14 ACIP Members Who Voted to Jab Your Young Children – and Their Big Ties to Big Pharma

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> ***On Nov. 2, members of the Centers for Disease Control and Prevention's vaccine advisory committee voted 14–0 to recommend Pfizer's pediatric COVID shot for children 5 –11 years old. Were their decisions driven by science and conscience – or their ties to drugmakers?***

by **Children's Health Defense Team**
November 24, 2021

CHD EDITOR'S NOTE: Following the Oct. 26 meeting of the U.S. Food and Drug Administration's (FDA) Vaccines and Related Biological Products Advisory Committee (VRBPAC), Children's Health Defense argued it is time to shun the individuals – and institutions – that are selling out America's children without even a prick of conscience. At the close of this article about the members of the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP), we reiterate our list of suggestions for shunning.

On Nov. 2, the members of ACIP voted 14–0 to recommend Pfizer's Emergency Use Authorization (EUA) COVID shot for children 5 –11 years old.

Committee members readily voted "yes" despite many unknowns about long-term safety, including a complete lack of data on the risk of heart problems like the ones experienced by some adolescents who received COVID vaccines.

Neither the disgracefully unscientific vote nor CDC Director Rochelle Walensky's prompt endorsement came as a surprise. Though billed as "independent," the 14 ACIP members – like the 17 members of FDA's VRBPAC who voted the same way the previous week – have deep ties to pharma, with careers that hinge on promoting and rubber-stamping the United States' destructive one-size-fits-all vaccination agenda.

Describing the VRBPAC and ACIP meetings as "a total sham," Children's Health Defense President Mary Holland said, "Sadly, approval from these committees means nothing in terms of safety."

Political scientist Toby Rogers agreed, stating the ACIP meeting "was not a scientific review. It was banal bureaucrats announcing plans for a Blitzkrieg and the bought white coats were cheering them on."

With their vote to give young children the dangerous injections, ACIP members signaled that they, too, deserve to be shunned, along with the powerful institutions with which they are affiliated. The latter include the nation's top universities and leading pediatric hospitals.

Without exception, all the universities at which ACIP members have appointments – Brown, Drexel, Harvard, Michigan State, Ohio State, Stanford, University of Maryland, University of Washington, Vanderbilt and Wake Forest – have mandated COVID vaccines.

Pediatric hospitals, meanwhile, are playing a frontline role as COVID vaccination sites. Promoting the injection for 5-year-olds, First Lady Jill Biden visited Texas Children's Hospital straight away, applauding the hospital for the 39,000

pediatric vaccine appointments it had already scheduled.

Also worthy of shunning are the 20,000 individual vaccine providers who were pre-positioned to "hit the ground running" and "get shots in little arms."

Within two days of ACIP's and Walensky's verdicts, these providers had administered the jab to thousands of 5- to 11-year-olds, and within the first week, according to the White House, 900,000 children had been injected.

New dangers emerging

Community vaccination sites such as pharmacies and pop-up clinics have attracted recent attention for egregious vaccine administration errors in young children:

- In Texas, a pop-up clinic gave adult doses of the Pfizer jab to 6- and 7-year-old boys "two days before a proper dose of the vaccine was even approved for that age range."
- In Virginia, a pharmacy (subsequently ordered to stop administering the shots) gave 112 children in the 5–11 age group the wrong COVID vaccine formulation.
- A pediatric practice in California also gave 14 children an incorrect dose of the Pfizer jab, not disclosing "whether the kids got too much or too little."
- In addition, pharmacies have "mistakenly" given adult COVID shots to children under age 5 whose parents had requested flu shots.

With censorship rampant, many parents may be unaware of these transgressions. They also may not know that the experimental product FDA and CDC are unleashing on children is coming under increasing fire from Pfizer whistleblowers.

The same day as the ACIP vote, The BMJ published a whistleblower's hair-raising account of "data integrity issues" in Pfizer's "helter-skelter" clinical trials.

According to Brook Jackson – a trained clinical trial auditor – Ventavia Research Group (one of the contract research organizations engaged by Pfizer) "falsified data, unblinded patients, employed inadequately trained vaccinators, and was slow to follow up on adverse events." Quality control staff, Jackson further reported, were "overwhelmed by the volume of problems they were finding."

When Jackson shared her concerns with both Ventavia and FDA in September 2020, Ventavia fired her. FDA ignored her warnings and granted EUA status to Pfizer's injection in December.

Melissa Strickler McAtee, until recently a quality control employee at Pfizer's plant in McPherson, Kansas, described, in an interview with Project Veritas, Pfizer's efforts to deceive the public about the use of fetal cell lines in creating the COVID shot.

Equally disturbingly, Strickler McAtee told other journalists that Pfizer's vaccine exhibits an unusual fluorescent blue glow, stating she had "never once [previously] seen anything do that, not even close" during her 10-year career inspecting "hundreds of thousands of units" of vaccines. She also reports that her co-workers at the plant are being unprecedentedly kept in the dark about what the vaccine's ingredients are.

Pfizer has a lengthy history of quality control problems in addition to a business model predicated on habitual fraud. The Kansas plant, which Pfizer acquired when it strategically purchased injectable drug company Hospira in 2015, has been repeatedly "dinged" by FDA for problems with quality, cleanliness and contamination.

In the three years leading up to its acquisition by Pfizer, Hospira had to issue more than 40 recalls, and Pfizer/Hospira has continued to be a frequent offender on FDA's recall list since 2015, receiving another warning letter from FDA in 2017.

FDA's tsk-tsking of Pfizer clearly represents a hollow rebuke,

however, as this week's FDA request to a federal judge made plain: FDA is asking for 55 years to make public the data and information it relied on to license Pfizer's COVID-19 vaccine.

These and other clinical trial shenanigans strongly intimate that "the data that the FDA and CDC have been pretending to base their decisions on for the last year, are fiction."

Below are the ACIP members who signed off on Pfizer's pediatric vaccine, and their conflicts of interest.

ACIP Chair Grace Lee

Dr. Grace Lee (gmlee@stanford.edu) chaired the November ACIP deliberations. Lee has been associate chief medical officer for practice innovation at Stanford Children's Health and a pediatrics professor at Stanford School of Medicine since 2017, after having spent two decades at Harvard and Boston-area hospitals.

In addition to policy work focusing on financial rewards and penalties to reshape hospital performance, Lee has built her reputation by shoring up the pretense that the nation has a functioning vaccine safety surveillance system.

Lee served as past principal investigator for the CDC's Vaccine Safety Datalink (VSD), a large database that includes comprehensive longitudinal medical and vaccination records for two million children and seven million adults. Although VSD analyses have the potential to permit enlightening vaccinated-unvaccinated comparisons of health outcomes, the CDC has sole access to the data.

In the words of CHD's chief scientific officer Dr. Brian Hooker, CDC has "shut [VSD] up like a fortress, despite the fact that it's taxpayer-funded."

In VSD-based publications – some of which include fellow ACIP member Matthew Daly – Lee has made a habit of downplaying vaccine risks. For example, she encourages women to get Tdap

(tetanus-diphtheria-acellular pertussis) shots during pregnancy, even while data show an increased risk of placental and amniotic fluid infection in vaccinated pregnant women.

She also has whitewashed risks of flu shots in children under age 5 despite finding "an apparent dose-response for vaccine and allergic reactions in the 1- to 3-day risk window." She dismisses post-vaccination anaphylaxis risks as "rare," though the package inserts for most vaccines on the childhood schedule prominently list anaphylaxis as an adverse event.

Another VSD study co-authored by Lee documented a safety signal for febrile seizures linked to influenza vaccination of children in their first five years, particularly if administered along with pneumococcal vaccination; massaging the troubling conclusion with vaccine doublespeak, Lee and colleagues proposed placing their findings "in a benefit-risk framework to ensure that population health benefits are maximized."

While in Boston, Lee served as associate director of the FDA-funded Mini-Sentinel Project, one of several newer vaccine safety surveillance mechanisms trotted out over the past decade.

As noted by CHD Chairman Robert F. Kennedy, Jr. in a letter to Biden advisor David Kessler in December 2020, studies published using Sentinel data – all authored by the same small pool of insiders – focus on an extremely narrow subset of adverse outcomes and reflect methodological decisions "that could easily constrain researchers' ability to detect outcomes of interest."

When a Sentinel study of the two rotavirus vaccines routinely given to American children identified a "significant risk" of intussusception after dose 2 – a bowel complication that forced CDC to revoke its recommendation for an earlier rotavirus vaccine – Lee and co-authors deployed more

doublespeak, once again advising the public to consider the risk "in light of the demonstrated benefits of rotavirus vaccination."

Discussing myocarditis last June, Lee admitted, "clinical presentation of myocarditis cases following vaccination has been distinct, occurring most often within 1 week after dose two, with chest pain as the most common presentation."

This did not stop Lee from joining with other public health officials in passing off myocarditis as "an extremely rare side effect" and claiming that young people are likely to "recover on their own or with minimal treatment."

Many experienced health professionals, including Dr. Ryan Cole, Dr. Aaron Kheriaty and Dr. Steven Pelech, fiercely dispute the notion of "mild" myocarditis.

Also of note:

- In September of this year, Lee co-authored a paper in JAMA belatedly conceding that a large segment of the population ("women and those with a history of allergic reactions") is at "elevated risk" of experiencing allergic reactions to mRNA COVID vaccines due to the presence in the injections of polyethylene glycol (PEG). CHD issued urgent warnings about PEG and its entirely predictable anaphylaxis risks a full year earlier, in September 2020.
- Stanford receives extensive vaccine funding from the Gates Foundation, including for the development of 3D-printed vaccine microneedle patches (a strategy that would allow "vaccination without a shot").
- Stanford is the second-largest university beneficiary of funding from the David and Lucile Packard Foundation, which is aggressively funding COVID vaccination of U.S. Latinos.
- Not only does Stanford require all students to be COVID-

vaccinated, but it also urges vaccination for students' children.

Lynn Bahta

Lynn Bahta, RN, MPH (lynn.bahta@state.mn.us) is an immunization program clinical consultant for the Minnesota Department of Health, with a 25-year career focused on promoting vaccination.

During the pandemic, Bahta has been giving talks about "vaccine hesitancy in the time of COVID," offering "key communication strategies to build confidence among those who are hesitant."

Vaccine "hesitancy" appears to have been her bailiwick long before COVID, however, and her publications suggest a particular interest in coaxing Minnesota's immigrant, migrant and refugee populations into higher vaccination rates.

Loyal to the fraudulent CDC party line that denies any link between MMR (measles-mumps-rubella) vaccination and autism, Bahta has published articles dismissing the well-founded autism concerns of Minnesota's Somali community as "misinformation."

Somali children in Minneapolis suffer the highest known rate of severe autism in the world. Somali parents allege that the reaction of public health officials like Bahta has been one of indifference.

Discussing COVID vaccines, Bahta claims that the "great majority, usually over 90%" of adverse reactions "are not serious."

In fact, while stating that she "never disagrees with people who believe they were injured by vaccines because it's difficult to know," she clearly sides with public health officials in viewing "unverified reports" to the Vaccine Adverse Event Reporting System (VAERS) as "misunderstood by

the public and exploited by skeptics in a way that is undermining immunization efforts against COVID-19."

Bahta disingenuously opines that "people naturally but incorrectly associate injuries with recent events."

Also of note:

- Bahta's was one of the core "yes" votes in favor of recommending Moderna's COVID shot last December.
- When ACIP deliberated over COVID booster shots in September, Bahta was willing to recommend boosters for adults age 50 and up and individuals with underlying conditions but not for some groups of younger adults. At the time, Bahta argued for the need to "stay with the science," stating, "I don't think we have the data."
- By November, Bahta apparently was untroubled by the paucity of safety data available for the 5–11 age group, stating, "We know more than what we don't know."

Beth Bell

Beth Bell, M.D., MPH (bzb8@uw.edu) is a clinical professor in the Department of Global Health at the University of Washington (UW) School of Public Health. Until 2017, Bell spent most of her career at CDC, including as Director of the National Center for Emerging and Zoonotic [animal/insect-to-human] Infectious Diseases.

At UW, Bell is on faculty at the UW Alliance for Pandemic Preparedness (formerly called, until fall 2020, the MetaCenter for Pandemic Preparedness and Global Health Security), which "harness[es] big data and forward-thinking strategies to devise more unified approaches to current and future health security risks."

"Health security" and biosecurity are the linchpin buzzwords that global technocrats are using to push for complete control over people's "ability to work, to socialize, to travel,

conduct business, access public services and to purchase essential goods and services."

Like many of the individuals who make their way onto FDA and CDC committees, Bell started her CDC career as an officer in the Epidemic Intelligence Service (EIS), a branch that journalist Jon Rappoport has dubbed the "medical CIA."

As Rappoport notes, EIS graduates' occupancy of "key positions in the overall medical cartel" furnishes an "unparalleled opportunity" to control information – and disseminate disinformation.

During COVID, Bell has positioned herself as a champion for vaccination "equity," stating "If we're serious about valuing equity, we need to have that baked in early in the vaccination process."

Bell's comments about wanting to make sure "socially vulnerable" communities and people of color have access to COVID shots echo troubling racially oriented remarks made by Melinda Gates early on in the pandemic. Located in Gates' backyard, UW not only benefits from close ties with and extensive funding from the Gates Foundation – an organization tainted by allegations of medical experimentation and an underlying eugenicist ideology – but also enjoys extensive support from Microsoft.

Also of note:

- As co-author of a CDC paper summarizing ACIP's May recommendation that 12- to 15-year-olds get the Pfizer shot, Bell and colleagues inaccurately argued that "COVID-19 in adolescents is a major public health problem" and that "desirable [vaccine] effects" outweigh "any undesirable effects in most settings." The authors did not mention the teens who are dying of post-vaccination cardiac arrest.
- Regarding COVID booster shots, Bell first stated, "I

have my own concerns that we appear to be recommending vaccines for people who I don't think need it"; she later agreed, however, that "moving forward with the recommendations makes sense for the sake of being clear."

- Regarding COVID jabs for young children, Bell claimed, after the November vote, "if she had a grandchild, she'd get the grandchild vaccinated as soon as possible."

Oliver Brooks

Oliver Brooks, M.D. (oliver.brooks@wattshealth.org) is chief medical officer and a member of the executive team at Watts Healthcare Corporation in Los Angeles. Watts Healthcare provides primary care services under the Department of Health and Human Services (HHS) and also receives federal funding for other services, including those related to HIV/AIDS.

Brooks is immediate past president of the National Medical Association (NMA), which he describes as "the oldest and largest organization representing African-America's physicians and the guardians of the health of African-Americans." As such, Brooks – like Beth Bell – made "health equity" his calling card, with vaccination of minority groups one of his signature goals as NMA president.

CDC celebrates Brooks' "leadership roles focusing on disparities in vaccine coverage rates."

Brooks speaks frequently "on the science and the implementation perspective of vaccine utilization," is a board member and past president of the California Immunization Coalition, chairman of the Immunize LA Families Coalition and member of the national Leadership Panel for the Adolescent Immunization Initiative.

During the pandemic, Watts Healthcare has received millions in funding from Kaiser Permanente to promote COVID vaccination in L.A.'s Hispanic and African American communities.

In March 2021, Watts Healthcare also received $4.3 million via the American Rescue Plan to increase the federally qualified health center's "ability to get more shots in arms." The nonprofit is further beholden to the federal government for a $5.18 million coronavirus-related Paycheck Protection Loan approved in April 2020.

Brooks co-chaired California's COVID-19 Vaccine Work Group, working to "get the vaccine out more rapidly" through "more points of distribution." Early on in the vaccine rollout, one of those "points of distribution" in San Diego was forced to pause vaccine administration when numerous recipients suffered severe allergic reactions.

Since 2014, Brooks has received $118,439 (350 general payments primarily for consulting or speaking engagements) from biopharmaceutical companies that include Pfizer as well as Sanofi Pasteur, Novartis, Seqirus, Gilead, GlaxoSmithKline, Merck, Meda, AbbVie and Theratechnologies.

Also of note:

- At over $271,000, Brooks' annual salary is second only to that of the Watts Healthcare CEO.
- Watts Healthcare and another South LA nonprofit received $3 million in COVID-related funding from the Oprah Winfrey Charitable Foundation in July 2020. The media tycoon – one-time member (along with Bill Gates, Warren Buffett, George Soros, David Rockefeller, Ted Turner and others) of an elite "club" of billionaire philanthropists – urges compliance with mask mandates and uses her influential platform to tell those who are not vaccinated to "reconsider."

Wilbur Chen

Wilbur Chen, M.D. (wchen@som.umaryland.edu) is a professor at the University of Maryland School of Medicine, with research interests "in developing vaccines against pathogens which

afflict low- and middle-income countries" as well as in vaccine development for the elderly. Chen has headed up vaccine trials for influenza viruses, enteric pathogens and "agents of bioterror."

Chen is co-investigator for two entities funded by the Anthony-Fauci-led National Institute of Allergy and Infectious Diseases (NIAID): the Vaccine Treatment and Evaluation Unit (composed of 10 academic centers throughout the U.S.) and the Collaborative Influenza Vaccine Innovation Centers (a network of research centers developing "novel vaccine candidates and delivery platforms").

In advance of the ACIP vote on the 5–11 age group, CHD joined numerous citizens in arguing (unsuccessfully) that Chen be removed from the committee for blatant financial conflicts of interest. In 2020 alone, Chen accepted $437,251 from vaccine makers GlaxoSmithKline (GSK) and Emergent BioSolutions – a fact "researched and exposed by average citizens" rather than disclosed by CDC. Chen's payments since 2014 total over $476,880 and include monies from Janssen, Seqirus, MedImmune, Astellas Pharma, Valneva Austria and BioFire Diagnostics in addition to the two companies already mentioned.

Chen also receives research funding from the Gates Foundation and from the Seattle-based global health organization PATH. PATH's former CEO, Christopher Elias, now serves as president of the Gates Foundation's Global Development Division, leading efforts in areas such as vaccine delivery and family planning; Elias was a leading Event 201 participant.

Also of note:

- In addition to serving as a voting member of ACIP, Chen is a core member of NIAID's Data and Safety Advisory Board.
- During COVID, Chen has been a staunch advocate of "aggressive nonpharmacologic intervention and control

measures," including "aggressive recognition and isolation and quarantine of cases and contacts."

- Despite the well-documented risks and failures of influenza vaccination, Chen continues to insist that "Vaccination is by far the best method to prevent and control influenza."
- Chen recently voted to make a highly reactogenic Ebola vaccine obligatory for healthcare personnel, lab workers and support staff at facilities that handle Ebola specimens, arguing against letting workers make their own risk-benefit decisions.

Sybil Cineas

Sybil Cineas, M.D. (sybil_cineas@brown.edu), a Harvard Medical School graduate, is an associate professor of medicine, pediatrics and medical science at Brown University, and, as associate program director of Brown's combined residency program in internal medicine and pediatrics, is "highly involved in the training of residents and medical students."

According to CDC, Cineas has "20+ years of experience teaching about and promoting vaccination."

Like fellow ACIP members Beth Bell and Oliver Brooks, Cineas frequently cites health equity to justify her vaccine votes. For example, as a member of the ACIP Hepatitis Work Group, which recently recommended hepatitis B vaccines for everyone age 59 and younger while issuing a more qualified risk-based recommendation for adults age 60 and up, Cineas wanted to recommend universal hepatitis B vaccination for all ages. She argued, "A simplification of this recommendation [would] reach more individuals at risk … and promote health equity."

Also of note:

- CDC has given Brown researchers $4.9 million to study COVID vaccine effectiveness in seniors; the researchers state that "the urgently needed research will be used to

inform recommendations about vaccine booster shots for nursing home residents."

Matthew Daley

Matthew Daley, M.D. (matthew.f.daley@kp.org) is a senior investigator and practicing pediatrician at Kaiser Permanente Colorado, described by CDC as having "extensive research experience in the areas of vaccine safety, parental vaccine hesitancy, and immunization services delivery."

Daley's published studies on vaccine "hesitancy" cover topics such as social media interventions to increase vaccine acceptance, barriers to adolescent human papillomavirus (HPV) vaccination, under vaccination patterns and parent-provider trust. (In one study, parents reported trusting pediatricians on topics such as nutrition but "did not believe their pediatrician provided 'balanced' information on both the benefits and risks of vaccination.")

Daley also conducts Vaccine Safety Datalink (VSD) studies on a variety of topics, including safety of newly licensed vaccines, vaccine safety during pregnancy and, according to the CDC, safety of the childhood immunization schedule.

After the Institute of Medicine acknowledged that studies "to examine the long-term effects of the cumulative number of vaccines or other aspects of the immunization schedule have not been conducted" – and identified the VSD as "an important resource for conducting this research" – Daley and CDC co-authors wrote a white paper to describe how this could be done but shrouded their remarks in so many caveats about potential studies' "inherent complexity" as to make their feasibility seem highly doubtful.

Daley's VSD studies, some co-authored with ACIP colleague Grace Lee, have identified potential safety signals, but in each case, Daley and co-authors have found reasons to reject or mask their own conclusions.

Examples include attributing a statistically significant association between hepatitis A vaccination during pregnancy and small-for-gestational-age infants to "unmeasured confounding"; putting forth "seasonality" as the likely contributor to a statistical signal for Bell's palsy in adults age 25 and up following H1N1 influenza vaccination; and dismissing as "rare" two types of adverse events (anaphylaxis and fainting) significantly associated with live attenuated influenza vaccination in children 2 through 17 years of age.

Also of note:

- After the vote recommending the COVID shots for younger children, Daly professed to not be surprised by parents' hesitation, stating that parents "may be more risk-averse about their child." However, though Pfizer's clinical trial in children was too short and too small to assess the risk of myocarditis, Daley confidently asserted that "younger children are at a greater risk of developing myocarditis after a COVID infection than from the vaccine."
- A current VSD/CDC study by Daley is assessing "factors associated with COVID vaccination or non-vaccination" in the general population and among pregnant women.

Camille Kotton

Camille N. Kotton, M.D. (ckotton@partners.org) is clinical director for Transplant and Immunocompromised Host Infectious Diseases at Massachusetts General Hospital and an associate professor at Harvard Medical School. CDC describes Kotton as a "national expert in vaccination and zoonotic infectious diseases in the immunocompromised," including solid organ transplant recipients.

Since 2014, Kotton has received over $304,000 in general payments and associated research funding from companies like Merck, GSK, Roche, Quiagen Sciences, Oxford Immunotec, Astellas Pharma, Shire, Takeda Pharmaceuticals, BeiGene and

Biotest.

In voting to give younger children the COVID injections, Kotton stated, "the safety data in children looked very good" and added, "she would feel comfortable having her own children immunized if they were in that age group."

Although few children suffer ill effects from COVID-19, Kotton argued that children should be vaccinated "both to prevent death as well as to prevent major long-term effects of having this devastating infection."

Also of note:

- Kotton promotes routine vaccination of individuals with inflammatory bowel disease (IBD) despite evidence of IBD's association with some vaccines.
- Kotton has co-authored papers on vaccine development with "Godfather of Vaccines" Stanley Plotkin.
- In the past, Kotton has disclosed conflicts of interest due to her financial relationships with (and vaccine "adjudication" for) companies like Merck, Astellas, Roche and others.

James Loehr

James Loehr, M.D. (staff@cayugafamilymedicine.com) owns Cayuga Family Medicine in Ithaca, New York. According to CDC, for 30 years Loehr has counseled patients "every day on the benefits of vaccines." Loehr was a member of ACIP's influenza working group for more than 10 years.

In 2015, Loehr authored an article with detailed instructions telling physicians how to "minimiz[e] costs and maximiz[e] reimbursement" to "make immunizations profitable."

Describing how Cayuga Family Medicine "enjoys steady revenue from immunizations, with vaccine reimbursement sometimes exceeding that for the rest of the visit," Loehr outlined a series of strategies to improve a practice's financial

viability through vaccination, including becoming a "savvy vaccine shopper," taking advantage of manufacturer discounts and doing "a bit of additional work" when coding for the service to obtain extra reimbursement for "brief counseling" and multiple vaccine components.

At an October ACIP meeting focused on Moderna boosters that was, according to Stat, driven by a "sense of the inevitability of [the] outcome," Loehr stated, "There are probably many people who are going to get a Moderna booster who don't need it. However, given the situation that we've already approved a Pfizer [booster] and there are enough people who are looking for a booster, I am inclined, reluctantly, to just go ahead and recommend a similar pattern for the Moderna booster."

Loehr was similarly wishy-washy the previous month when he stated, "I … feel that we're getting too much ahead of ourselves and that we have too much hope on the line with these boosters."

He then added, "However, having said that, we shouldn't let the perfect be in the way of the good. And if we can do a little bit of good by giving boosters to people over 65 I'm in favor of that."

Loehr is a past Vaccine Fellow of the American Academy of Family Physicians (AAFP). Speaking for AAFP, Loehr has noted that the medical trade group "does not support nonmedical immunization exemption policies." AAFP does support COVID-19 vaccine mandates for health and long-term care workers, and last August, it also started lobbying FDA to authorize the vaccines for children under age 12.

Also of note:

- Like most of his ACIP peers, Loehr promotes himself as an expert on "strategies for addressing and overcoming vaccine hesitancy," stating that "most

> patients…are not truly resistant to immunization" but just want "clarification and reassurance."

Sarah Long

Sarah Long, M.D. is a professor of pediatrics at Drexel University College of Medicine and a physician at St. Christopher's Hospital for Children in Philadelphia. In addition to her role on ACIP, Long has served on VRBPAC and as a member of the American Academy of Pediatrics (AAP) Committee on Infectious Diseases.

Long was widely quoted in the press following her "yes" vote on COVID injections for children. Though she expressed several concerns and voted "no" in September regarding Pfizer boosters for healthcare workers, Long "threw her full support behind the pediatric recommendation."

Fully aware that "CDC was not able to conduct a full benefit-risk analysis for myocarditis post-vaccination in this age group," Long is nevertheless telling mothers that the shot's risks are preferable to the myocarditis that could arise from COVID illness.

Without citing any evidence, Long states that "vaccine-related events are completely different, and much less dire, than typical myocarditis," adding that "she'd rather treat many people with vaccine-associated myopericarditis than a single case of viral myocarditis."

Claiming that "Nobody has died of myopericarditis, and children are dying of coronavirus," Long has concluded that "of course it's a benefit-risk ratio that comes out in the direction of vaccination."

The hundreds of teens who have experienced post-vaccination myocarditis – some now dead – might beg to differ.

Ironically, Long's bio includes numerous "awards and honors for her outstanding work to improve the health and well-being

of children." After the "yes" vote on COVID shots, she reportedly joked, "I, believe it or not, have no questions. I have just a comment: I am very supportive of this recommendation in its fullest extent, as a 'should,' not a 'may,' for all children in this age group."

Long continued, "I think the data support that we have one more vaccine that saves lives of children, and that we should be very confident to employ it to the maximum to do what it is meant to do, without significant concerns of serious adverse events. So, I couldn't be more supportive."

Also of note:

- Drexel University received half a million dollars from the Gates Foundation in June 2020 "to evaluate the use of a digital health platform to make care for COVID more accessible to marginalized populations."
- The Gates Foundation is also supporting the work of other Drexel researchers in areas such as diagnostic test development.

Veronica McNally

Veronica V. McNally, JD (valent29@law.msu.edu) is a law professor and an assistant dean at Michigan State University. McNally is ACIP's "consumer representative."

Having lost an infant to pertussis, McNally describes herself as a "public health advocate" in addition to being an attorney.

She is founder and president of the Franny Strong Foundation – framing a mission to "promote pertussis awareness and boost childhood immunization rates for all vaccine-preventable diseases" – and founded the I Vaccinate Campaign, which, on November 16, excitedly reported that "nearly 1 million kids ages 5-11 will have their first COVID shots by the end of today."

McNally is seemingly unaware of the many failures of a pertussis vaccination program that is widely acknowledged to be making vaccinated children more rather than less susceptible to pertussis over their lifetimes.

Also of note:

- McNally is a CDC darling, having been named "Childhood Immunization Champion" for Michigan in 2018 – the same year in which she was appointed to her four-year term on ACIP.

Katherine Poehling

Katherine A. Poehling, M.D., MPH (kpoehlin@wakehealth.edu) is a professor of pediatrics and epidemiology at North Carolina's Wake Forest University School of Medicine. CDC cites her expertise "on the community impact of vaccines, specifically pneumococcal and influenza vaccines."

As an ACIP insider, Poehling has headed up past ACIP presentations on pneumococcal vaccines.

Poehling has published on "ethics and academic pediatrics" but apparently sees no conflict in sitting on ACIP while receiving, according to Open Payments, over $523,000 in general payments and associated research funding from MedImmune and AstraZeneca since 2014.

Poehling endorses CDC's astonishingly fact-free claim that COVID has caused "substantially more misery than other childhood diseases," stating, "that information helped convince her to strongly support COVID-19 vaccines for elementary school children."

Poehling also buys into Long's non-evidence-based assertion that COVID-19 disease is responsible for more heart problems than the vaccine. During a May review of Moderna data, Poehling enthusiastically favored making multiple vaccines available – to "increase access."

Also of note:

- When endorsing COVID boosters for the immunocompromised, Poehling stated, "the benefits are tremendous and the potential negative impacts are minimal and so I agree that we should recommend."
- Many of Poehling's publications seem intended to address the burden of diseases such as influenza for which vaccine "solutions" can then be promoted. It seems likely that her published articles about respiratory syncytial virus (RSV) will be used to lay the groundwork for an mRNA vaccine for RSV.

Pablo Sanchez

Pablo J. Sanchez, M.D. (sanchez.940@osu.edu) has been a professor of pediatrics at Ohio State University since 2013 and directs Clinical and Translational Research in Neonatology at Nationwide Children's Hospital in Columbus. Sanchez previously held positions at University of Texas Southwestern Medical Center.

Sanchez's 80-page self-congratulatory curriculum vitae reveals that he is a consummate insider fluidly bridging academia, public health agencies and private industry. Sanchez's invited participation and lectures include appearances at public health agencies like CDC, the World Health Organization (WHO) and the Pan American Health Organization (PAHO); COVID-vaccine-promoting trade groups like the AAP and March of Dimes; and biopharma companies like AbbVie, GSK (formerly Smithkline Beecham), ICN Pharmaceuticals, Inhibitex, MedImmune and Ross Laboratories.

Sanchez also lists hundreds of thousands in research monies received from these same entities.

Since the 1990s, Sanchez has been funded by Abbott Laboratories, American Lung Association, BioStar, Biosynexus, Burroughs Wellcome, CDC, F. Hoffman-La Roche, Gerber

Foundation, MedImmune, NIAID, NICHD [National Institute of Child Health and Human Development], Pediatric AIDS Foundation, Ross Laboratories and Smithkline Beecham/Glaxo/GSK.

According to Open Payments, since 2014, Sanchez has pocketed roughly $221,000 in general payments and associated research funding from AbbVie, AstraZeneca, F. Hoffmann-La Roche, MedImmune, Medtronic, Merck, Novartis, Sanofi Pasteur, Seqirus and Sobi.

The database lists AstraZeneca, MedImmune and Merck as the "top companies making associated payments," with notable payments from Merck in Fall 2020.

In June, Sanchez hedged his bets on the topic of COVID vaccines and myocarditis. While declaring that the benefits of vaccination outweigh myocarditis risks, he also noted, "we need to be very upfront in terms of mentioning this as a potential risk of COVID messenger RNA vaccination. Hopefully, the parents and patients are aware of this before vaccination."

Sanchez did not repeat these remarks at the November meeting when he okayed the jab for 5-year-olds.

Also of note:

- In 2010, Sanchez served as a "Pfizer visiting professor."
- Sanchez served on VRBPAC from 2007–2010 as well as on FDA's vaccine-focused Pediatric Advisory Committee from 2010–2012. In Texas, he chaired the Texas Pediatric Society's Committee of Infectious Diseases and Immunizations from 2004–2009 and served on the committee from 1995–2013.
- Many of Sanchez's publications focus on amplifying concern about illnesses attributed to viruses– such as cytomegalovirus, herpes simplex, RSV and Zika – for

which Moderna and other companies now anticipate developing mRNA vaccines.

Helen Keipp Talbot

Helen Keipp Talbot, M.D., MPH (keipp.talbot@vumc.org) is associate professor of medicine at Nashville's Vanderbilt University, where she has held various appointments since 2002. Talbot's research and publications (sometimes co-authored with fellow ACIP member Poehling) center on adult vaccination, influenza vaccination, human coronaviruses and vaccine trials for respiratory illnesses such as RSV. The focus on coronaviruses pre-dates COVID; from 2007–2009, Talbot was principal investigator on an NIH-funded study on the "epidemiology of human coronaviruses."

According to Talbot's curriculum vitae, her recent research funding comes from both the federal government (CDC, National Institutes of Health [NIH]) and Sanofi Pasteur, primarily for the study of pandemic preparedness (in 2015) and influenza vaccination. Sanofi and MedImmune have been recurrent funders since 2009, along with AstraZeneca, Gilead, Protein Sciences, VaxInnate and Wyeth (since acquired by Pfizer).

Open Payments lists Talbot's receipt of roughly $1.4 million in research payments and associated research funding since 2014 (417 total payments) from these companies, along with 29 general payments totaling $17,000.

In December 2020, Talbot was the "lone dissenter" objecting to ACIP's recommendation that long-term care residents "be at the front of the line" for COVID vaccines. At the time, Talbot argued that vaccination of long-term care residents was "risky" because they "have a high rate of medical events that could be confused as side effects of vaccination and undermine confidence in the vaccines."

Talbot stated, "And I think you're going to have a very striking backlash of, 'My grandmother got the vaccine and she

passed away.’” Talbot elaborated: “I fear a loss of confidence in the vaccine…. [T]here will be temporally associated events and people will be scared to use the vaccine.”

Talbot exhibited no scruples in voting to administer COVID vaccines to young children. On the same day as the “yes” vote, Talbot told the press, “I have vaccinated my kids” (who, presumably, were at least 12 years of age at the time of injection).

Also of note:

- In 2008, Talbot received a Sanofi Pasteur Advanced Vaccinology Course travel grant.
- Talbot is on the editorial board of the journal Vaccine.

And … Rochelle Walensky

No overview of ACIP would be complete without noting the conflicts of interest surrounding CDC Director Rochelle Walensky, who used ACIP’s vote to immediately green-light vaccination of younger children.

As reported by independent media outlet RedState (but not by the mainstream media), Walensky’s husband, Loren Walensky, became scientific co-founder and board member of early-stage biotech company Lytica Therapeutics in October 2019.

In December, the Biden administration announced Rochelle Walensky’s pending appointment as CDC director, and in February 2020, Lytica received the first installment ($5.3 million) of a $16.9 million grant from HHS, representing the “only funding this new company [had] received to date – nearly two years after its founding.”

Even before becoming CDC director, Walensky had been “directly associated with HHS for more than a decade,” including close participation on committees and panels with Anthony “Tony” Fauci. According to RedState’s exposé, “when ‘insiders’ were surprised that Walensky was picked [to head CDC], it was

revealed that Fauci had a lot to do with her appointment."

Loyal to Fauci, Walensky has written opinion pieces for leading media outlets "about how to fairly and effectively distribute Remdesivir," the ineffective, expensive and dangerous drug promoted by NIAID and Fauci as virtually the sole treatment option for hospitalized COVID patients.

A former Boston colleague of Walensky's stated the CDC director "has a lot of Tony in her," including the "ability to take complex information and convey it in clear and concise messaging."

Shunning and Nuremberg 2.0

As bad as the ACIP (and VRBPAC) decisions were, vaccine-risk-aware observers are even more shocked that CDC and FDA are "blithely" allowing Pfizer's shot to be administered to children and adolescents with other vaccines at the same time.

As Informed Choice Washington put it last May regarding the authorization for kids ages 12 and up:

"As unethical as it is to expose children to investigational liability-free products that have seen unprecedented levels of vaccine adverse reactions and deaths reported … when ACIP opened up the shots to be co-administered with other vaccines, including those with adjuvants, they stepped fully into crimes against humanity. Not a single clinical trial has been done administering the COVID-19 shots with any other vaccine. There is zero safety data."

Other observers agree with this assessment, arguing that "Every single person associated with the ACIP meeting today must be tried for crimes against humanity at Nuremberg 2.0." Some are also calling for a second Nuremberg trial for "perpetration of COVID-response policies that led to forced shutdowns, destroyed businesses, impoverished families, broken

lives and a spike in suicide rates."

In the meantime, it is time to shun ACIP members. And because it is inconceivable that ACIP members would behave in such a corrupt manner without the approval and say-so of their institutions, shunning actions necessarily must also extend to the universities and other institutions that have these individuals' backs.

- Send a Notice of Liability to each ACIP member – see examples at the Doctors for Covid Ethics website.
- Check the campaign contributions of ACIP members at OpenSecrets.org. If they are donating to a politician who represents your state or Congressional District, call or write 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 ACIP 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 ACIP 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 ACIP members are connected.
- Do not buy products or drugs that ACIP members have developed or patented.
- Make it clear – through letters to the editor and letters to the institutions – that you will not forget ACIP members' decision to enable the needless harming of young children.