



Scientists Leaving CDC, FDA, NIH Due to “Bad Science,” Political Pressure

America’s top healthcare agencies are facing an alarming rate of resignations. “Low morale” and “bad science” practiced by the agencies and caused by the political pressure from the Biden administration are the primary factors that make even top-level employees call it quits.

Last week, Dr. Marty Makary, a top public-health expert at Johns Hopkins University and a medical advisor to Virginia Governor Glenn Youngkin; and Dr. Tracy Beth Høeg, an epidemiologist affiliated with the Florida Department of Health, [posted an article](#) in which they quoted doctors and scientists at the top levels of the U.S. National Institute of Health (NIH), the U.S. Food and Drug Administration (FDA), and the U.S. Centers for Disease Control and Prevention (CDC) on their dreadful work conditions. The latter said they felt “variously frustrated, exasperated, and alarmed about the direction of the agencies to which they have devoted their careers.”

The article reads,

“It’s like a horror movie I’m being forced to watch and I can’t close my eyes,” one senior FDA official lamented. “People are getting bad advice and we can’t say anything.”

Support for masking in schools, school closures, and the authorization of experimental gene therapeutics against Covid (aka “vaccines”) for children four and under were among the major decisions made by the federal agencies that undermined personnel’s morale.

From the very onset of the pandemic, all of the agencies ostensibly responsible for sound healthcare policies have been mired in controversy for inconsistent and confusing messaging and for decision-making that was at odds with the available science. The high-profile employees of the agencies say the root cause is that politics is driving science, and not the other way around.

The result of the pressure is what Makary and Høeg call “bad science,” when the top decision-makers deliberately “use weak or flawed data to make critically important public health decisions.”

Per the article,

“There’s been a large amount of turnover. Morale is low,” one high level official at the CDC



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Written by [Veronika Kyrylenko](#) on July 18, 2022

told us. “Things have become so political, so what are we there for?” Another CDC scientist told us: “I used to be proud to tell people I work at the CDC. Now I’m embarrassed.”

This is [the agency whose goal is](#) to “increase the health security of our nation” by “conducting critical science and providing health information that protects our nation against expensive and dangerous health threats.” In the end, it is the CDC that makes public health recommendations based on research done internally and by its sister agencies, the FDA and the NIH.

Those two are experiencing a state of affairs that is not much better.

At the NIH, doctors and scientists complain to us about low morale and lower staffing: The NIH’s Vaccine Research Center has had many of its senior scientists leave over the last year, including the director, deputy director and chief medical officer. “They have no leadership right now. Suddenly there’s an enormous number of jobs opening up at the highest-level positions,” one NIH scientist told us.

[The NIH is responsible](#) for biomedical and public-health research and works to find the best ways to apply the findings “to enhance health, lengthen life, and reduce illness and disability.”

Then, [there’s the FDA](#), which is presumably working to ensure the safety of medical products — including vaccines — and food to “protect public health.”

Discussing the FDA’s decision to recommend the Moderna and Pfizer Covid shots for young children and the overall detrimental impact of the botched pandemic policies supported by the FDA that hurt children, one official told the authors, “I can’t tell you how many people at the FDA have told me, ‘I don’t like any of this, but I just need to make it to my retirement.’”

Yet many chose to leave rather than be a part of the travesty, with the decision to vaccinate all American children being the last straw. They say that the data provided by Pfizer, for example, was “extremely weak” and “inconclusive,”

Referring to Pfizer’s vaccine efficacy in healthy young children, one high-level CDC official — whose expertise is in the evaluation of clinical data — joked: “You can inject them with it or squirt it in their face, and you’ll get the same benefit.”

Moderna’s efficacy data was just as bad, added Makary and Høeg.

If the shots were simply ineffective, that would only be a part of the issue. Yet the shots are not just associated with a [stunning number of adverse events](#) and deaths in children, they irreparably disrupt the natural development of their innate immune systems. When that ultimate defense mechanism is undermined, any infectious disease may kill children. The constant reinfection of vaccinated people, including little ones, is also associated with an increased risk of cancer, as explained to *The New American* by world-class vaccinology and immunology expert [Dr. Geert Vanden Bossche](#).

Despite [unacceptably low data quality](#), the agencies moved forward with the recommendation that all children in America, up to 75 percent of whom have acquired natural immunity against Covid as a result of previous infection, be immunized with the experimental shots. Both Pfizer and Moderna vaccines are considered “investigative,” i.e., experimental, and are administered under the Emergency Use Authorization (EUA).



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“That slap in the face of science may explain why [only 2%](#) of parents of children under age five have chosen to get the Covid vaccine, and 40% of parents in rural areas say their pediatricians [did not recommend](#) the Covid vaccine for their child,” noted the doctors.

The doctors also point out that employees are being “muzzled” against open dissent and feel uncomfortable discussing the scientific observations that go against the official internal narrative. Makary further cited FDA staffers, who complained that “You get labeled based on what you say. If you talk about it you will suffer, I’m convinced,” and, “If you speak honestly, you get treated differently.”

Makary and Høeg conclude that the result of the healthcare agencies’ caving in to political pressure is crumbling public trust in “public health itself” with “potentially disastrous consequences.”



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