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U.S. Army Used Virtual Town Hall to Convert — and Coerce — Vaccine Skeptics

The U.S. Army Facebook live town hall was designed to promote maximum conversion of soldiers to take the COVID vaccines, and to convince them to persuade their friends and family to do the same.

By Pam Long
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Earlier this month, the U.S. Army hosted a Facebook live town hall on the topic of concerns about COVID-19 vaccines.

The virtual town hall followed this format:

- Affirm soldiers who took the experimental vaccine or question soldiers who have not yet taken the vaccine.
- Legitimize an Army doctor as a drug expert to counter risks or concerns without citing any references for the information provided.
- Leverage the influence of the Sergeant Major of the Army, the highest ranking non-commissioned officer, to persuade soldiers to risk taking the experimental drug without providing factual informed consent.

This format was designed to not only promote maximum conversion of soldiers to take the Emergency Use Authorization (EUA) drug, but also to convince them to persuade their friends and family to do the same.

The overall tone of the town hall was respectful and caring, but the false efficacy claims and risk omissions are indicators of dysfunctional groupthink at best, or cult mentality at worst.

The U.S. Army leadership is persuading soldiers to put blind faith in an EUA drug using miraculous claims even the manufacturers do not make about their products.

The six-person town hall panel consisted of Sergeant Major of the Army (SMA) Michael Grinston; Dr. Steven Cersovsky, science advisor to the U.S. Army Medical Command; three U.S. Army service members; and a moderator.

The one-hour session addressed three main concerns about the COVID vaccine among military members: infertility, variants of the virus and the speed with which the vaccines were developed.

Cersovsky began the town hall with an evangelistic sales pitch for the vaccine beginning with this statement:

> "The good news is the vaccine is available, there is light at the end of the tunnel and taking the vaccine protects you, protects the community and protects our nation."

Cersovsky went on to acknowledge concerns about the speed with which the vaccines were developed and the risks that may pose to public safety, but then said, the "only risk to public safety is not getting vaccinated."

According to Cersovsky, viral salvation can be achieved only by getting the vaccine. He vaguely referred to the Centers for Disease Control and Prevention (CDC) and "data" without actually providing any data from the clinical trials or surveillance systems.

The medical ethics of informed consent requires doctors to tell patients the risk of the disease, the known benefits of the medical intervention, the known risks of the intervention and alternatives to the intervention. Cersovsky mentioned none of these.

In the case of the COVID vaccine, informed consent requires doctors inform soldiers of the following:

- Risk of disease: Most people have a 99.9% survival rate for SARS-CoV2, with increased risk of severe disease in elderly populations with co-morbid health conditions. Per the CDC, the most frequent underlying medical conditions were obesity (35.1%), diabetes (8.4%) and pulmonary disease (7.8%).
- Efficacy of Intervention: EUA COVID vaccines did not demonstrate prevention of infection or transmission of the virus in the clinical trials. Symptom prevention is the primary endpoint for the clinical trials. Consent to a COVID vaccine is equivalent to voluntary participation in an ongoing phase 3 clinical trial ending in 2022 or 2023.
- Risks of Intervention: The manufacturers reported a comprehensive list of known adverse reactions in the Moderna COVID-19 EUA Fact Sheet and Pfizer-BioNTech COVID-19 EUA Fact Sheet including severe reactions of anaphylaxis, appendicitis, Bell's Palsy and death. On April 13, U.S. health officials temporarily suspended the use of the Johnson & Johnson vaccine over concerns of potential fatal blood clotting disorders. In the event of an adverse reaction, participants are not eligible for compensation because COVID vaccines are shielded from liability under the Public Readiness and Emergency Preparedness (PREP) Act of March 2020 as a "countermeasure."
- Alternatives: There is a research-based meta-analysis of more than 562 studies of effective preventative alternatives including long-term established therapeutics of Ivermectin, hydroxychloroquine and vitamin D.

Fertility risks

In addressing concerns about infertility, Cersovsky definitively stated, "I can tell you for certain that's not the case." Although pregnant women were excluded in the original clinical trials, Cersovsky claimed that over the past several months after vaccine rollout there is a "very robust data set that the CDC has and others … very safe vaccines for use in

pregnancy."

Cersovsky added that for pregnant women, "the safety profile has been excellent. No adverse events in that group, just as we have seen in the broader population."

Yet Cersovsky did not mention that as of April 16, 462 pregnant women reported adverse events related to COVID vaccines to the Vaccine Adverse Events Reporting System. The reports included 132 reports of miscarriage or premature birth.

The CDC is currently enrolling pregnant women in the v-safe COVID-19 Vaccine Pregnancy Registry, and has confirmed 4,478 pregnant women, but the CDC has yet to publish a report from the v-safe registry nor publish data from healthcare systems in the Vaccine Safety Datalink to the Advisory Committee on Immunization Practices (ACIP).

It is manipulative and unethical for anyone to claim there is no risk in pregnancy, in the absence of evidence the drug is safe in pregnancy.

Cersovsky claimed there are benefits in pregnancy from the vaccine that are neither established by data nor research. He asserted:

> " ... there are advantages, especially in pregnant women, in getting the vaccine. One, it protects them because they may be at higher risk from severe outcomes if they do get infected. Two, there's the ability to pass on — what is called passive immunity — to pass on some of that immunity to the fetus, to the unborn child which will persist for many months after birth. So that gives the baby some protection too."

Cersovsky refuted any possibility of the vaccine impacting the fertility of women, declaring,"there is no possible mechanism for that to happen."

However, if there were no mechanism of reproductive risks, then why is the CDC dedicated to studying the unknown effects of the vaccine through the Vaccine Safety Datalink, which states: "Miscarriage and stillbirth that occurs among people who received COVID-19 vaccine during pregnancy; Adverse outcomes in pregnancy following COVID-19 vaccination, including: Pregnancy complications, Birth outcomes, Infant outcomes for the first year of life (includes infant death, birth defects, and developmental disorders)?

Cersovsky is gaslighting women in uniform.

The European Medicines Agency (EMA) assessment report of the Moderna mRNA-1273 COVID=19 vaccine reported in March the following for the developmental and reproductive toxicity in female rats: "The overall pregnancy index was numerically lower in mRNA-1273-vaccinated female rats (84.1%), compared to control animals (93.2%)."

The CDC declares pregnancy outcomes are unknown because the clinical trials did not scientifically study developmental and reproductive toxicity in female or male humans in the experimental design, and yet irresponsibly the CDC assumes no risk to pregnancy based on what "experts believe."

According to the CDC statement on pregnancy and the COVID19 vaccine:

> "Limited data are available about the safety of COVID-19 vaccines for people who are pregnant. Based on how these vaccines work in the body, experts believe they are unlikely to pose a specific risk for people who are pregnant. However, there are currently limited data on the safety of COVID-19 vaccines in pregnant people. Clinical trials that look at the safety and how well the COVID-19 vaccines work in pregnant people are underway or planned. Vaccine manufacturers are also monitoring data from people in the clinical trials who received vaccine and became pregnant. Studies in animals receiving a Moderna, Pfizer-BioNTech, or Johnson & Johnson's Janssen (J&J/Janssen) COVID-19 vaccine before or during pregnancy found no safety concerns. CDC and the Federal Drug Administration (FDA) have safety monitoring systems in place to gather information about vaccination during pregnancy and will closely monitor that information. Most of the pregnancies in these systems are ongoing, so we don't yet have information on the outcomes of these pregnancies. We need to continue to follow pregnancies long-term to understand effects on pregnancy and infants."

Vaccine effectiveness with COVID and variants

The U.S. Army has developed a dangerous groupthink strategy that the vaccine guarantees health protection and has no short-term or long-term risks for anyone. The Army leadership is obediently following the CDC guidance, like victims of a cult mentality, without scrutinizing industry motives.

Per the clinical trial data presented to the Food and Drug Administration (FDA) for EUA, the prevention of infection and transmission were not assessed nor were these criteria a part of the primary efficacy endpoints established in the clinical trials.

Yet not only did Cersovsky fully endow the vaccines with infection prevention, he also endowed the vaccine with the supernatural ability to block all future variants. Cersovsky preached a message of super-immunity: "The vaccines, in fact, are so good at causing an immune response in most people, that even if a variant finds a way to diminish some of our immune systems protection, we still have the ability to fight off infection from this virus."

These claims have not been confirmed in published data or research.

Cersovsky sermonized the idea that vaccines can stop, block or suppress the natural mutation of viruses to become more transmissible: "The vaccine is our mechanism in which we can stop these variants" and "The way to block that is through vaccination."

He alluded to variants becoming stronger, without acknowledging that viruses naturally become less virulent as they become more transmissible.

In his concluding remarks, Cersovsky contradicted himself, stating there is limited data on the ability of the vaccine to actually block infection after previously stating that the vaccine blocked infection for both the virus and variants.

He contradicted himself a second time when he stated the vaccine is preferred over natural immunity because it "locks in immunity" and even boosts immunity with a greater protection in the previously infected, after stating that it is also likely that booster doses will be needed annually.

Sergeant Major Grinston doubled down on the notion that the vaccine will stop variants and credited the vaccine's unproven efficacy for removing the restricted movement (quarantine)

requirement of soldiers stating, “If I get vaccinated, I can stop that variant spread.”

Grinston added that soldiers can “take some leave without spending all their leave on restricted movement” which has been recently revised as a virus-containment strategy only for the unvaccinated sect.

This containment strategy is based on the CDC’s unsubstantiated belief of asymptomatic transmission. A November 2020 Nature research study of 10 million people in China found “no evidence of transmission from asymptomatic positive persons to traced closed contacts.”

A December 2020 JAMA meta-analysis of 54 studies by the University of Florida research concluded “no asymptomatic or presymptomatic spread.”

Yet Army leadership is blindly following CDC pseudoscience without any scrutiny, just as it did with the anthrax vaccine program, actively facilitating a program that is potentially even more dangerous.

Grinston expressed his concern for the “readiness” of the Army, and yet seems oblivious to the inherent risk of a goal to inject an experimental drug into 100% of soldiers with no data on long-term effects.

Not one military leader mentioned the immunopathological complications documented in the research of SARS-CoV vaccines from the past 20 years of animal trials: antibody dependent enhancement (ADE). This adverse effect results in an increase in viral production and decrease in viral clearance.

The military has not prepared for the worst-case-scenario of an epidemic of ADE fatalities when the vaccinated are exposed to wild strains of the virus. It is noteworthy that the CDC omitted the long-term risk of ADE from the marketing campaign and the chain of command has not conducted its own risk assessment.

Behavioral health concerns

During the town hall, Grinston expressed valid concerns about the behavioral health and harmful impacts of wearing masks, social distancing, quarantines and social isolation. He then suggested that beneficial social interactions could resume with the vaccine.

It is disappointing to see a respected leader and mentor advocate that social well-being can be restored only by taking an experimental drug, when quarantines for healthy people were never justified in the first place.

Grinston defended the policies of Army gyms that require a COVID vaccine card, and dining facilities that allow seated meals only to soldiers with COVID19 vaccine cards. Grinston said, “There should be an advantage to this.” He added:

> “If there is no advantage, if I still have to wear a mask, or stay apart and I can’t do this, I can’t do that, and I’ve been vaccinated, I’d be sitting here going, why get vaccinated, what’s the point?”

And with that statement, the Sergeant Major of the Army disqualified anyone with natural

immunity from having the same access and privileges as the vaccinated, who now have preferential treatment despite not knowing how long natural immunity lasts and if the vaccine confers immunity at all.

There is no contingency plan for antibody testing those who question the risks of the fast-tracked mRNA drug, rather a presumed leper status for the unvaccinated.

In the implementation of these policies, the unvaccinated wear their scarlet letters of shame and are shunned from the righteous vaccinated.

The pregnant soldier who is risk averse is told to stand outside in line for a sack lunch, while her peers eat inside restaurant style.

The injured soldier who needs specialized fitness equipment at the gym to rehabilitate is told he must exercise outside.

Soldiers are told they are now non-deployable if they are unvaccinated and removed out of leadership positions. Basic training graduations will allow only vaccinated guests to attend.

One command sergeant major gave the vaccinated soldiers a three-day pass, and required all of the unvaccinated soldiers to stay and write a 1,500-page essay defending their choice. Only the vaccinated may attend military balls.

All of these unofficial Army policies will backfire on the purported social benefits of the vaccine. It is irreconcilable that a senior leader who can grasp the detrimental impact of long-term isolation then endorses a culture of exclusion for up to 30% of personnel.

While Grinston aims to protect the Army with a vaccine, he sacrifices the well-being of the unvaccinated with segregation policies.

In "For the Greater Good? The Devastating Ripple Effects of the COVID-19 Crisis," this paradox is poignant:

> "Currently, more evidence becomes available that the lockdowns may have more negative effects than positive effects. For instance, many measures taken in a lockdown aimed at protecting human life may compromise the immune system, and purpose in life, especially of vulnerable groups. This leads to the paradoxical situation of compromising the immune system and physical and mental health of many people, including the ones we aim to protect."

How can anyone be expected to trust the lockdown proponents who claimed the lockdowns were protective, and are now also claiming the vaccine is protective? This breach of trust is why one-third of service members are declining this vaccine.

In response, the CDC has given the military orders to use "trusted leaders in the community" to persuade uptake, just as the CDC also requested church leaders persuade uptake in civilian communities.

Heaping sin upon sin

The omissions by Cersovsky and Grinston suggest they are promoting a belief in the vaccine and allegiance to the CDC that is disconnected from many red flags in the scientific

community.

Neither seem to be aware the RT-PCR test cannot discriminate between the infectious virus and non-infectious viral fragments (live or dead nucleotide), and therefore the entire pandemic continues based on wide-scale false positives.

Neither leader mentioned that the entire world is challenging the PCR test as an unsuitable diagnostic tool as there is no Standard Operating Protocol that limits the cycle rate to detect only infectious SARS-CoV2 virus.

Neither raised the concern that the efficacy of the vaccine was calculated based on the flawed RT-PCR test.

Neither mentioned the hundreds of "breakthrough" cases of vaccinated people who are testing positive for SARS-CoV2. This is an indicator of lack of efficacy.

Neither addressed that the primary efficacy endpoint of the Pfizer and Moderna trials were symptom reduction, thus making vaccinated asymptomatic carriers. This necessitates an explanation on how vaccinated asymptomatic carriers are allegedly safe, but unvaccinated asymptomatic carriers are a risk. Symptom reduction does not equal immunity.

Neither discussed that a reported 94-95% efficacy in reducing symptoms or Relative Risk Reduction (RRR) is a deceitful way to sell a product with 1.1% Absolute Risk Reduction (ARR) for Moderna and 0.7% Absolute Risk Reduction (ARR) for Pfizer.

It appears that Cersovsky and Grinston were recruited as missionaries by Pharma to convert military members who commit the heresy of being skeptical of a deceptive marketing campaign for a lifetime commitment.

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Pam Long is graduate of USMA at West Point and is an Army Veteran of the Medical Service Corps.

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