

# Where Does the CDC's Dishonesty Come From?

Analysis by [A Midwestern Doctor](#)

August 01, 2025

## STORY AT-A-GLANCE

- › The widespread promotion of vaccination is predicated upon having profound benefits and no risks. As vaccines frequently injure their recipients, sustaining this paradigm requires suppressing all evidence of vaccine harm and psychologically programming vaccine supporters to be incapable of seeing injuries all around them
- › Because of this, Senator Ron Johnson recently held a historic Senate hearing where discarded individuals with vaccine injuries could testify on their injuries
- › In many cases, these promotions have been directly tied to the CDC taking money from industry. Unfortunately, despite both CDC employees and members of Congress demanding investigations, the matter has been largely swept under the rug
- › The CDC delegates vaccine recommendations to an impartial panel of (paid-off) experts who consistently support vaccination. Recently, RFK Jr. replaced them with scientists free of conflicts of interest
- › At the first ACIP meeting, the CDC repeated its existing playbook, both making a number of truly remarkable statements defending the COVID vaccine at odds with public data, while simultaneously admitting they did not know numerous fundamental questions about the COVID vaccines that should have been figured out years ago. Fortunately, times have changed, and many immediately saw these lies for what they were

One of my major questions in life is whether the bad things that happen are a result of a secretive group of bad actors or are simply a naturally emergent phenomenon that would occur regardless of which group was in power behind the scenes.

On one hand, I frequently see policies be enacted in a coordinated fashion that lead to a clear outcome, and then watch as the years play out, that every institution works in unison to ensure that outcome comes to pass, and as such, when I see the opening moves, I tend to assume the ultimate outcome will follow (which, for example, is why I knew there would be vaccine mandates at the start of 2021 and why Obama's wars **would lead to a permanent unsustainable flood of immigrants into Europe**). On the other hand, when I speak to the most informed people within the government, I hear things like this:

*"You can always point a finger at a specific agency or person, but the reality is that as the government gets bigger and bigger, more and more fiefdoms will emerge within it, and those groups will fight for their own interests at the expense of everyone else."*

**Note:** *Many Federal agencies depend on obtaining congressional funding and, therefore, will engage in stunts to ensure that funding is allocated to them. For example, the CDC will routinely hype up inconsequential "pandemics" each year, as this nationwide drama allows them to obtain more funding.*

## **CDC Corruption**

*"The CDC has enormous credibility among physicians, in no small part because the agency is generally thought to be free of industry bias.<sup>1</sup> Financial dealings with bio-pharmaceutical companies threaten that reputation." — Marcia Angell MD, former editor in chief of the New England Journal of Medicine*

In reality, CDC corruption is so pervasive that it's effectively been legalized. For example, a 1983 law authorized the CDC to accept gifts "made unconditionally ... for the benefit of the [Public Health] Service or for the carrying out of any of its function,"<sup>2</sup> and in 1992 Congress established A National CDC Foundation, which was quickly incorporated to "mobilize philanthropic and private-sector resources."<sup>3</sup>

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**Note:** Other Federal agencies, including the CIA and the NIH, have similar “non-profit” foundations.<sup>4,5,6</sup>

Since its inception, the CDC Foundation has been accused of egregious conduct<sup>7</sup> and has received nearly 1 billion dollars<sup>8</sup> from corporate “donors” (criticisms include a scathing editorial in one of the world’s top medical journals<sup>9</sup>). For example, to quote a 2019 investigation:<sup>10</sup>

*“In 2011, a firm that conducts research for the pesticide industry donated \$60,000 to the CDC Foundation for a study to demonstrate the safety of two pesticides. ‘We have a professional money-laundering facility at the CDC Foundation .... They accept projects from anyone on the outside.’*

*Between 2010 and 2015, Coca-Cola contributed more than \$1 million to the CDC Foundation. It also received significant benefits from the CDC, including collaborative meetings and advice from a top CDC staffer on how to lobby the World Health Organization to curtail its efforts to reduce consumption of added sugars.*

*The BMJ also reported on contributions from Roche to the CDC Foundation in support of the CDC's Take 3 flu campaign, which encourages people to 'take antiviral medicine if a doctor prescribes it.' Roche manufactures Tamiflu, an antiviral medication for the flu [for reference, Roche was able to convince governments around the world to stockpile hundreds of millions of dollars of Tamiflu (an ineffective drug that was never proven to work<sup>11</sup>)."*

These "donations" in turn often shape the "impartial" guidelines we are expected to follow.<sup>12</sup> For example, in 2010 the CDC foundation created a coalition that received over \$26 million from major pharmaceutical companies producing hepatitis C treatments. Shortly after, a committee was created to create new CDC hepatitis C treatment recommendations, and [an Inspector General report](#) found most of its members had direct ties to those pharmaceutical companies.

**Note:** Key funders of the CDC foundation (detailed [here](#)) include key Democratic political advocacy groups, vaccine organizations such as GAVI and the Gates Foundation, the major vaccine manufacturers (e.g., Pfizer, Moderna, Merck, and J&J), and tech companies such as Facebook, Google, Microsoft, and PayPal.<sup>13</sup>

In 2016 CDC employees anonymously complained about this corruption:<sup>14</sup>

*"It appears that our mission is being influenced and shaped by outside parties and rogue interests ... What concerns us most, is that it is becoming the norm and not the rare exception. Some senior management officials at CDC are clearly aware and even condone these behaviors.*

*Others see it and turn the other way. Some staff are intimidated and pressed to do things they know are not right. We have representatives across the agency that witness this unacceptable behavior. It occurs at all levels and in all of our respective units.*

*Recently, the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has been implicated in a 'cover up' of inaccurate screening data for the Wise Woman (WW) Program.*

*There was a coordinated effort by that Center to 'bury' the fact that screening numbers for the WW program were misrepresented in documents sent to Congress; screening numbers for 2014 and 2015 did not meet expectations despite a multimillion dollar investment; and definitions were changed and data 'cooked' to make the results look better than they were. Data were clearly manipulated in irregular ways.*

*An 'internal review' that involved staff across CDC occurred and its findings were essentially suppressed so media and/or Congressional staff would not become aware of the problems.*

*Finally, most of the scientists at CDC operate with the utmost integrity and ethics. However, this 'climate of disregard' puts many of us in difficult positions. We are often directed to do things we know are not right.*

*For example, Congress has made it very clear that domestic funding for NCCDPHP (and other CIOs) should be used for domestic work and that the bulk of NCCDPHP funding should be allocated to programs (not research). Why in FY17 is NCCDPHP diverting money away from program priorities that directly benefit the public to support an expensive [global health] research that may not yield anything that benefits the [American] public?"*

In February 2019, two Democratic Congresswomen provided the evidence to request a formal investigation of CDC's interactions with Coca-Cola and its broader corruption.<sup>15</sup> Unfortunately, due to the politicization surrounding COVID, all of this was swept under the rug and forgotten.

## **Ideology or Corruption?**

I also frequently wonder to what degree conduct I find reprehensible is due to corruption or simply ideological fixation.

In the case of vaccines, while clear financial conflicts of interest can be shown in certain cases (e.g., the CDC Foundation), I find the zealous adherence to all vaccines being “safe and effective” tends to be ideological in nature, as believing in vaccines has been instilled as a core belief of anyone affiliated with “science” or “medicine.”

Initially this can be quite subtle, but in time, that ideological bias quickly adds up. This is because most things aren't clear cut, so depending on what one is biased to notice vs. filter out, one can rapidly be left with a worldview where all “the evidence” supports their position, even if a great deal of it does not (which is a major reason why people can have such diametrically opposed belief systems).

This is critical to understand as evaluating the actual risks and benefits of a routine vaccine requires you to assess:

- What percent of the unvaccinated population is likely to get the infection?
- What percent of those infected will have a moderate or severe illness?
- How effectively the vaccine prevents those vaccinated from catching the illness or developing moderate or severe complications from it?
- How long the vaccine's effectiveness lasts?
- How long does it take the infection to become resistant to the vaccine (making it useless)?
- What are the consequences of the vaccine triggering a population-wide mutation in the infection?
- Is there a viable alternative to vaccination?
- How likely the vaccine is to cause an acute moderate or acute severe reaction?
- How likely the vaccine is to cause a chronic moderate or chronic severe reaction?
- Who is at risk of having a more severe reaction to the vaccine?

Each of these (let alone all of them) is quite a task to figure out, and as a result, most of the relevant points for each of the above simply are not taken into account when deciding upon a vaccine recommendation.

Instead, a few marketable points are highlighted and the assessment of the vaccine's risks and benefits are seen through their lens (e.g., "cervical cancer is deadly" and "the HPV vaccine prevents cervical cancer"). In contrast, pieces of evidence that challenge the predetermined conclusion (e.g., proof of vaccine harm) are dismissed and filtered away.

As a result, many vaccines are on the market where their risks clearly and unambiguously outweigh their benefits, while in parallel, vaccines are viewed as a homogenous entity despite some (e.g., [the HPV vaccines](#)) being much more dangerous and unnecessary than many others.

**Note:** As many people requested it, I have provided a concise summary of the risks and benefits of each childhood vaccine [here](#).

## Vaccine Injuries

Because of this "ideological filtration" many everyday proponents of vaccination are completely unaware that vaccines frequently harm people (e.g., with [severe neurological injuries](#)). So, when confronted with evidence of harm, they use a variety of excuses to dismiss those injuries.

For example, 4 Democrat Senators who pushed the COVID vaccine [had highly unusual neurological injuries](#) all strongly linked to the COVID vaccine, yet none of them have recanted their support for it. Likewise, a Senate aide I spoke to shared that other Senators have had vaccine injuries, but none will publicly admit it, and at best instead have focused on getting treatment for "long COVID" (and emphasized that now it is critical for us to educate the Senate's vaccine proponents on the reality of vaccine injuries).



As much of the opposition to acknowledging vaccine injuries appears to be psychological rather than financial in nature, Ron Johnson recently used his chairmanship to hold an excellent hearing (I would advise watching) where those who had been injured by vaccines and then abandoned could tell their stories and force the Senators who habitually dismiss the existence of vaccine injuries to be directly confronted with them.

**Note:** *Formal hearings like this never happen, as the last one was 25 years ago (for children who developed autism following vaccination),<sup>16</sup> and prior to that those used for the 1986 Vaccine Injury Act.<sup>17</sup>*

## The ACIP

A popular tactic for taking advantage of people is to have an impartial and trusted “third party” implement your policy for you (e.g., funding a “non-profit” **with an environmentally friendly name to advocate for polluting**).

This tactic is used throughout the medical field (e.g., experts on television, medical journals, guideline committees and patient advocacy groups are often pharmaceutical mouthpieces). The Advisory Committee on Immunization Practices (ACIP) is the group that advises the CDC on the vaccine schedule, and as you might expect:

- Until RFK’s recent changes, almost every member on it had financial conflicts of interest.<sup>18</sup>
- ACIP almost always votes to add the vaccines presented before them to the immunization schedule.
- ACIP always ignores anyone who presents “anecdotal” evidence of vaccine injuries.

**Note:** *In the one case I know of where ACIP voted against a vaccine recommendation (COVID boosters for adult workers), the CDC simply overruled them.<sup>19</sup>*



As such, I noticed a pro-vaccine witness at Johnson's hearing, who after sharing the tragic story of her infant sister dying from influenza said they testified in front of ACIP, "ACIP listened" and then made infants six months and older all be vaccinated for the flu – despite roughly 100 "flu related" deaths occurring annually in infants,<sup>20</sup> and thousands of complications (including death) in the 6 to 10 month age range having been reported in VAERS (a system which captures less than 1% of injuries).<sup>21</sup> I found this noteworthy as:

- This also happened in 2013 with Merck's expensive meningitis vaccine (less than 1 in a million children die from meningococcal disease each year, and Merck's vaccine did not cover the primary strain causing deaths<sup>22,23</sup>), so Merck had two parents whose infants had severe complications from the disease to testify in front of ACIP, at which point "ACIP listened" and it was added to the immunization schedule and funded by the government.<sup>24</sup>
- These anecdotes translate to implementing a (scientifically unjustifiable) policy, while any evidence of vaccine harm never accomplishing the same, illustrate how powerful the perceptual filters are in these people and why groups like the CDC and ACIP can routinely recommend vaccines that are hundreds if not thousands of times more likely to harm than benefit the recipients.

## Hiding The Data

Evidence-based medicine was developed as a means to overcome medicine's dogmatic resistance to abandoning ineffective medical practices. Unfortunately, before long, the industry realized that this could be overturned by monopolizing the "best evidence" (e.g., through medical journals and mass media), hiring experts to promote their evidence, and discrediting any conflicting evidence as non-credible.

Once this new dogma was established, an even more incredible feat was accomplished – forbidding anyone besides chosen experts from being able to see the raw data which produced that evidence, thereby forcing us to again "trust the medical experts."

Following this, an even more remarkable sleight of hand was accomplished — instilling a standard where only approved experts could examine the raw data behind the science that underpins our lives. As that data is regularly doctored (e.g., we found out through lawsuits that the V-safe data the CDC used to prove the COVID vaccines were safe was presented in a misleading manner, which hid the innumerable injuries within that dataset).<sup>25</sup>

Likewise, while every healthcare authority throughout COVID assured us the vaccines were being rigorously monitored for safety, we never got their data, and eventually through years of work, Steve Kirsch (e.g., through whistleblowers) was able to obtain government datasets showing the vaccines were killing and seriously injuring many people.<sup>26</sup>

## **ACIP and the CDC**

When seeking drug approval or vaccine recommendation, several key criteria must be met to ensure that “safe and effective” products reach the public. However, meeting those standards is again quite subjective (e.g., they are used to stonewall alternative medical products from ever being approved).

As such, if something supports the medical industry, it's subjected to minimal scrutiny (e.g., **Pfizer was not required to test the vaccine** for effects on autoimmunity, fertility, or cancer despite these being major concerns from the start).

As such, in ACIP meetings, the CDC, without providing its data, often gives a brief statement asserting the safety and efficacy of a vaccine, which the ACIP accepts as definitive truth, regardless of conflicting evidence.

Recently, RFK's new ACIP had its first meeting, where for the first time, the CDC received pushback for its unwarranted claims. Unfortunately, as the CDC had not adapted to this new reality, they continued to repeat their playbook, making remarkable claims such as:

- Infants were at high risk of becoming severely ill from COVID despite existing data showing very close to 0 infants are dying from COVID.<sup>27</sup>
- Most positive COVID tests at admission correlated with COVID causing their hospitalization (“86% of adult hospitalizations during that time period were likely attributable to COVID-19”).
- According to the CDC’s private analysis, all datasets show there is no statistical proof the COVID vaccine caused many of the injuries people attributed to it (e.g., death, seizures, strokes, bell’s palsy, or any issues in pregnancy such as miscarriages) and that the signals suggesting otherwise in databases we can access are “false positives.”

**Note:** *I was most surprised by the CDC asserting their analysis “proved” the COVID vaccine was not associated with abnormal menstruation — despite numerous studies comprising hundreds of thousands of women **finding roughly half experienced menstrual issues from COVID vaccination.***<sup>28,29,30,31,32,33</sup>

- That while a risk of myocarditis does exist, the risk is very low, and that 83% of those afflicted fully recovered in 90 days.<sup>34</sup> In contrast, a study the CDC failed to mention found that at 12 to 18 months, 35% reported persistent symptoms, primarily chest pain, palpitations, or fatigue, 13% remained on medication, 8% restricted exercise (mostly self-initiated), and 5.6% required hospitalization.<sup>35</sup>

**Note:** *Ron Johnson’s previous hearing provided proof the CDC deliberately withheld data showing COVID vaccines caused myocarditis to protect the vaccine program.*<sup>36</sup>

There were also remarkable admissions such as:

- The CDC still had no explanation for why COVID had evolved into variants that were resistant to the vaccine (a concern from the start, as the vaccine used a single rapidly mutating antigen).

- The CDC had no way to track long-term complications from the COVID vaccine, as over time, “more and more confounding variables are introduced” and the CDC would welcome any advice ACIP had on how those complications could be monitored.

## Conclusion

During COVID, the ACIP meetings became a morbid hobby of watching a slow motion train wreck, as we knew nothing we did could derail them pushing the COVID vaccine along, but at the same time, we couldn't turn our eyes away from it, as we did need to know what depressing vaccine policies were in the pipeline.

Now that their halo of objective expertise has at last been broken (e.g., now only 61% of Americans trust the CDC<sup>37</sup>), we are finally having a chance to seriously scrutinize their absurd claims, and the CDC is nearing the day when it can no longer operate as an unaccountable fiefdom. Each time we openly discuss their lies, their power weakens, and I am profoundly grateful to be with each of you at a time when this monolithic beast can finally be toppled.

**Author's Note:** *This is an abridged version of [a longer article](#) which goes into greater details on the points mentioned here. That article, along with additional links and references can be read [here](#).*

## A Note from Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician from the Midwest and a longtime reader of Mercola.com. I appreciate AMD's exceptional insight on a wide range of topics and am grateful to share it. I also respect AMD's desire to remain anonymous since AMD is still on the front lines treating patients. To find more of AMD's work, be sure to check out [The Forgotten Side of Medicine](#) on Substack.

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