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[Interview: Listen to NY Pharmacist Discuss His Refusal to Administer Experimental Biological Agents Without Informed Consent](#)

by [America’s Frontline Doctors](#)

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*America's Frontline Doctors* ([AFLDS](#)) spoke to New York pharmacist Joel Wood about his dismissal for his refusal to administer experimental biological agents without providing his patients the ability to give their informed consent to receive them.

On May 5th, Wood called an anonymous ethics line at the Kinney Drugs corporation where he was employed to express concerns over both vaccine shedding and vaccination in youth. On May 9th he wrote an email to the corporation in which he stated: "I have been an employee for Kinneys for over 5 years. I have always felt that they have made safety for staff and patients a priority. However, I would like to know what the company is doing to address the safety concern of shedding of vaccine in the work place. It is a known phenomenon, and specifically mentioned in the Pfizer study on page 67 as a concern. It is possible to have contact thru both physical touching (which is not the concern at work) but also inhalation – this is a concern at work. The masks do not provide any safety. I would like to see this addressed in an email to the company by this weekend."

Wood continued: "If there is not an email that addresses these concerns, I will forward my complaint to OSHA as a violation of safety.

"I am also concerned with the lack of patient safety and informed consent that involves the Moderna COVID-19 shot. I have heard from many staff and patients that they did not know that the shot was NOT FDA-approved. I know for a fact the staff who are administering this shot are not telling people that it is not an approved vaccine. This creates an issue when patients get their second shot and are informed that it is not approved and say, 'Well, the first shot was'; no, it was not.

"I would also like to address the elephant in the room. I

understand the need to follow advice from our regulatory governmental agencies. However when those agencies are wrong or make inappropriate recommendations, it is our patients that feel the brunt of this...

"I fear that Kinney is moving in a direction that is the opposite of our motto. Experience the difference means just that, if we do not change our behavior and inform the public the real science and health information that exists in the world, we do a disservice to the community and also ourselves as healthcare providers. We are now going to be administering a shot to children 12 and older for a disease that was called the common cold by the *New York Times* twice. We have no long-term data about this shot in children."

Wood concluded his letter to Kinneys: "If there is not an email sent to the company that starts to address these concerns, I will be writing letters to OSHA and well as news organizations as a whistleblower for the crimes that are being committed. I do not believe that it is intentional, but we are acting against international human rights laws that discuss vaccines and discrimination. We have a responsibility to tell the public the reality about this shot, what it really does, that there is no pandemic, and that the numbers were inflated to make it appear like a pandemic. We need to inform them about the vaccine shedding that might be occurring."

After receiving no answer to address his concerns, Wood addressed a formal complaint to the Occupational Safety and Health Administration (OSHA). On May 11th, he received an answer that read: "At this time OSHA has no standards or jurisdiction when it comes to COVID-19 concerns or complaints. We have been told to give all complainants these 3 numbers to contact if you so choose:", listing the New York State Governor's office, the New York State COVID-19 hotline, and the New York State Department of Labor COVID violation hotline. Wood was subsequently fired from his position at Kinney Drugs.

***□America's Frontline Doctors spoke to New York pharmacist Joel Wood, who was fired after five years in his job for refusing to administer COVID-19 vaccines without informed consent.***

AFLDS · Joel Wood Interview 23 May 2021

"I've been a pharmacist in New York State for seven years and I've been working with this company in the retail setting for seven years, and ever since the coronavirus outbreak in the beginning of 2020, I've had my concerns as someone who works in the front line trying to make sure that my patients and the public are safe, are taken care of, to the best of the ability that we can as pharmacist and health care providers has been my number one concern.

"So I became very invested in the coronavirus outbreak and pandemic, but as time went on I started to have more concerns over what was going on with the whole story of the coronavirus pandemic and outbreak, from things like grabs for power, from different governments in with located within the United States, and I also saw abroad in the world as well. But New York State, the governor of New York, Andrew Cuomo, has had a massive power grab, and in my opinion violated a lot of concerns that I have as a health care provider, mandates and things like that.

"So it was to the forefront of my attention what was going on, and was something more going on than just what we saw at face value of 'this is a pandemic.'

"I had my concerns about administering the coronavirus when I heard that we were going to start administering it to children.

"I also did have concerns – I've seen some reports of women, most likely younger women of childbearing age, having adverse reactions to either the vaccine, or potentially even the vaccine shedding – you know people who have gotten the vaccine become a vector to shed the vaccine, as noted in Pfizer's

trial.

“So the combination of both the children 12 years and up being given the vaccine, or having the ability to receive the vaccine, as well as women of childbearing age – I started to kind of have some concern what was going on with the vaccine, but also what was going on with the coronavirus pandemic, period.

“But the majority of my concerns stemmed from the lack of solid, I have to say science, backed-up evidence. I mean multiple health organizations, from the World Health Organization to the Centers for Disease Control and to some degree the FDA, in terms of their approval process for this vaccine, they’ve been all over the place. I mean multiple doctors and scientists from across the world have written into the WHO with different concerns; respiratory droplets compared to aerosol, that kind of goes into the mask detail. The CDC has published data that leads to the potential controversy for masks. I mean, I’ve read an article in which the CDC describes the masks were not statistically significant. I was taught in school that if it’s not significant, that’s not something that you look at.

“So combinations of those have led me to believe that the administration of these vaccines in any group in which the coronavirus does not have a high death rate may be unwarranted and potentially, as it is an experimental vaccine – not FDA approved – violates Nuremberg trial law.

“So my ultimate decision to stop administering these COVID-19 vaccines, as I stated, came from the combination of children 12 and up, and specifically women bleeding, menstruation issues as it relates to women specifically of childbearing age; there’s no long term data to what this vaccine does, and technically it’s impossible to give informed consent, in my opinion, because the package insert is blank. The package insert for the drug itself, for the vaccine, if it even is a

vaccine, is blank, and there's no long-term data. So I am concerned for what effects then could happen from women who take this, specifically of childbearing age, what could be the end result? I have no idea, and I'm not speculating that anything awful could happen, but we don't know – and that's a concern, that's something I look at – risk versus benefit is what is what my job is all about.

“Same thing with children. Children who are less than 18 – the survival rate of the coronavirus is like 99.999. The only age group that I feel could and potentially should have concern with receiving this vaccine is 65 and older, as their survival rate was less than 99-point-x, we can just say.

“So I also was administering the shot as of January 11th when the rollout happened in New York, right along, because that was what all of the governing bodies were saying: The states, the CDC, FDA, World Health Organization – everybody was discussing the importance of the shots and need to get to herd immunity, so I was doing my part – or I thought I was doing my part – by helping us get there.

“But I noticed as we started to get there, and people started to receive the shot and get both doses, if they were getting the Pfizer and Moderna, for example, it seems like we're never going to reach this herd immunity and they just keep pushing the vaccine.

“I mean, now in New York State, you can win anywhere from \$20 to \$5 million with the lottery, just for signing up and getting the vaccine. For me, that's a huge concern on multiple different levels. I mean one, on the very face value, the government of New York under the leadership of Governor Cuomo, and along with the federal government as well, at least for part of this, is using our federal and state tax dollars to get the money for this vaccine, which my question is may or may not be causing more harm, and also now we are using tax money that should be going towards schools, is my is my

understanding of what the New York State lottery was supposed to be for when it was revamped believe over a decade ago, now we're using that money to give people for getting the vaccine? It's just highly irregular. I've never seen anything like that before in my life. It's a concern.

"I also have concerns, as I previously mentioned, about violations of the Nuremberg trial, human rights as it pertains to the Geneva conference in the Nuremberg trials. This is an experimental vaccine, it's not FDA approved.

"And from there, my concerns go out to: Is this coronavirus pandemic a real pandemic? No more people died from it month over month in 2020 than in previous years. The CDC has come out that 6% of deaths were attributed specifically to coronavirus, meaning that the other 94% had underlying comorbid diseases, which we would generally assume similar to like the flu, we don't say that everyone just died from the flu if you had the flu, something else helped you get there. That's how that's how it presents itself.

"The CDC has been, in my opinion, manipulating and shifting how they are counting deaths and cases to establish a point that if anyone believes that we are not in a pandemic, there is a massive issue and concern with that. So moving forward, if we are actually not in a pandemic, there is fraud and deceit associated with receiving this experiment which both violate the Nuremberg trial.

"The other part of the Nuremberg trial that concerns me is coercion. It's also stated in the Nuremberg trials that you have to have free, informed consent to be able to have someone sign up for your experiment. And we are coercing people now to have to get the vaccine to be able to take their mask off. So it's also a false pretense that you have to get the vaccine to take the mask off, but that's not how we should be doing an experiment, it gives a false sense of reality to people that were not truly informed as to what could be happening."

***Just for the record, what has been your stance on vaccines in general, prior to the emergence of COVID-19, and what has been your experience regarding the whole issue of informed consent? Has there not been a problem until now?***

"I don't have a concern with vaccines in general. I mean, I do have some minor concerns, specifically as it pertains to the pediatric administration of vaccines, but it's not necessarily the vaccines itself as much it is the tenacity to which we give all these vaccines. I mean, just for example, the amount of aluminum in a child's vaccine series could be more than what the FDA allows to have in an adult's i.v. So just as a quick example of where my concerns for vaccines stem from, that's pretty much my only concern with vaccines, like the current childhood immunization schedule I think is a little over the top. But otherwise no, I don't have a problem with other vaccines, I don't have a problem with administering other vaccines. The informed consent has never come up as a major issue for me, in general because they're all FDA approved. In the very least, every other vaccine that I have ever administered has been FDA approved. So then from there, it's more of the informed consent of like, 'these are the side effects, this is to look what to look out for, what could happen; if this happens, do this,' which is common for any and all medications, new medications, or any and all medications that I would be giving in a pharmacy. Letting people know what the risks and benefits are from the shots that are given.

"The informed consent is a massive concern this time because the package insert is blank. So if someone were to ask me, 'Hey Dr. Wood, what's in this?' I couldn't tell you. I do know some of the things, I do know some of what's in it, but I couldn't give you specific details from the package insert. And then also, 'What could happen to me?' I can tell you what has happened to people previously to this point; I can tell you adverse reactions that I have seen from the VAERS reporting, including all of the deaths, the rashes; I can tell



you what I have seen up to this point, but I can't tell you what's going to happen to you a year from now or two years from now, five, seven, ten years – I have no idea. So informed consent is for me the biggest concern, as it pertains to this coronavirus shot.

“In New York, and in I believe most of the rest of the United States, pharmacists are administering vaccines and have been quite a while, typically in the very least the influenza, maybe the pneumonia or shingles vaccine. But since the beginning of January, retail pharmacies of which I was working for have been administering the coronavirus shot – I will call it a shot, it's not a vaccine in my opinion. So I have been giving the coronavirus shot probably upwards of over at least 500 people, if not more, and I've expressed what my concern is. I went to my employer and said I don't feel comfortable giving this. We can't give the people full, informed consent.

“When I told people it wasn't FDA-approved, people didn't even know it wasn't FDA-approved. Or people would say, ‘Well, the first one was.’ That by itself indicates that pharmacists were not telling people that it was not even an FDA-approved shot yet. And second to that, how can you give informed consent if there's no package insert, with no ingredients, no test note, no anything? The words are intentionally left blank on the package insert for the shots and there's no long-term data, so I can't tell people what will happen in 2, 3, 4, 5, ten years from now, because they took this shot. So that, by default, is the informed consent that I'm concerned with.”

***Can you tell us about your complaint to OSHA? What is their jurisdiction? What were you hoping to achieve? And what did they finally answer?***

“So I had reached out to OSHA after I had reached out to my employer about concerns of vaccine shedding. The vaccine shedding phenomenon is a well-documented concern, and specifically for the coronavirus shot: Pfizer's own study

mentions they were worried about environmental spreading of the vaccine, specifically to pregnant women through both inhalation and skin-to-skin contact. So that leads me to believe that it's at least possible, or they were worried about it, that vaccine shedding could be a thing.

"I reached out to OSHA because my employer ignored my concerns of vaccine shedding. I have not received the shot yet, so I was concerned about other people, both employees who have received it, and patients and customers who have received it, shedding the vaccine, and what my company was going to do to protect me and other people like me who have not received it. They said nothing.

"I reached out to OSHA and said, 'What can be done? I have a concern in my own position, job, business, as well as any other retail pharmacy in the country – if you chose not to get the shot, but you are around people who have gotten it, and they are shedding the vax, they are shedding parts of the shot, that's a concern. So I reached out to OSHA, and OSHA emailed me back and said that they currently have no jurisdiction over the coronavirus shot, there's nothing in place, there's no policies or procedures as it pertains to the coronavirus, and that I needed to reach out to New York State, both the New York State governor's office and the Department of Labor as a means to get an answer, which I was not happy with, I did not accept. My concern for OSHA's complaint is, how can a federal body not have something in place for after a brand-new experimental shot is released from big pharma, and the only people that have the answers are the same people that I am potentially concerned with are violating human rights set forth in the Geneva laws put forth after the Nuremberg trials?

"Her response indicates exactly what I think it says: We don't have any jurisdiction, we don't know anything about this; reach out to the New York Department of Labor and the governor's office. That is a huge concern for anyone who is worried about his safety and health in the office. Anyone

across the country right now could have a concern over whether someone is or is not vaccinated, and that's part of the debate, I believe, that's going on in the country. Before, it meant forcing vaccines, or forcing masks, or all of this stuff – and if OSHA's response is to just default to whatever the state says, then you are potentially at the mercy of whoever your state governor is. And I don't I don't mean to turn it into a political, Republican/Democrat, red versus blue concern, but in the very least both certain Democrats and certain Republicans have taken opposite stances. So just that being said alone, it's very concerning that in one state, for example, you can eliminate the mask mandates and there's no vaccine passports, but in other states, that's the only way we're operating. So OSHA's response is very concerning to me. That's part of the federal government that in my opinion is supposed to be watching out for workplace safety concerns, and I agree 100% – I think her answer is kind of just wool over the eyes, the programmed response to say 'we don't have any jurisdiction, here's who you can talk to...' and then guess what? It's not OSHA's problem anymore, they have addressed it, they emailed me back. I mean, it's so bizarre and terrifying."

***You said risk versus benefit is what your job is all about. Could you elaborate on that more, and explain to us how that specifically relates to your responsibilities as a pharmacist vis-à-vis COVID-19?***

"Yes, the risk versus benefit: One of the great conundrums of how all healthcare works. That's the basis for my job as a pharmacist, and I believe that's the basis for almost every other health care profession out there. We have the knowledge through teaching, training, education, to assess the risk versus disease state, or the risk versus treatment, versus the benefit of not having treatment, or the benefit of getting treatment, so whether it's triple bypass surgery, your doctor, your cardiologist, your surgeon looks and measures and decides what's going to be the healthiest outcome, the best outcome

for you.

"Same thing for me, it just happens for me, as a pharmacist, drugs is what I look at and evaluate. And then when it came to the COVID-19, initially I was under the impression that this was the only thing that was going to get us over this, over the hump, through this awful time in history, was to give these vaccines, give these shots.

"But as time went on, I started to be concerned more with what the shots were doing to people, that's when I started to change my opinion. And I noticed the risk/benefit may not be the same. It appears to me the risk of the coronavirus itself COVID-19 in most age groups less than 65, maybe even 50, the negative outweighs the risk of the shot. Getting COVID-19 in someone less than 50 poses almost zero health risk to you.

"So the benefit of the shot, we don't know. All the shot does, at this point, technically, is prevent you from getting severe disease. You can still pass the coronavirus, you can still get the coronavirus, it just prevents you from getting severe disease. So that's the risk/benefit that I look at. What is the benefit to this shot? Just getting severe just preventing severe disease? When 80% of cases are asymptomatic, the coronavirus itself kind of prevents severe disease. Coronavirus has been around for decades, they are part of what causes the common cold."

***Do you believe that there is a code of silence among pharmacists regarding this issue?***

"I do not believe that there is a code of silence among pharmacists. I'm more inclined to believe that there is a very deep-rooted psychological hand at play by certain groups of people or certain bodies or certain powers, I don't know, but I don't think it's a silence code.

"And it was hard for myself to do it, too. We are trained – why would we ever think that any one of the federal governing

bodies or even worldly, in the example of the World Health Organization, why would we believe that they would be telling us lies? So I don't think it's a code of silence, I just think we're trained and taught to think the CDC, FDA, and the World Health Organization are all quality, upstanding government bodies that aim to solve public health crises.

"And that is not to say that they are not those things and that they do not do that. I don't want to sound like a complete martyr. Again, I'm not saying that they do. My concern is, I don't know what's going on, and that's why I have concerns over the administration of this shot."

***Have you received feedback from your colleagues? What did they think about the stand you've taken?***

"I have reached out to a few colleagues and expressed my concerns. Most of them think that I have a decent case, or that the case that I am making isn't necessarily completely left-field bizarre, even though it is kind of left-field. I don't know that they're willing to take a stand, I mean, I was fired from my position. I could only imagine that in any other pharmacy, company, corporation, chain – or most, I would say, for a pharmacist who is not willing to do an aspect of their job, as in giving shots and vaccinations, whether it's COVID or any vaccine, but specifically the COVID one, it's going to be hard for a company to keep them on or want to keep them on because there's a lot of other pharmacists out there who will do it because they need a job, they need the paycheck. So it's hard for someone to risk it all unless they feel strongly about it."

***At what point did you understand that making this stand may mean the termination of your employment, and when you did realize that, what was it that pushed you to decide to go on anyway?***

"I had always known that by taking the stance of not doing a

role in your job, when you choose not to do something in your position or your job that is what is expected, you always risk being fired, terminated, reprimanded, what have you. So I always knew that would be a concern, at any point I had decided to take the stance.

“But what officially gave me the courage to decide to do this was when my wife agreed with me that being able to vaccinate children 12 and up was just not right and we needed to do something, I needed to do something. We needed to take a stand and express our concerns for the health and safety of, most importantly, children, and I think potentially even everyone who is eligible to get this shot 12 and up, and it’s going to get younger soon I imagine, they’re going to try for it. So it was my wife who gave me the encouragement and kind of the okay to be like, ‘Yeah, this is a possibility, if you do get fired we’ll do whatever we have to, but it’s the right thing to do.’”

***Does this move and does the termination of your job represent financial hardship for your family?***

“The move does represent financial hardship for my family, my wife and I have a lot of student loan debt; just that alone is a huge concern as a means of bills we have to pay, and now I’m losing a very good salaried job, so it will it will be difficult to weather the storm...”

***What does your family say? Are they supportive?***

“My family is supportive. I would say for the most part I think the majority of my family is supportive because they support me, and first and foremost that’s what families do, that’s what that’s what blood is, but I think parts of my family Also question, ‘what is he talking about? What is he thinking? How can you know?’ But that kind of goes back to the pharmacists keeping a code of silence and other health care providers – why would anyone question health authorities like the CDC, FDA, World Health Organization? It just sounds so

bizarre, and I don't disagree with him, I mean it does sound bizarre, but for me, I'm educated as a pharmacist and I've also been keeping track of all things related to coronavirus because I wanted to make sure that first and foremost my family was safe when the outbreak happened, and then secondly, it's my job to make sure that people in the public are taken care of, and in the public scene as a pharmacist, in the pharmacy we're a store that's open, so anyone could be a patient of mine, anyone could come in off the streets and ask me a question and that could be anyone from around the world. I've worked in cities where I see people and meet people who are from around the world who don't speak English, don't speak English very well, so for me it's the real undertaking I needed to do, because anyone and everyone could be one of my patients and I took an oath to protect and serve and make sure that people received quality health care with no harm."

***Do you think that you'll be able to identify another source of employment?***

"I definitely believe that I would be able to find another source for employment from someone who is like-minded, like myself, and has made commitments to protecting health in the public eye. I think the biggest concern is just kind of waiting when that will happen kind of the who, what, where, why, when will that job happen I'm not sure, but I've also decided I wasn't happy as I could be as a pharmacist in my previous job, just from what I was seeing happening in the whole healthcare landscape.

"So the next job that I hopefully get will be where I can feel more impactful that I'm actually creating and changing people's health and health outcomes in as in as dynamic away as possible. But yes, I do believe that there are people, companies, employers out there who, whether or not they are specifically concerned with whether I am or I'm not vaccinated, or if they're concerned with the stance that I've taken, I think there are employers out there who are looking

for someone who is willing and wanting to provide quality health care and that has always been my goal.”

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