Prominent Scientists Demand Data From Drug Companies Now

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A positive development in the SARS-CoV-2 debacle is the recognition by respected members of the scientific community that something is terribly wrong with the current policies of government and health officials. For example, Peter Doshi PhD, senior editor at the *British Medical Journal* (*BMJ*) and associate professor of pharmaceutical health services research at the University of Maryland School of Pharmacy, has testified in front of Congressional Committees about his concerns about COVID-19 vaccines. He recently co-authored an editorial concerning COVID-19 treatments and vaccines which was published in the *BMJ*, in which the authors demand the immediate release of all data concerning COVID-19 treatments and vaccines.[1]

First, some historical perspective. In 2009, health officials deliberately misled the public in several ways. First, a worldwide pandemic was declared for the H1N1 virus when there was little evidence to suggest that this was anything other than normal seasonal flu. When a pandemic did not develop as expected, authorities covered it up by instructing health professionals to stop testing and to assume that anyone who presented with symptoms of flu should be assumed to have H1N1. A CBS News investigation later showed that there was no epidemic, and that people who were tested had colds and upper respiratory infections, but not H1N1.[2] I wrote at the time that both the declaration of emergency and the halt on testing was designed to coerce people into getting a flu vaccine. Governments worldwide had purchased hundreds of millions of doses of vaccines, and officials were determined to make sure that they were administered, even if they were not needed.

But, the *BMJ* authors write, there was another scandal associated with the 2009 fake pandemic. Governments all over the world had also invested billions of dollars in antiviral medications, like Tamiflu, that were shown to be useless. Almost all clinical trials for Tamiflu, which is still highly recommended by many doctors, were sponsored by the manufacturer, and suffered from serious shortcomings, such as:

- most were not published
- those that were published were ghostwritten by writers paid by the manufacturer
- the principal authors never saw the raw data
- academics were unable to access raw data for independent analysis

The authors claim that since the 2009 debacle, there has been an effort toward more transparency. I've not seen any evidence of this; perhaps there has been. But it is clear that not enough progress has been made. At the time of publication of this editorial, January 2022, raw data for new products related to COVID-19 has not yet been made available for independent analysis. And this is unacceptable.

For example, Pfizer's vaccine trial was funded by the company; and trials were designed, run, and analyzed by Pfizer employees. Pfizer controls all of the data, and states that it will not make it available until May 2025, twenty-four months after the primary study completion date.

Moderna is less specific, stating that data "may be available" in 2022, with a caveat – "requests will be subject to review," whatever that means.

AstraZeneca reported that it was ready to provide data, but that requests might take a year to fulfill.

Companies that make treatments are even worse. Regeneron says that data regarding its monoclonal antibodies will not be available to anyone, but the company may change its mind if the product is fully approved (it is currently sold under an EUA). The National Institutes of Health funded Gilead's remdesivir trials and states that it will provide only limited data on a small subset of trial participants.

Regulatory agencies are supposed to be given raw data at the time of application, but they often act more like business partners to the drug companies than regulators and servants of the public. In response to a FOIA request for Pfizer's vaccine data, the FDA reported that it would release 500 pages per month, which means that it would take decades for the public to get information about a product that many people were forced to take by government officials and employers. The FDA stated in court that it would be redacting "sensitive information" which is why data release would take so long. Thankfully a judge thought this was unacceptable and demanded that the FDA release 55,000 pages per month, which reduces the time to eight months. This date is still long after people all over the world have been mandated to receive this vaccine.

Even so the FDA states that it will only provide data on Pfizer's only approved COVID-19 vaccine – Comirnaty – which is not available in the U.S. at this time. There will be no information available on the COVID vaccines that U.S. citizens have been getting, including Pfizer BioNTech, since these are approved under an Emergency Use Authorization.

I'm happy to see that the authors of this editorial do not mince words. They state that we should know why trials were not designed to determine whether or not the vaccines prevent infection or spread. They point out that at least three of the companies making COVID vaccines have criminal records and have paid billions of dollars in fines and settlements.

They write: "Twelve years ago we called for the immediate release of raw data from clinical trials. We reiterate that call now. Data must be available when trial results are announced, published, or used to justify regulatory decisions. There is no place for wholesale exemptions from good practice during a pandemic. The public has paid for

covid-19 vaccines through vast public funding of research, and it is the public that takes on the balance of benefits and harms that accompany vaccination. The public, therefore, has a right and entitlement to those data, as well as to the interrogation of those data by experts.

"Pharmaceutical companies are reaping vast profits without adequate independent scrutiny of their scientific claims. The purpose of regulators is not to dance to the tune of rich global corporations and enrich them further; it is to protect the health of their populations. We need complete data transparency for all studies, we need it in the public interest, and we need it now."

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[1] Doshi P, Godlee F, Abbasi K. "COVID-19 vaccines and treatments: we must have raw data, now." *BMJ* 2022 Jan;376:o102

[2] http://www.cbsnews.com/news/swine-flu-cases-overestimated/