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much not
alone in...

The real data behind the new COVID vaccines the White House is pushing

By [Marty Makary](#) and [Tracy Beth Høeg](#)

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medication had a
manufacturer refused to
did you take it?

it, lasting about three
) baseline?

stration cleared it without
s are not universally
) and Prevention is?

the Biden
merican 6 months old and

D coordinator Dr. Ashish
pported claims the new
the likelihood you will

None of those claims has a shred of scientific support.

In fact, if the manufacturers said that, they could be fined for making false marketing claims beyond an FDA-approved indication.

The questions surrounding Moderna's new COVID vaccine approved this week are still looming.

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9 vaccine.

as zero efficacy data
have data about

The FDA, or Moderna (frankly, it's hard to tell the difference sometimes), should disclose what happened to the patient who took the new vaccine and had a complication that required medical attention.

The public has a right to know.

The last time the Biden administration approved and recommended a novel COVID bivalent booster, last fall, with no human-outcomes data, it was an epic fail.

Only 17% of Americans took it (and some of those were forced to do so by

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➤ it infects the body could

oster last year, the Biden
.71 million doses —

orders for the pediatric
on doses at \$1.3 billion to
four times as many

There clearly seems to be a special push this time to give it to children — the same group European regulators are not supporting.

In fact, the original Moderna vaccine was banned in parts of Europe for people under age 30.

European doctors are not alone.

Dr. Paul Offit, a vaccine-mandate supporter and FDA adviser from the University of Pennsylvania, **told** The Atlantic this week that he's not going to take the new COVID vaccine.

Despite being 72 years

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Recently **confessed**, "Yes, he

tant news

America is tired of political apologists as medical experts. They want the truth.

Offit is at least more honest than most experts who put their heads in the sand and parroted whatever public health officials said.

Pfizer made \$100 billion during the pandemic. It can afford to fund a randomized trial to demonstrate to the American people the new booster is effective.

That's the scientific process.

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), so there is ample
can a randomized trial.

and oddly only reported 14-

Isn't it report three-month

Doing this time would not
a study of those subjects
before they may occur.

Studies in general have
first infection is transient,

every process was

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It's time for the FDA to resume its role as a regulator and not the marketing department for Pfizer and Moderna.

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ie severity of COVID
all the more reason a

on ignores natural
ime.

natural immunity is at
' better.

jo, the CDC wants him
scientific answer is the

oint to the annual flu-
andomized trial.

ines.

cluding severe and life-
olus-year safety record

whereas COVID vaccines have been associated with a serious adverse event rate of one in 5,000 doses, according to a **German study** by the Paul-Ehrlich-Institut.

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urnal Vaccine, estimated one in 556 COVID

is six to 28 times higher es, according to a 2022

ral national colleagues dates appear to have

cerned about what is ple booster doses can

escribed a reduced i received three COVID

If public health officials get their way, a healthy 5-year-old boy will get 72 COVID vaccine shots over the course of his lifetime, if he has an average lifespan, with a risk of myocarditis after each one.

Inexplicably and defying science, the CDC is saying even if a child had COVID three weeks ago, he or she should still get the new COVID shot.

Two of the FDA's best vaccine experts are gone. Dr. Marion Gruber, who was director of the FDA's vaccine office, and her deputy director, Dr. Philip Krause, both quit the agency in 2021 in protest over political pressure to authorize vaccine boosters for young people.

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the agency's vaccine cozy relationship

Comment.

Some data makes a process.

Can we simply declare a drug meetings with pharma?

Anticipating turnout of should require a proper t.

Public health leaders cannot afford to squander any more credibility and money on interventions with no scientific support.

Marty Makary, MD, MPH, is a professor at the Johns Hopkins School of Medicine and author of "The Price We Pay." Tracy Beth Høeg, MD, PhD, is an epidemiologist at the University of California, San Francisco.

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