, Bill and Melinda Gates honored Offit at a global health event. Offit serves on the [board of directors](#) of the Gates Foundation's [GAVI Campaign](#), which pushes "widespread use of current and new vaccines" for the world's poorest children.
- In 2013, Offit publicly urged Britain to mandate liability-free MMR vaccines. Concerned journalists [asked](#), "Should we trust Offit's claims ... that MMR vaccines should be made compulsory, especially when he has consulted for the MMR vaccine manufacturer Merck and has personally made considerable profit from Merck and vaccines?"

Steven Pergam (core VRBPAC member)

[Steven Pergam, M.D., MPH](#) (spergam@fredhutch.org) is medical director of Seattle Cancer Care Alliance and became a core member of VRBPAC in early 2020. He is also an [associate professor](#) at the University of Washington School of Medicine and in the Fred Hutchinson Cancer Research Center's Vaccine and Infectious Disease Division.

Pergam is a cancer and kidney transplant survivor and has advocated for "early [COVID] vaccination in ... [cancer and transplant patients](#)," also stating, "There is no question in my mind that boosters will be needed."

He shared [photos](#) of himself reportedly receiving the two-dose Pfizer series in December 2020 and January 2021. At the time, he stated doctors should "be open about side effects and not be dismissive of consumer anxiety."

Pergam has received grant support from NIAID. His [disclosures](#) also include "grant support from Global Life Technologies and participation in research trials with Chimerix, Merck and Sanofi-Aventis" as well as [Optimer/Cubist Pharmaceuticals](#).

Also of note:

- Open Payments lists [nearly \\$126,000](#) in research payments from Merck between 2014 and 2016.

Stanley Perlman (temporary voting member)

[Stanley Perlman, M.D., Ph.D.](#) (stanley-perlman@uiowa.edu) is professor of pediatrics, microbiology and immunology at the University of Iowa. He was trained in medicine at the University of Miami and obtained his Ph.D. in biophysics from MIT.

Perlman's university website states that his lab has been interested in mouse coronavirus infections "for several years" and also studies human coronavirus infections. Elsewhere, the university describes Perlman as a 40-year veteran of [coronavirus research](#) and one of the experts who named SARS-CoV-2.

Perlman has received funding from NIAID and has filed [patents](#) related to "protection against coronavirus infection."

Last November, Perlman gained professional mileage from his VRBPAC participation, garnering a puff piece in a University of Iowa [newsletter](#) about his role "advising the federal government" on COVID vaccine authorizations.

A week before the most recent VRBPAC meeting, Perlman prematurely discussed "the possibility of America giving COVID-19 booster shots to young people" on the "Doctor Radio Reports" [show](#) with Dr.

Marc Siegel.

Also of note:

- Perlman also is a [consultant](#) on ACIP's COVID-19 Vaccine Safety Technical Subgroup.

Jay Portnoy (temporary voting member)

[Dr. Jay Portnoy](#) (jportnoy@cmh.edu) is a professor of pediatrics and an immunologist at Children's Mercy Hospital in Kansas City, where he has held positions since 1985.

Portnoy is billed as the "consumer representative" on VRBPAC, but Open Payments suggests he is far more beholden to the pharmaceutical industry. Since 2014, he has received roughly [\\$111,000](#) (229 different payments) in "general payments" from pharma, and another [\\$100,000](#) or so in "research payments" and "associated research funding."

A wide range of companies have issued general payments, including Boehringer Ingelheim Pharmaceuticals (46%), Phadia, Mylan Specialty, Novartis, Alk-Abello, BioCryst, Teva, Sanofi, Genentech and AstraZeneca. Merck and Aimmune Therapeutics provided the research funding.

Portnoy [admitted](#) he received "over 4,000 emails urging him to vote against the vaccine" on Oct. 26, but he ignored those pleas, "persuaded by the data showing it works." He also professed to be representing parents "who are terrified of sending their children to school."

Last February, Portnoy voted to authorize the J&J vaccine, pronouncing it "as safe and effective as [other vaccines](#) approved for other illnesses, such as influenza" and emphasizing, "we're in a race to stop the virus."

Portnoy apparently had no comments when the J&J shot started causing [fatal blood clots](#).

Also of note:

- Portnoy also serves on two other FDA advisory panels (Allergenic Extracts and Respiratory and Allergy Drugs).
- Portnoy has [donated](#) to the American Medical Association political action committee.

Eric Rubin (temporary voting member)

[Eric Rubin, M.D., Ph.D.](#) (erubin@nejm.org) has been editor-in-chief of the New England Journal of Medicine (NEJM) since September 2019, as well as a physician holding positions at Harvard and Boston's Brigham and Women's Hospital.

Rubin is also an alumnus of Harvard as well as Tufts, where he earned both M.D. and Ph.D. As NEJM's senior editor, Rubin is responsible for "oversight of all editorial content and policies."

Last June, Rubin signaled his predisposition [in favor](#) of authorizing experimental pediatric COVID vaccination, stating, "This isn't a blank slate, we're not going in with a new vaccine to kids, we're going in with a gigantic base of experience now in adults, and that experience has suggested that there may be rare side effects."

He added, "I would just like to have the ability to use this vaccine if we need it," disingenuously stating "[Just] because we give an EUA to the vaccine doesn't mean we have to use it."

By Oct. 26, Rubin was characterizing the VRBPAC decision as “a [much tougher call](#) than we thought coming into it,” alluding to a side effect (myocarditis) “that we can’t measure yet.”

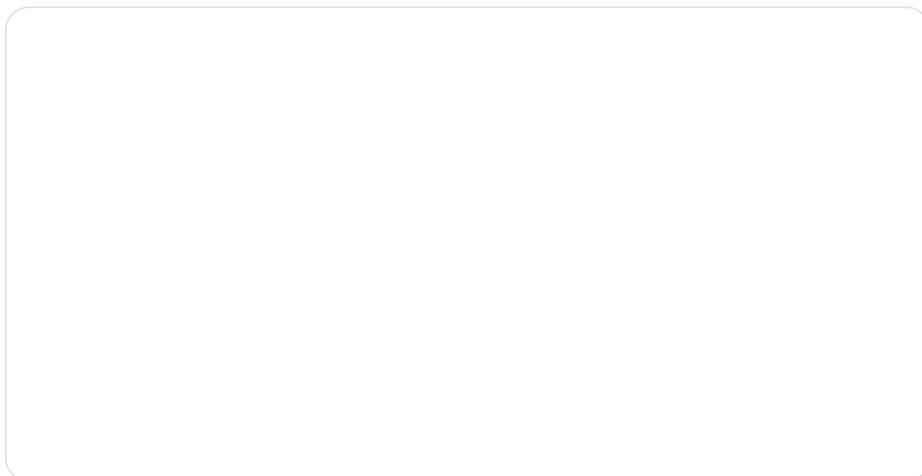
In the context of these admissions — and Rubin’s gravitas as NEJM editor-in-chief — the public was, therefore, shocked to learn of his [casual conclusion](#) following his “yes” vote: Even while admitting that “there are kids who probably shouldn’t be vaccinated,” he felt comfortable stating, “We’re never going to learn about how safe this vaccine is [unless we start giving it](#), and that’s just the way it goes.”

Techno Fog @Techno_Fog · Oct 26, 2021



FDA Committee has approved the Pfizer vaccine Emergency Use Authorization for kids aged 5-11.

In making this decision, the FDA conceded it does not know the long-term risks to these kids.



Techno Fog

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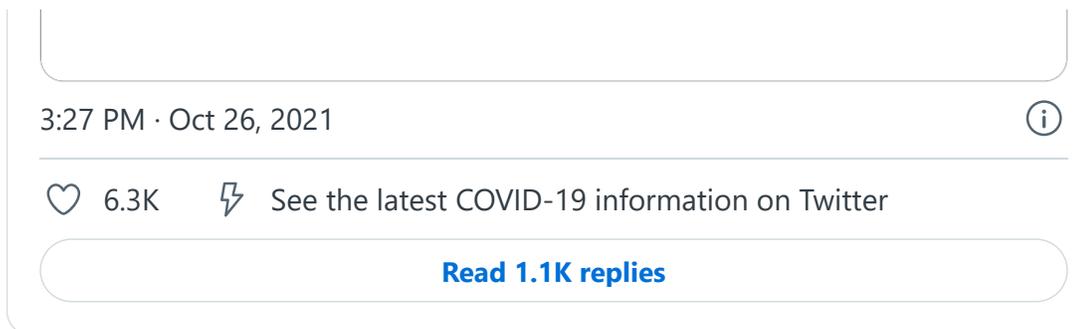
FDA Voting Member:

"We're never gonna learn about how safe the vaccine is until we start giving it."



Video HT [@politicalwilli](#)

Watch on Twitter



Also of note:

- Rubin serves on several boards focused on [drug development](#), including the Global Alliance for TB Drug Development, the Structure-Guided Drug Development Consortium and the Sub-Saharan African Network for TB/HIV Research Excellence.

Mark Sawyer (temporary voting member)

[Dr. Mark Sawyer](#) (mhsawyer@ucsd.edu) is professor of clinical pediatrics and director of UC San Diego's pediatrics residency program, as well as medical director of the UC San Diego Immunization partnership.

With his professional focus on “public health aspects of immunization,” Sawyer’s position on experimentally vaccinating children has been clear from the get-go — with safety conspicuously absent from the conversation.

Last June, Sawyer voiced his [agreement](#) “with those in general who think we need these vaccines sooner rather than later in children,” stating “I’m pretty sure we’re going to need the pediatric component of immunity to create the herd immunity we need.”

In the Oct. 26 VRBPAC discussion, Sawyer made remarks similar to Rubin’s, stating that “more data won’t be available until the vaccine is more widely used” and expressing a desire for the vaccine “as a [tool in our armamentarium](#).”

Also of note:

- In addition to VRBPAC, Sawyer sits on California’s COVID-19 Scientific Safety Review Workgroup and is a [past member](#) of ACIP and the AAP’s Committee on Infectious Diseases.
- Sawyer is also one of the Pediatric Infectious Diseases Society’s [liaisons](#) to ACIP.
- In 2014, Sawyer [donated](#) to the political campaign of corrupt, pharma-sponsored [Richard Pan](#), the doctor/senator who spearheaded the regressive legislation that has eliminated virtually all vaccine exemptions in the state of California.

Melinda Wharton (temporary voting member)

[Melinda Wharton, M.D., MPH](#) (mew2@cdc.gov), the second CDC member of VRBPAC, is [director](#) of the Immunization Services Division in the National Center for Immunization and Respiratory Diseases. Wharton’s training spans Harvard, Johns Hopkins, the University of Michigan and Duke University.

Wharton’s entrée into CDC was as an EIS officer in the mid-1980s, followed by “positions of increasing responsibility” in CDC’s immunization program through the present day.

The Defender reported in January that concomitant with the plummeting vaccination rates triggered by COVID lockdowns was “an overall drop in reports of infant vaccine adverse events,” including “a precipitous drop in Sudden Infant Death Syndrome (SIDS) reports” — the lowest yearly number recorded in the history of the Vaccine Adverse Event Reporting System (VAERS).

This good news did not stop Wharton from fretting over “lagging” childhood vaccination rates.

On the other hand, Wharton’s attitude about pediatric COVID vaccine safety has been blasé. Last June, she stated she was “quite comfortable” with the idea of rolling out the vaccines to young children, characterizing the database on safety as “robust” (and neglecting to mention the alarming safety problems that were already quite apparent at that time).

Also of note:

- Wharton has served as ACIP’s executive secretary.
- In a 2010 publication, Wharton “urge[d] school nurses to promote pre-teen vaccines.” She also has actively participated in efforts to get more young teens to take the dangerous HPV vaccine.

The abstainer: Michael Kurilla (core VRBPAC member)

Michael Kurilla, M.D., Ph.D. (michael.kurilla@nih.gov) is director of NIH’s Division of Clinical Innovation in the National Center for Advancing Translational Sciences (NCATS). He has served on VRBPAC since summer 2018.

Kurilla, who has a “top secret/sensitive compartmented information” (TS/SCI) security clearance from the U.S. government, has had a career that is a “par excellence” illustration of the revolving door between government, industry and academia.

Before directing NIH’s Division of Clinical Innovation, Kurilla worked in the NIAID Office of Biodefense Research Affairs, as well as at Wyeth and Dupont Pharma and the University of Virginia.

Kurilla explained his abstention from the Oct. 26 vote on COVID shots for young children “was based on the specific [yes/no] question the FDA asked,” and more specifically, on FDA’s lack of “nuance” and “one-size-fits-all” approach.

Arguing that alternate dosing should be made available to the estimated 40% of American children who have had COVID, he stated:

“I think the idea of doing under an emergency use authorization, two doses for everybody without any flexibility around this, I think is just not going to go over very well and I don’t think it’s going to give the health care community the options and parents the options to choose what’s best for their children.”

Kurilla also noted the brief three-month clinical trial follow-up period for children aged 5 to 11.

At a previous VRBPAC meeting (June 2021), acting chair Monto cut Kurilla off after the latter “asked whether the vaccines, made from a strain collected 18 months ago that is no longer in circulation, is the right one given current variants.”

At the Oct. 26 meeting, Kurilla predicted that vaccine-induced immunity in younger children would wane “within 4-6 months.” Stating, “The benefit here is assumed to be prevention of severe disease,” Kurilla asked, “The question really becomes, does this vaccine offer any benefits to them at all?”

Also of note:

- In March 2020, Kurilla's NCATS "rapidly pivoted virtually [all its programs](#) to respond to COVID-19," including launching "perhaps the most ambitious [electronic health records] project ever undertaken," a project called the National COVID Cohort Collaborative (N3C), which "now contains detailed data on over 3 million people."
- Kurilla's multisite N3C network is [partnering](#) with software, data analytics and cloud computing companies Adeptia, TriNetX, MDClone, IQVIA, Palantir Technologies, Microsoft and Amazon.
- Kurilla deserted academia for industry due to self-described dissatisfaction with his "career trajectory." That [industry experience in drug development](#) then landed him in biodefense at NIH. Kurilla states he enjoys working with the Department of Defense, Homeland Security and the National Security Council.
- Internationally, Kurilla served on the World Health Organization (WHO) [Ebola Science committee](#).
- Kurilla lists past research grant support from NIH as well as biotechnology company GenBio.

The non-voting pharma rep: Paula Annunziato

[Dr. Paula Annunziato](#) (paula.annunziato@merck.com) is Merck's vice president for clinical research and is the current non-voting pharmaceutical industry representative on VRBPAC. Annunziato has spent the bulk of her career (2002–present) at Merck, where she has led Product Development Teams for [Gardasil and Zostavax](#) as well as spearheading development of other pediatric, adolescent and adult vaccines.

Annunziato also helped ensure that Merck achieved two [regulatory milestones](#) for an experimental Ebola vaccine — expediting its U.S. and European review via an FDA [Breakthrough Therapy](#) designation and [PRIME](#) (PRiority MEDicines) status with the European Medicines Agency.

In a COVID-vaccine-related [paper](#) published in October 2020, Annunziato and co-authors recommended "longer-term follow-up of all participants ... in a double-blind manner ... for at least a year after randomization..."

However, in a VRBPAC session that same month, Annunziato hedged her bets, citing a variety of factors that might "in fact [preclude continuation](#) of some of these placebo-controlled studies." By February 2021, participants in the [placebo groups](#) had essentially all been vaccinated.

Annunziato was present at the 2006 meeting of ACIP where the committee recommended [routine Gardasil vaccination](#) of 11- to 12-year-old girls and initiation of the vaccine series in girls as young as 9 at providers' "discretion."

Children's Health Defense and the law firm Baum Hedlund have filed [12 lawsuits](#) against Merck alleging the company knew its Gardasil human papillomavirus (HPV) vaccine was "defective and [unreasonably dangerous](#)."

Zostavax was the first shingles shot approved in the U.S., but Merck quietly [took it off the market](#) in November 2020. Harvard Medical School claims this was "not because of side effects" but admitted back in 2007 that [370 people](#) would need to get Zostavax "to prevent a single case of postherpetic neuralgia over the next three years."

Lawsuits are ongoing alleging that Zostavax caused (rather than prevented) shingles and related

injuries. Claiming Merck knew (or “should have known”) of serious [risks and reactions](#) associated with Zostavax, and asserting the company “failed to exercise reasonable care in [its] design, labeling, testing, formulation, manufacture, sale, marketing, and distribution.”

Annunziato co-authored a paper showing Zostavax — which she still deems to have had a “favorable” safety profile — generated [45,898 reported adverse events](#) over a 10-year period, with nearly one in 10 of these rated as serious and 74 deaths considered “temporally but not causally associated with vaccination.”

Here’s what you can do

To get the shunning ball rolling, we list some suggested tactics below but also invite readers of The Defender to share their own suggestions in the comments.

Note: It is inconceivable that VRBPAC members would behave in such a corrupt manner without the approval and say-so of their institutions, so any shunning actions necessarily must also extend to the universities and other institutions that have these individuals’ backs.

- **Send a Notice of Liability** to each VRBPAC member — see [examples](#) at the Doctors for Covid Ethics website.
- **Check the campaign contributions of VRBPAC members** at [OpenSecrets.org](#). If they are donating to a politician who represents your state or Congressional District, call or write to your representative and ask why they are accepting donations from people who are seriously compromised by the pharmaceutical industry and harming our children.
- **Refrain from appointing VRBPAC members** to the boards of community organizations — or revoke their current board appointments. These types of “good citizen” positions should not be offered to people who are not behaving as “good citizens.”
- All universities benefit from state and local appropriations. **Contact your legislators**, explain that academic operations at these universities are clearly supporting federal corruption and demand that the legislators revoke the appropriations.
- **Write to the board** of trustees or person who manages the university endowment. Demand they disclose their investments in companies that are harming our children and explain how these investments support active participation in federal corruption by those affiliated with the university.
- **Stop donating** to the universities and academic departments in question and let them know why. When asked for an update by your university alumni group, ask to be removed from the alumni email list and database, and explain you have stopped donating to the university as a result of its support of federal corruption.
- **Cancel your season tickets** and other participation in sports and cultural events at the university. Explain why.
- **If you are involved** in recruiting for your company, remove these universities from your recruiting lists. Write to the university’s placement office to explain why.
- **Ask local newspapers** to publish copies of the letters you write to university officials. Organize to support members of the independent media in researching and publishing information regarding VRBPAC members’ conflicts of interest, as well as the university conflicts of interest that compromise the institutions’ intellectual resources and activities in science, medicine and

technology.

- **Write to the university chaplain** and ask for prayers for the university to be released from the spirit of corruption. Provide details.
- **Identify the banks** involved in managing the university's bank accounts, financial assets, endowment and pension funds; where applicable, demand to know why the university is doing business with banks that have compromised our federal government accounts and are financing policies at the federal level that are harming our children.
- **Do not buy or hold stocks** in companies with which VRBPAC members are connected.
- **Do not buy** products or drugs that VRBPAC members have developed or patented.
- **Make it clear** — through letters to the editor and letters to the institutions — that you will not forget VRBPAC members' decision to enable the needless harming of young children.

SUGGEST A CORRECTION



Children's Health Defense Team

[Sign up](#) for free news and updates from Robert F. Kennedy, Jr. and the Children's Health Defense. CHD is planning many strategies, including legal, in an effort to defend the health of our children and obtain justice for those already injured. Your [support](#) is essential to CHD's successful mission.

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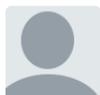
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Name



jacques merde • 8 months ago

do NOT forget the W.H.O. who changed the definition of herd immunity to push vaccine immunity only...

[see more](#)

34 | • Reply • Share ›



Nod jacques merde • 8 months ago

I think they gave all of us the most relevant information of all. And they laid out the paper trail.

This is disgusting beyond belief, what they do to the kids. But then I reflect on the fact

that 30,000 children die every day from preventable hunger and disease, due only to a lack of money. And they have always died thus. Our children, are becoming them.

The globalist will devastate the middle class. They will take control of countries with the fraudulent debt.

Stakeholder capitalism is what they call globalism/great reset. By definition they are fascism. The globalists, will rule. And we will be serfs.

In the early 70 we watched Pierre Elliot Trudeau sell Canada's monetary system to the international bankers. PET was a globalist, a Bilderburger, and he had a heavy hand.

His boy JT, is selling off our right to choose. He went on National Television and championed the segregation of those who say "no".

If we say yes? We are done. Serfs

[see more](#)

12  |  • Reply • Share ›



MultiChubby1  Nod • 8 months ago

excellent.

12  |  • Reply • Share ›



Karen Fox  Nod • 8 months ago

It seems possible that Australia and Canada are on similar trajectories - both formerly free, proud & prosperous nations, now full of covering sheep looking to the Government to save them.....by giving up all freedoms and their children they believe they will be saved.....from the flu FFS. Here we have a smirking PM telling us the jab is not mandatory while State Premiers order that our lives, jobs and any pretence of laws are of no consequence, unless, at this point, you are "double jabbed" - with no exemptions to even those who have suffered debilitating side effects from their first dose of the experiment, from 16yo's up. Lion Mother of 3 healthy teenagers. Over my dead body.

5  |  • Reply • Share ›



Spanky  Nod • 8 months ago

how many of these people are christians?

does not seem to be a very diverse group.

4  |  • Reply • Share ›



Python Lee Jaakson  Nod • 8 months ago

Yes..sad but true summary on what's unfolding..I was one of the ones asleep until 2020 when a co-worker gave me some info, and the deeper I dived, omg, I think we can all to our own part to resist, have to try, but the cabal we're up against, I don't know how it will turn out, but like Carlin said, we now have front

row seats. As for Christians, that word is bandied about without true meaning & reflection..so called churches in Kingsville Ontario are demanding vaxx passes..birds of a feather..get flocked together..stay strong, true Christian Brothers & sisters, NO SURRENDER, NO RETREAT!!

2 ^ | v • Reply • Share ›



SibyllasStuff → Nod • 4 months ago

It is now February - Trudeau and his Klaus Schwab trained ministry had trucks lots of truckers ascend upon Ottawa. They were cheered on by the general populace- out in the cold - mile after mile. However, the coward that he is, Trudeau ran off and refused to hear the trucker's complaint. Then he had the cops of some variety trample an old lady; beat up citizens. We are watching them all. We here in the regular msm world - are never given the true story. Thank you Defender for all you do.

1 ^ | v • Reply • Share ›



Fred Fedora → jacques merde • 8 months ago

The vaccine is far safer than getting COVID.

^ | v 18 • Reply • Share ›



BD482 → Fred Fedora • 8 months ago

Hey, Fred

You do realize that however much money big pharma has paid you, you can't take that with you into the next realm, beyond death? And that you'll be held to account, in due course?

7 ^ | v • Reply • Share ›



Karen Fox → BD482 • 8 months ago

Excellent reply @BD482!

3 ^ | v • Reply • Share ›



Judith Spencer → Fred Fedora • 8 months ago

Don't be ridiculous....this is an experimental gene therapy...it is not a vaccine!
The trials do not finish until 2023! Think before you speak!

7 ^ | v • Reply • Share ›



jorgepancho → Fred Fedora • 8 months ago

You must be joking. We're up to 850K Americans injured by these experimental mRNA gene therapies. The damage has yet to be fully determined, as the "vaccinated" are proving to be less immune.

5 ^ | v • Reply • Share ›



kimmie taylor → Fred Fedora • 8 months ago

You are joking, right?

4 ^ | v • Reply • Share ›

4 ^ | v • Reply • Share ›



John Greenfield → Fred Fedora • 8 months ago

Are you out of your mind? The only danger in COVID is lack of early treatment. The dangers of the vaccine are mimicking "long-hauler" COVID cases who were untreated. This is due to spike protein expression in target organs. The only other way (besides "getting COVID") to get spike proteins into your body is via injection. This 'so called' vaccination is literally self inflicting a spike protein manufacturing program into your body which can express in any cell with a nucleus!!!! As we have seen with the lipid nanoparticles, they can go into the brain, heart, spleen, bone marrow etc.....YOU ARE NOT SUPPOSED TO GET AN IMMUNE RESPONSE IN YOUR BRAIN -- OR ANYWHERE DEEP WITHIN THE BODY. Now do you get it? You don't self inflict a pathogen. The COVID infection enters the body through the normal pathways of ingestion/respiration. That's where an immune response (and early treatment) are meant to take place. That's alot safer than playing organ-damage roulette with the most deadly part of the pathogen. By the way, there is no such thing as "mild myocarditis" just as there is no such thing as being "mildly pregnant". Once your heart is damaged, you have just shortened your life. You don't get dead heart muscle back. SAFER NOW?

2 ^ | v • Reply • Share ›



KATHRYN R CALDWELL → Fred Fedora • 8 months ago

You are sadly mistaken.

2 ^ | v • Reply • Share ›



(Torpedo) → Fred Fedora • 8 months ago

Can you even define that word, let alone assure everyone it's safe? Learn to read. Do some independent research. Stop listening to the lamestream media.

1 ^ | v • Reply • Share ›



Kevin N → Fred Fedora • 7 months ago

Actually, latest uk data looking at excess deaths, shows there is virtually no difference between the vaxed and unvaxed, aside from an odd peak in 'unexplained' deaths for the elderly, following their second jab.

^ | v • Reply • Share ›



ryan → Fred Fedora • 7 months ago

Wrong. Covid was a joke for me. I stopped nothing

^ | v • Reply • Share ›



Fred Fedora → ryan • 7 months ago

And how many people did you give it to? Do you even care?

^ | v • Reply • Share ›



Fred Fedora → ryan • 7 months ago

And how many people did you give it to? Do you know, or care?

^ | v 1 • Reply • Share ›



Brian Nomi • 8 months ago

I like the thought of this article. Honestly, these 17 people will probably never know or care if they are shunned. They are getting paid very well. They hold positions of power and prestige. The media adulate them as heroes, and probably their immediate family and friends do as well. The most powerful way to change a mind is to show actual stories of people who were vaccine injured, but again the media does all it can to suppress this as well. I don't know the right way to shun, but agree that if I ever see these folks on the roadside, I will do so.

28 ^ | v • Reply • Share ›

Avatar

This comment was deleted.



CheeseEdWest → Guest • 8 months ago

I know this is a one take, but I believe you can learn a lot about somebody by their habitual expressions in a photo. What strikes me here is how soft and passive all of these people are--they look like NICE people. It's not that they are aggressive, push, hardened people--they appear to be weak and easily manipulated, great high echelon followers, not true leaders. I wouldn't be surprised if these folks could be counted among those who believe the PsyOP material, and believe they are doing the right thing. Timid souls, not capable of independent investigation or critical thought, bought and paid for and thinking they are helping humanity.

11 ^ | v 1 • Reply • Share ›



Rose Martyn → CheeseEdWest • 8 months ago • edited

Do not under any circumstance fall for them as NICE but trying to do the right thing. They are far from weak no matter their countenance. They look, like the head of this gang, Anthony Fauci, like choir boys and girls. But to succeed in the evil lie that they are promoting for money and power, a banal, non-threatening appearance is absolutely essential for success. All of them have well above average intelligence and achieved mainstream power credentials. It simply is not credible that they don't know there is something very wrong with what is happening but they are able to look the other way They are corrupt and their greed keeps the blinders to the truth firmly in place. When the truth eventually becomes inescapable, what do you think the chances are that a single one of them will attempt to right their wrongs or return their ill gotten gains to help the vaccine injured? The Nazis didn't and they won't either but If as you say, they think they are doing the right thing, then shunning them will wake them out of the stupor.

9 ^ | v 1 • Reply • Share ›



Rose Martyn → CheeseEdWest • 8 months ago • edited



Here's a picture of another nice, soft looking person. Just another "timid soul" ? Certainly doesn't look aggressive or hardened. Hmmm, I wonder who this demure creature is? Why it's Ilse Koch, the bitch of Buchenwald famous for her hand crafted lampshades! Imagine that. If you don't know she is, just google.
(All I am saying is don't be fooled. Wake up. The most effective lies come in a soft package or we wouldn't be able to swallow them.)

7 ^ | v 1 • Reply • Share ›

Avatar

This comment was deleted.



Rose Martyn → Guest • 8 months ago

I was taken aback by your disrespect for the mass extermination of the innocent that took place not so long ago and was going to ask your cruel comment be removed. Then I thought, no, your comment will only serve to draw much needed attention to details of the Holocaust among those who have forgotten that a banal looking creatures can be capable of unspeakable cruelty, given the opportunity. Someone who does not know who Ilse Koch was, will do some research they would not have done if you had not been so flippant. So thank you Mr. Bombadillo for drawing attention to the Holocaust, especially as this terrible crime against humanity spurred the creation of the Nuremburg Code.

1 ^ | v 1 • Reply • Share ›



Judith Spencer → Rose Martyn • 8 months ago

Hear hear...I totally agree..

1 ^ | v • Reply • Share ›



John Stone Mod → Rose Martyn • 8 months ago

I thought I had removed this comment.

^ | v • Reply • Share ›



Lone Ranger → John Stone • 8 months ago

These poison shots hurt all people who take them ,not just children .
These shots are what used to be the gas chambers of the past .

2 ^ | v • Reply • Share ›



Judith Spencer → Lone Ranger • 8 months ago

Absolutely right there..

^ | v • Reply • Share ›



GetCheckedNow → CheeseEdWest • 8 months ago

Good point.

If so, then maybe receiving hundreds (or hopefully thousands?) of emails from the public may stir their conscience, may get them thinking.

How many have children? Do they really want assisting in genocide to be their legacy? Do they really want their children to remember them for assisting evil people in their Crimes Against Humanity?

I wonder how many even consider that. Would they consider it if they received huge numbers of emails?

3 ^ | v • Reply • Share ›



john francis → GetCheckedNow • 8 months ago

I will be emailing.

1 ^ | v • Reply • Share ›



John Greenfield → CheeseEdWest • 8 months ago

And certainly NOT healers

^ | v • Reply • Share ›



Isthithingon → CheeseEdWest • 8 months ago

Mass Formation Hypnosis/Psychosis is what most are living under who are going along with this fiasco; but these folks are something else entirely, as their livelihoods depend on the drugs/poisons they push...maybe they do think they are helping, or maybe they just don't think it's hurting...either way they clearly shouldn't be making any medical decisions for us or our babies!

Bring on the shunning, if it doesn't work, then we will know they are full on sociopath like all the rest of them.

^ | v • Reply • Share ›



tom → Guest • 8 months ago

Don't worry people. God has a special place for people like this!

— Don't worry people. God has a special place for people like this:
2 ^ | v • Reply • Share ›

 **Jenna** → Guest • 8 months ago
@CHD

I just have to point out, you censor my comment about climate change but allow a direct threat of physical harm to FDA committee members to remain.

Nice.
2 ^ | v 1 • Reply • Share ›

 **Tony Montana** → Jenna • 6 months ago
Those scumbags at FDA and CDC deserve that!
^ | v • Reply • Share ›

 **John Stone** Mod → Jenna • 8 months ago
You are right, that comment should not have been allowed either.
^ | v 1 • Reply • Share ›

 **Jenna** → John Stone • 8 months ago
Mine should have, it didn't threaten anyone. But it's your show.
1 ^ | v • Reply • Share ›

 **John Stone** Mod → Jenna • 8 months ago
We prefer different language - there are site rules.
^ | v • Reply • Share ›

 **Jenna** → John Stone • 8 months ago
Indeed, all sorts of studies – linguistic, psychological, physiological and neurological – back up the story that swearwords are more arousing, more shocking, more memorable and more evocative than other language stimuli (Forbidden Words by Allan and Burrige 2006: 244–50). So, is it any wonder that people reach for them to vent spleen, hurl abuse, let off steam or simply colour their language? These words express a sentiment that ordinary words cannot.

Evidence abounds that swearing is an emotion-based coping mechanism that makes us feel more resilient. Speaking on her book Swearing is Good for You, Emma Byrne is quoted as saying “[s]tudies show that when you put people in stressful situations and tell them they cannot swear, their performance goes down and their experience of stress is much greater”.

As well as the neurological and linguistic evidence for the emotional impact of cuss words, other benefits of swearing explored by Burrige

include; swearing helps alleviate pain and makes you stronger; that abusive profanity replaces physical violence.

<https://www.routledge.com/b...>

1 ^ | v 1 • Reply • Share ›



John Greenfield → Jenna • 8 months ago

well f@cking said

^ | v • Reply • Share ›



Rose Martyn → Guest • 8 months ago • edited

Thank you for your post Tony, these so called scientist who are financially conflicted should never be able to fade into obscurity after the big lie catches up with them. They remind me of some other power players from the past. They tried to fade out of public view after their fall from power. Its the guards at Auschwitz on a staff picnic. They look so nice don't they? They look so normal like your neighbors or relatives or even like the pharma henchmen above. Who would guess they were not guarding real prisoners but rather they were key participants in a scheme of mass extermination. Who would guess that the "17" aren't really scientists but rather paid participants in a scheme of mass experimentation on innocent children. They, too, look so nice.



^ | v 1 • Reply • Share ›



Lone Ranger → Rose Martyn • 8 months ago • edited

That monster woman called Bonny Henry the leader of the medical terror in British Columbia ,would fit right in ,in the above picture .Than it was happening in Germany now it is common practice in the whole world .

1 ^ | v 1 • Reply • Share ›



RHE9 → Brian Nomi • 8 months ago

I shun corrupt medical tyrants, politicians, media etc ALL the time as a matter of principle. Whether or not, it yields a positive change, it's the RIGHT thing to do. There's something very powerful in exposing "the emperor has no cloths" for we see your complicity in crimes against humanity.

10 ^ | v • Reply • Share ›



Annette Cohen → Brian Nomi • 8 months ago

You won't see these folks on the roadside. You - that is, we all - need to commit to doing at least some, or better yet all, of the activities which are presented in this article. It takes committment, time, and effort.

7 ^ | v • Reply • Share ›



Leslie Taylor → Brian Nomi • 8 months ago • edited

You're right of course Brian (but only to an extent). Though Dr. Jay Portnoy (jportnoy@cmh.edu) professor of pediatrics and an immunologist at Children's Mercy Hospital in Kansas City, did admit that he received "over 4,000 emails urging him to vote against the vaccine" yet, ignoring those pleas, he voted to authorize the "vaccine" on Oct. 26. Regardless, there's power in these activities that is not immediately and