

Citizens Against Medical Corruption
March 4, 2019

The Honorable Diana DeGette
Chair
Subcommittee on Oversight and Investigation
House Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington DC 20515

The Honorable Brett Guthrie
Ranking Member
Subcommittee on Oversight and Investigation
House Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington DC 20515

Dear Chair DeGette and Ranking Member Guthrie:

We, the (Vermont) Citizens Against Medical Corruption, take issue with the February 25, 2019, letter to you from Dr. Mark A. Levine, the Health Commissioner of the State of Vermont.¹

Dr. Levine's letter expressed concern over misinformation about vaccines, and in particular over the issue of measles vaccination. Commissioner Levine characterizes measles as a deadly disease, and this is true in malnourished populations in developing countries. Today, however, in the United States, measles deaths are extremely rare and measles has, for all practical purposes, been controlled if not completely eliminated.

Commissioner Levine seems to be arguing for some sort of censorship over what he calls "misinformation" about vaccines on sites like Facebook, Twitter, and YouTube. Dr. Levine believes that only information sanctioned by the health authorities is legitimate. We disagree that information sanctioned by the Vermont Department of Health is legitimate. We believe that much of this information is subject to, and part of, the widespread corruption of medical science; its purpose is not to inform, but to sell.

For many years now, voices within the medical community have warned that the pharmaceutical industry has all but taken control of the medical community, ^{iiiiivvviiviiiixx} and it has done this through a number of obvious means-- such as through drug rep visits to doctors, gifts from drug companies, lucrative speaking engagements, and enlisting doctors as agents to sell specific drugs-- as well as through subtle means that aren't generally known, such as controlling research data, "ghostwriting" scientific papers, failing to publish studies unfavorable to drugs, using faulty and superficially peer-reviewed papers in medical journals, lobbying for legislation favorable to drug companies, and making financial contributions to the CDC through the CDC Foundation.^{xi} This corruption in no way impugns the integrity of the many hard-working and honest professionals in the medical community who find themselves within a system that they must deal with on a day-to-day basis, and of whose priorities they may be unaware. But, an embedded salesforce and marketing operation is also working hard to make us all patients and consumers of drugs; we are overdosed.^{xii} No one needs to be reminded that the main

reason we have an opioid epidemic today, with something like 40,000 deaths per year in the United States from opioid overdoses, is due to the manipulative marketing of OxyContin and other prescription opioids to trusting doctors and patients. If we're concerned about misinformation, our attention might be better directed to pharmaceutical marketing rather than to Facebook.

What do physicians and medical journals say about the current state of medicine in describing a habit of collusion with pharmaceutical aims that is so rewarding and addictive that it's hard to break, and which continues to grow despite overwhelming evidence of its presence? Here are some statements:

Editorial, the *Journal of the American Medical Association*: "The direct influence of for-profit companies on education and clinical practice has been well documented the manipulation of study results, authors, editors, and reviewers is not the sole purview of one company.... manipulation of studies and misrepresentation of study results could not occur without the cooperation (active and tacit) of clinical researchers, other authors, journal editors, peer reviewers, and the FDA." ^{xiii}

The Institute of Medicine: "... widespread relationships with industry have created significant risks that individual and institutional financial interests may unduly influence professionals' judgments about the primary interests or goals of medicine. Such conflicts of interest threaten the integrity of scientific investigations, the objectivity of medical education, and the quality of patient care." ^{xiv}

Marcia Angell, MD: "It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of *The New England Journal of Medicine*.... The mission of medical schools and teaching hospitals ... is to educate the next generation of physicians, carry out scientifically important research, and care for the sickest members of society. It is not to enter into lucrative commercial alliances with the pharmaceutical industry. As reprehensible as many industry practices are, I believe the behavior of much of the medical profession is even more culpable." ^{xv}

The *BMJ* (formerly the *British Medical Journal*): "In 1992, Congress passed legislation to encourage relationships between industry and the CDC by creating the non-profit CDC Foundation, which began operations in 1995.... Numerous manufacturers give donations to the CDC Foundation.... in 2012, Genentech earmarked \$600 000 in donations to the CDC Foundation.... Janssen ... contributed \$1.5m in 2012-13, and in 2011-12 contributors included Merck (\$915 149), Genzyme (\$762 000), Sanofi-Aventis (\$600 000), and Abbott Laboratories (\$550 000) 'Industry funding undermines trust and introduces a bias in the presentation of results and treatment recommendations that is deplorable for a government agency....'" ^{xvi}

This 1992 legislation creating the CDC Foundation ... due to pressure from pharmaceutical lobbying?

The 2016 CDC SPIDER letter: "We are a group of scientists at CDC that are very concerned about the current state of ethics at our agency. It appears that our mission is being influenced and shaped by outside parties and rogue interests. It seems that our mission and Congressional intent for our agency is being circumvented by some of our leaders. 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 from across the agency that witness this unacceptable behavior. ***It occurs at all levels and in all of our respective units.*** These questionable and unethical practices threaten to undermine our credibility and reputation as a trusted leader in public health.”^{xvii} (emphasis added)

From the Los Angeles Times:

“Two decades ago, the NIH [National Institutes of Health] was ... ‘an island of objective and pristine research, untainted by the influences of commercialization.’ Today, with its senior scientists collecting paychecks and stock options from biomedical companies, the NIH is no longer an island. Interviews and corporate and federal records obtained by the Los Angeles Times document hundreds of consulting payments to ranking NIH officials....

“... outside payments to NIH scientists are being hidden from public view. Relying in part on a 1998 legal opinion, NIH officials now allow more than 94% of the agency's top-paid employees to keep their consulting income confidential.”^{xviii}

Jerome P. Kassirer, MD, former editor-in-chief of the *NEJM*: “I believe that the great majority of physicians are high-minded and principled, and that most of them intentionally avoid any any kind of entanglement with industry Nonetheless, ***serious conflicts of interest are widespread***, and with the growth of industry marketing, they continue to increase. Whether intentionally or not, too many physicians have become marketing whores, mere tools of industry's promotional efforts. Others have engaged in pseudoscientific studies and published biased articles and educational materials that foster industry goals over patient goals.”^{xix} (emphasis added)

Vaccine science is part of this corruption of the medical community since contrary to popular belief, vaccine sales are quite profitable and are projected to be something like \$50 billion within the next five or six years.^{xx} Prevnar, a pneumococcal vaccine, itself generated \$6.5 billion in 2015, according to a *Financial Times* special report entitled, “Vaccines are among big pharma's best-selling products.”^{xxi} Gardasil is another billion-dollar blockbuster.

What is the general pattern of drug salesmanship? Very simply, to amplify benefits and diminish or eliminate perceived harms. What do we constantly hear in the medical community? *Serious vaccine harms are extremely rare, vaccines are safe*: that's part of the pattern of deception. But it's not hard for parents to connect the dots and see that the vaccine authorities might be-- in fact, have been-- endorsing manufactured evidence of safety. What does the CDC, for example, say in its salesmanship for the HPV vaccines? Nothing but that they are essentially safe, while ignoring widespread concerns over safety. The CDC makes no mention of the January, 2016, American College of Physicians statement of concern over premature ovarian failure associated with HPV vaccines,^{xxii} and it makes no mention of deceptive practices employed to sell the HPV vaccines, such as obscuring the observation that true placebos weren't used in HPV trials.^{xxiii} The Cochrane Collaborative (until very recently a trusted source of evidence-based medicine^{xxiv}) said this of the HPV vaccines:

“In recent years, concerns were raised about adverse events possibly related to the HPV vaccines. Since the US approval of Gardasil® in 2006 and up until 2012, a total of 21,265 adverse events

was reported to the national Vaccine Adverse Event Reporting System (VAERS). HPV vaccines have been blamed for giving rise to more reported adverse events than other types of vaccines.... Several observational studies ... failed to identify associations with clinical diagnoses, but reasons to oppose these findings have been put forward. The symptoms reported following HPV vaccination are varied and include headache, orthostatic intolerance, fatigue, cognitive dysfunction, blurred vision, feeling bloated, abdominal pain, light sensitivity, and involuntary muscle activity. Despite the consistency in reported symptoms, *they do not fit into a well-defined category of diseases or diagnoses*, but rather present themselves as a constellation of nonspecific symptoms. Consequently, the observational studies, which based their results on registered diagnoses, may have excluded an important fraction of eligible participants with unclear adverse symptoms, as *most young girls that claim to suffer from adverse events following HPV vaccination receive no clinical diagnosis*, and are therefore unlikely to appear in medical registers. Moreover, the randomised clinical trials on HPV vaccines, which formed the basis for the safety assessment, have been blamed for not using true placebo (e.g. placebo not containing adjuvants) as the control intervention.”^{xxv} (emphasis added)

In order to give patients accurate information, all of the above information should be included, in some form, on the CDC (and on state health department) webpages regarding the HPV vaccine; none of it is. Information on the MMR is little better; according to a 2012 Institute of Medicine study, we don't know if, or how often, the MMR contributes to encephalopathy (brain injury,) encephalitis, meningitis, transverse myelitis, and a host of other conditions,^{xxvi} yet none of this is acknowledged by the CDC. The “vaccine court” has made several awards for serious injuries due to the MMR;^{xxvii} how prevalent these are, again we don't know, because we don't keep track. Doctors are *trained* not to see.

Our health departments also make no mention of the numerous studies that point out proved biological pathways for the transport of aluminum adjuvant (present in the HPV as well as in many other vaccines) to organs including the brain, where aluminum can accumulate and cause inflammatory responses.^{xxviii xxix xxx} Any criticism of aluminum adjuvant is vehemently opposed-- small wonder-- but the public can access and read published research on its own, and it is learning, albeit slowly, that salesmanship, and not safety, seems to be the main priority of the medical/industrial alliance. This may be why Commissioner Levine and his colleagues wish to silence critics through censorship.

We do not believe that cleaning up so-called “misinformation” should be any priority of any health department in the United States or of the Subcommittee on Oversight and Investigation. We believe instead that medical science and practice should be cleaned up as a priority, conflicts of interest (and even the appearance of conflicts) should be eliminated, peer review should be expanded and made *much more rigorous and transparent*, and our health departments should be focused on providing *accurate medical evidence instead of the veneer of science at the service of profits*.

The question should not be, what can we do to stop people from criticizing vaccines? The real questions should be, what can we do to re-establish integrity in medicine and in medical studies, and what can we do to prevent the pharmaceutical industry from exploiting our children for profit? Stifling debate and concern-- even if some of this goes off the deep end-- is no answer to corruption; instead, it is exactly what corruption needs to grow and thrive.

Instead of saying “yes” to the continued corruption of our medical system and instead of forcing parents to participate in this corruption through an ever-more-coercive vaccine program, we implore

you, in the name of sanity, honesty, and decency, to say "no." It is long past time to stand up to the influence of the pharmaceutical industry on medical care.

Sincerely,
Citizens Against Medical Corruption

The Citizens Against Medical Corruption is a group that wishes to remain anonymous due to concerns over retaliation for views expressed.

cc: The Honorable Peter Welch
The Honorable Mark A. Levine, MD
The Honorable Phil Scott
The Honorable Patrick Leahy
The Honorable Bernie Sanders
Health Choice Vermont

cc: (sponsors of Vermont H.238, a bill to eliminate the religious exemption to vaccination)
Representative Martin LaLonde
Representative Seth Chase
Representative Lori Houghton
Representative John Killacky
Representative Robin Scheu
Representative Trevor Squirrell
Representative Linda Joy Sullivan

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