

CDC Director Overrules Expert Panel on Booster Policy

Analysis by [Dr. Joseph Mercola](#) ✓ Fact Checked

STORY AT-A-GLANCE

- › While the FDA voted to approve a booster for high-risk individuals and those over 65, the CDC's expert advisory committee did not. They actually voted against recommending a booster for high-risk individuals based on their profession or living conditions. They thought only those over the age of 65 should be eligible for a booster at this time
- › CDC director Rochelle Walensky overruled her own experts and September 24, 2021, recommended a booster dose for adults at high risk of infection due to profession or living conditions
- › From bad to worse news, Pfizer is preparing to seek emergency use expansion to cover children aged 5 through 11. The FDA and CDC may review the data and vote on the issue as early as the end of October 2021
- › In mid-September 2021, Italy became the first European country to announce it will implement mandatory COVID-19 health passes (so-called "Green Pass") for all workers, both public and private. The mandate takes effect October 15, 2021

According to CNN,¹ the pace at which Americans are getting the COVID shot has dwindled considerably since mid-January, when the U.S. Centers for Disease Control and Prevention began tracking daily shot statistics.

During the last week of September 2021, the seven-day average was 231,695 people receiving their first dose, down 31% from the week before and 47% lower than the last week of August 2021.

According to CNN, this slowdown is not due to a majority having already received their shots. Just over 55% of Americans are fully vaccinated with either one dose of Janssen or two doses of Moderna or Pfizer. Nearly 25% of eligible adults and adolescents remain unvaccinated, and 16 states have vaccination rates below 50%.

Once the shots are approved for children younger than 12, the number of eligible unvaccinated individuals will of course rise further, and that day is drawing near. Pfizer chairman and CEO Albert Bourla expects the company to submit data on children aged 5 through 11 to the U.S. Food and Drug Administration any day now.

CDC director Dr. Rochelle Walensky said she expects the data on children to be delivered and reviewed within weeks. Once Pfizer delivers the data on children, two committees, one for the FDA and one for the CDC, will conduct their reviews and issue recommendations. Some analysts predict these reviews may occur as early as the end of October.²

Moderna and J & J Boosters Are Coming Too

Walensky also stressed that boosters will also be authorized for Moderna and Janssen. As reported by CNN:³

“Walensky said boosters for people who have gotten the Moderna and J&J vaccines will be addressed with similar urgency as Pfizer’s vaccine. She reiterated that the current booster recommendations are only for people who received their second dose of the Pfizer/BioNTech Covid-19 vaccine more than six months ago.

‘We haven’t forgotten you if you’ve gotten Moderna and J&J,’ Walensky said, when asked how soon boosters for these groups might be seen, and if mixing and matching of vaccines could happen in the near future. ‘We will with similar urgency address boosters for those populations, as well as looking at the science and data for mix and matching.’”

CDC Director Overruled Expert Panel

The FDA's Vaccines and Related Biologic Products Advisory Committee (VRBPAC) voted September 17, 2021, to authorize a third booster of the Pfizer-BioNTech COVID shot Comirnaty for people over the age of 65 and other high-risk individuals.

Keep in mind that the shot you actually receive is still the Pfizer shot that is under extended emergency use authorization (EUA) – not the fully approved Comirnaty. While the two are deemed interchangeable, they are not identical from a legal standpoint. Comirnaty does not have EUA liability shielding, whereas the EUA Pfizer shot does.

While the VRBPAC voted to approve a booster for high-risk individuals and those over 65, the CDC's expert advisory committee did not. The CDC advisory committee actually voted against recommending a booster for high-risk individuals based on their profession or living conditions. They thought only those over the age of 65 should be eligible for a booster at this time.

Walensky, however decided not to listen to her own experts. September 24, 2021, she simply overruled the CDC's expert panel, and went ahead with the recommendation to issue a booster dose for adults at high risk of infection due to profession or living conditions. This is only the second time in the CDC's history that its own ACIP advisory panel has been overruled. But it's perfectly predictable in these tyrannical times.

In the Liberty Report at the top of this article, Ron Paul discusses this apparent rejection of science. As noted by independent journalist Glenn Greenwald, in a September 24, 2021, tweet (cited by Paul):

“Unbelievable: after 18 months of demanding everyone FOLLOW THE SCIENCE and scorning any questioning, Biden’s CDC Director ignores – overrules – the overwhelming recommendation of her scientists about the Pfizer booster, to align with what Biden wanted.”

Walensky told CBS News her decision to go against the CDC panel and side with the FDA and vaccine manufacturers was “a scientific close call,” and that she “thought it

was appropriate for those people to be eligible for boosters.”⁴ As reported by CNN, individuals eligible for a Pfizer booster now include:⁵

Seniors over the age of 65	Adults with an underlying health condition
People in homeless shelters	People living in group homes
People living in nursing homes	Health care workers
Teachers	Grocery store workers
Public transportation employees	Prisoners and prison workers

This isn't a definitive list. Walensky admitted people will need to determine for themselves whether they might qualify for a booster shot. For example, a healthy 20-year-old who waits tables in a restaurant may decide that his profession exposes him to high risk.

Pfizer Expects Annual Revaccinations

According to Pfizer CEO Bourla, normal life will not return without regular COVID shots from hereon. During an ABC, “This Week with George Stephanopoulos” interview, Bourla said normalcy will likely return within the next year – but only for those who comply with the COVID jab recommendations. In essence, he doesn't foresee a future in which people won't be forced to send Pfizer profits into the stratosphere.

Bourla expects the COVID shot to become an annual revaccination, but based on what we're seeing in Israel, where they're already talking about a fourth dose, having just started giving the third in early August 2021, I would personally not be surprised if it turned into a quarterly injection. As noted by Summit News:⁶

“The Pfizer’s CEO’s comments on annual vaccinations are interesting given that the FDA has so far only approved booster shots for elderly people and ‘high risk individuals.’ Bourla’s rhetoric is similar to that espoused by Moderna CEO Stephane Bancel, who said last week that even younger people will have to get vaccine booster shots at least once every three years.

This once again underscores how a two-tier society is being created where only those who submit to regular shots will be able to enjoy a relatively normal lifestyle. For those who continue to refuse to be vaccinated, travel, employment and potentially even basic leisure activities will continue to be curtailed, leaving them in a de facto state of lockdown indefinitely.”

Italy Mandates Vaccine Pass for All Workers

In related news,⁷ in mid-September 2021, Italy became the first European country to announce it will implement mandatory COVID-19 health passes (so-called “Green Pass”) for all workers, both public and private.

Basically, if you want to earn a living in Italy, you have to get the COVID shot and, of course, any recommended boosters thereafter. You simply won’t be able to work for any company unless you get injected. At present, the Green Pass can be obtained in both paper and digital formats.

Starting October 15, 2021, any employee that fails to present a Green Pass to his or her employer will be suspended without pay for up to five days. Curiously, NPR reports employees will not be automatically fired for noncompliance. It’s unclear whether that means the suspension will be repeated if the employee still refuses to get the shot.

Researchers Ask: Why Are We Vaccinating Children?

To make matters even worse, vaccine makers are now pushing for children aged 5 to 11 to get the gene-modifying injection, and the sooner the better. Pfizer and BioNTech have submitted their data and stated that their COVID shot is safe in 5- to 11-year-olds.⁸ The

question is, how is that possible? That, and other questions, are asked in an August 2021 Toxicology Reports paper titled “Why Are We Vaccinating Children Against COVID-19?”⁹

The team, which includes scientists from five countries, questions the push to give children the COVID-19 shots, considering children’s risk of dying from COVID-19 is “negligible.”

It’s the elderly who are at the highest risk of both illness and death, the study authors say, pointing out that the “bulk of the normalized post-inoculation deaths also occur in the elderly with high comorbidities, while the normalized post-inoculation deaths are small, but not negligible, in children.”

Because the vaccine hasn’t been studied properly in children and because no one knows the true long-term effects – and won’t know them for decades – the scientists ask: “Where is the data justifying inoculation for children, much less most people under 40?”

They cite a number of unanswered safety questions, which they say haven’t been addressed for children, including the fact that numerous reports of serious side effects from the shots are emerging, such as cardiovascular, gastrointestinal, endocrine, neurological and immune problems, as well as vision and breathing problems.

Do Benefits Really Outweigh Risks for Children?

The authors of the Toxicology Reports paper also stress that children, who have a negligible risk of dying from COVID infection, do face the risk of dying from the shot:¹⁰

“A novel best-case scenario cost-benefit analysis showed very conservatively that there are five times the number of deaths attributable to each inoculation versus those attributable to COVID-19 in the most vulnerable 65+ demographic.

The risk of death from COVID-19 decreases drastically as age decreases, and the longer-term effects of the inoculations on lower age groups will increase their risk-benefit ratio, perhaps substantially.”

So, to be clear, since children have such a tiny risk of dying from the actual infection, the risk of death from the COVID shot also needs to be negligible – either the same or lower than the risk of dying from the infection – in order for the benefit to outweigh the risk.

Considering five times more people are dying from the job than the infection in the 65 and older demographic, who are at highest risk of death from COVID-19, it's highly unlikely that the benefits will outweigh the risks among children, whose risk of death from the infection is near zero.

Excess Death Ratio Is 'Unacceptable'

According to expert testimony given during the September 17, 2021, FDA VBAC meeting (see video above),¹¹ the situation may be far direr than anyone suspects. Steve Kirsch, executive director of the COVID-19 Early Treatment Fund, cited data suggesting 1 in 317 boys aged 16 to 17 will get myocarditis from the shots, and after a third booster, that number may reach as high as 1 in 25!

He also cited data showing the Pfizer shot may kill two people for every person it saves. "If the net all-cause mortality from the vaccines is negative, then vaccines, boosters and mandates are all nonsensical," Kirsch said. Here's a screenshot from Kirsch's slide show, showing the number of people killed by the COVID shots, compared to the number of lives saved by them.

1:57

FDA

FOOD AND DRUG ADMINISTRATION (FDA)
Center for Biologics Evaluation and Research (CBER)
16th Meeting of the Vaccines and Related Biological
Products Advisory Committee

Excess Death:Life ratio is UNACCEPTABLE

Study source	Excess deaths required to save COVID life	Lives saved
Pfizer 6 month*	5	1
VAERS	2	1
Nursing home (booster)*	6	1

* Not statistically significant

People killed > People saved

Kirsch went on to state that while the VAERS data is the only data that are statistically significant, the other two data sources are still “troubling”:

“Even if the vaccines have 100% protection, it still means we kill two people to save one life ... Four experts did analyses using completely different non-U.S. data sources and all of them came up with approximately the same number of excess vaccine-related deaths – about 411 deaths per million doses ...

The real numbers confirm that we kill more than we save. And I would love everyone to look at the Israel ministry of health data on the 90+ year olds where we went from a 94.4% vaccinated group to 82.9% vaccinated in the last four months.

In the most optimistic scenario it means that 50% of the vaccinated people died and 0% of unvaccinated people died. Unless you can explain that to the American public you cannot approve the boosters.”

Vaccine Makers Claim 100% Effectiveness in Children

Despite such dire statistics, and the overwhelming evidence showing children are taking an unnecessary risk when getting the COVID shot, government and health officials keep insisting that vaccinating children is imperative if we want to put an end to the pandemic. They also tend to focus more on the alleged effectiveness of the shot in children rather than address the potential for serious side effects.

According to Pfizer/BioNTech, their COVID shot is 100% effective in preventing COVID-19 infection children between the ages of 12 and 15. As reported by CNBC, March 31, 2021:¹²

“The trial enrolled 2,260 participants in the United States. There were 18 confirmed Covid-19 infections observed in the placebo group and no confirmed infections in the group that received the vaccine, the company said.

That resulted in a vaccine efficacy of 100%, it said, adding that the shot was also well-tolerated, with side effects generally consistent with those seen in adults. The company also said the vaccine elicited a 'robust' antibody response in children, exceeding those in an earlier trial of 16- to 25-year-olds ...

Pfizer said Wednesday [March 31] it plans to request an amendment to its current emergency use authorization with the FDA to include adolescents 12 to 15 years of age. All participants in the trial will continue to be monitored for an additional two years after their second dose, the company said."

Based on this data, the FDA expanded the emergency use approval (EUA) for the Pfizer shot to children aged 12 to 15 in the second week of May 2021.¹³ As mentioned earlier, we may see the EUA expanded to children aged 5 to 12 as early as the end of October 2021. But again, what benefit is 100% effectiveness against infection if children already have a near-100% survival rate if they get COVID-19?

No Rate of Injury or Death Is Too Great

Unbelievably, there seems to be no ceiling above which the death and disability toll is deemed too great. Why aren't the FDA and CDC concerned about safety when more than half a million side effect reports have been filed? How come nearly 15,000 reported deaths¹⁴ haven't set off emergency alarms and in-depth investigations?

Historically, 50 deaths have been the cutoff point at which a vaccine is pulled. We're so far beyond that now, it appears all thresholds of harm have been removed altogether. Considering the unprecedented risks of these shots, I urge you to review as much data as you can before you jump on the booster bandwagon. Based on everything I've seen, I believe the risk of side effects is likely going to exponentially increase with each dose.

If you need a refresher on the potential mechanisms of harm, download and read Stephanie Seneff's excellent paper,¹⁵ "[Worse Than The Disease: Reviewing Some Possible Unintended Consequences of mRNA Vaccines Against COVID-19](#)," published in the International Journal of Vaccine Theory, Practice and Research in collaboration with Dr. Greg Nigh.

Sources and References

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