



## Cracks Appear At NIH, FDA, CDC As Scientists, Doctors Regret “Bad Science”

### Description

Many of those who trusted their careers to government service find that they are trapped in a dystopian system that pays no attention to the real science and data it produces. They have nowhere else to go but they are quitting anyway. One FDA official said, “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.’” ? TN Editor

The calls and text messages are relentless. On the other end are doctors and scientists at the top levels of the NIH, FDA and CDC. They are variously frustrated, exasperated and alarmed about the direction of the agencies to which they have devoted their careers.

“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.”

That particular FDA doctor was referring to two recent developments inside the agency. First, how, with no solid clinical data, the agency authorized Covid vaccines for infants and toddlers, including those who already had Covid. And second, the fact that just months before, the FDA bypassed their external experts to authorize booster shots for young children.

That doctor is hardly alone.

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 people who spoke to us would only agree to be quoted anonymously, citing fear of professional repercussions.)

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



Why are they embarrassed? In short, bad science.

The longer answer: that the heads of their agencies are using weak or flawed data to make critically important public health decisions. That such decisions are being driven by what's politically palatable to people in Washington or to the Biden administration. And that they have a myopic focus on one virus instead of overall health.

Nowhere has this problem been clearer—or the stakes higher—than on official public health policy regarding children and Covid.

First, they demanded that young children be masked in schools. On this score, the agencies were wrong. Compelling [studies](#) later found schools that masked children had no different rates of transmission. And for social and linguistic development, children need to see the faces of others.

Next came school closures. The agencies were wrong—and catastrophically so. Poor and minority children suffered learning loss with an 11-point [drop](#) in math scores alone and a 20% [drop](#) in math pass rates. There are dozens of statistics of this kind.

Then they ignored natural immunity. Wrong again. The vast majority of children have already had Covid, but this has made no difference in the blanket mandates for childhood vaccines. And now, by mandating vaccines and boosters for young healthy people, with no strong supporting data, these agencies are only further eroding public trust.

One CDC scientist told us about her shame and frustration about what happened to American children during the pandemic: “CDC failed to balance the risks of Covid with other risks that come from closing schools,” she said. “Learning loss, mental health exacerbations were obvious early on and those worsened as the guidance insisted on keeping schools virtual. CDC guidance worsened racial equity for generations to come. It failed this generation of children.”

An official at the FDA put it this way: “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.’”

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