



ISDB September 2022 Newsletter

Message from the President of ISDB, Dr. Dick Bijl

Dear friends,

We are happy to send you the first newsletter of ISDB this year. We have again several contributions by our members with focus also on COVID-19. I hope you will enjoy it.

Before leaving Therapeutics Initiative in June, Alan Cassels interviewed outstanding doctors, researchers, journalists and members of ISDB, and in this issue you will find an interview with Paul Thacker, a well-known critical journalist who reports from Madrid.

General Assembly 2022

The Committee has decided to organise an online meeting for the General Assembly with presentations, discussions and election of members for the ISDB Committee on Thursday, November 17, 2022 from 2:00 PM to 5:00 PM GMT.

Our friends from the Therapeutics Initiative in Canada have offered to help with the logistics and implementation of that meeting. There are no costs involved in joining the meeting. An invitation letter from the ISDB Chairman was sent on July 29 providing details on the timing and the program. Information on how to register and instructions for the election of the new ISDB Committee will follow soon (Continued on pg 2)



Dick Bijl, Chairman of ISDB

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Doing Real Health Journalism

Interview with Paul Thacker

By Alan Cassels

[Paul Thacker](#) is a health journalist's health journalist. Which is to say he's the kind of award-winning investigative reporter who lives to write news, perhaps guided by that famous maxim by George Orwell who once said "news is what somebody doesn't want printed, the rest is advertising."

Paul reads the documents and knows how to follow the money. He probably knows more about corporate disinformation than any reporter alive today and his

reports on science, medicine, and the environment consistently attest to this. He sharpened his professional teeth for many years as an investigator for US Senator Chuck Grassley at the United States Senate Committee on Finance which oversees US Medicare and Medicaid. This gave Paul a deep knowledge of the financial links between medicine and the pharmaceutical industry and an edge in sniffing out the stories that count. (continued p.3)



Paul Thacker

Message from the President (continued)

We congratulate 2 full members of ISDB. This year one of the oldest members of ISDB, the Drug and Therapeutics Bulletin DTB, is celebrating its 60th anniversary. Below you can read more on this occasion. Additionally, the Centre for Pharmacotherapy Information (BCFI) is celebrating its 50th anniversary. On June 7th there was a symposium with presentations in French and Dutch. Links here: https://www.bcfi.be/pub_files/Uitnodiging_sympto50_NL.pdf and https://www.cbip.be/pub_files/Invitation_sympto50_FR.pdf.

If any members have articles they have published that might be of interest to other members and people outside ISDB please contact us at president@isdbweb.org. Follow us on Twitter @ISDBweb

Dick Bijl, President, ISDB

UPDATES on Transparency and Access

News from AllTrials-Campaign

A unique opportunity to secure compulsory registration of all clinical trials in the UK.



We're delighted to tell you and all supporters of the AllTrials campaign that the UK medicines regulator, MHRA, is proposing the compulsory registration of all clinical trials and results. This would be a huge advance in securing clinical trial transparency in the UK and set a powerful precedent for other countries, especially given the involvement of UK institutions in many international studies.

Journal of Clinical Epidemiology

[Substantial delays in clinical data](#) published by the European Medicines Agency – a cross sectional study.

David Healy's article story

[Eric Rubin's Boston Strangler](#) centres on the lack of access to clinical trial data for all drugs and the ghostwriting of the clinical trial literature.

The Pfizer vaccine has made many people aware that there is no access to the data from trials or that access might take decades. The published NEJM trials also make it clear that medical writers wrote the articles.

His [recent blockbuster story](#) in the BMJ came to him from a whistleblower who worked for a contract research organization carrying out Pfizer’s pivotal covid-19 vaccine trial. The whistleblower’s story raised fairly serious questions about data integrity and regulatory oversight.

This is a condensed and edited interview with Mr. Paul Thacker. He answered questions by email and was interviewed in his home in Madrid by A Cassels April 7, 2022.

AC: *You have often considered conflicts of interest in your reportage, but not all health/medical journalists do. Why are they so important?*

PT: Scientists and their fellow travelers in the science writing world are completely captivated by SCIENCE writ-large. It’s some sort of abstraction they fall in love with, like a teenage runaway who flees Des Moines, Iowa, to go live on the streets of Hollywood.

But beneath all the “science” it’s really just a bunch of people behaving like people do in every job: driving taxis, working in a warehouse, and delivering food. They fight, argue and play politics to get a better position at work. Ignoring this, ignores human reality.

AC: *What noticeable trends in medical reporting have you seen over the last two years, in terms of the good, the bad, and the downright awful?*

PT: This pandemic has created a siege mentality among science writers, just like war brings out

patriotic flag waving among the general media. Science writers just end up advancing the interests of the pharmaceutical industry and the funders of biomedicine, like the National Institutes of Health. They are really like reporters covering the defence department in the middle of a war. You know, “support the troops.”

Let’s face it, most science writers are NOT reporters—they are science writers and they are in love with science—SCICOMM—short for science communications.” This is term used by reporters at places like the Washington

“So much of what is counted as ‘misinformation’ we find out later was true and the people who told us otherwise promoted misinformation.”

Post and the New York Times to describe this phenomenon.

They don’t do journalism. They run to their favourite scientist and listen to what they say, and they copy it down. They reprint press releases. They are stenographers.

As just one example, early in pandemic vaccine manufacturers posted the results of their initial clinical trials on their websites, which is a [press release](#). No one outside the company has looked at this—the data hasn’t been submitted to the FDA.

Well, these science writers report the press release like it’s an actual science study. Then, these

writers start publishing stories about “when will it be available?” or “[will minorities have access?](#)” No outside experts have even looked at the clinical trial data and these science writers are freaking out about whether black children in poor neighborhoods can get it. That’s pretty insane and absolutely unprofessional. They’re not doing their jobs.

What it tells me is that there is a major PR campaign behind these vaccines. No one looked at the studies very closely. They don’t ask the questions—and they don’t read the documents.

When the vaccines came out there were many people I know, scientists and researchers, who were concerned about the vaccines. Even a friend of mine who teaches journalism. Yet the media tends to focus on the anti-vaxxers as a way to shift the narrative away from the safety and effectiveness of the vaccines.

AC: *Comment on those who throw around the label ‘misinformation’, and attack narratives they don’t like.*

So much of what is counted as “misinformation” we find out later was true and the people who told us otherwise promoted misinformation. The latest example

is the [Hunter Biden laptop story](#), but prior to that was the Steele Dossier, that ridiculous report that said Trump was being run by Putin and peed on a bed.

For four years, the media ran story after story of Trump/Russia Collusion Delusion, that all ended up being wrong. The Washington Post ran a series on all the bad stories created by the Steele

mostly for lying and making false statements. So we've got decades of lying and dishonesty, and an industry that is rife with corruption. Yet suddenly—when they make vaccines—none of this history seems to apply? Wow.

I never understood this. For example, with the BMJ Ventavia story—which I think showed serious problems with Pfizer's

industry. [The tobacco industry hired John Hill](#) in the early 1950s to handle a problem: how do we deal with the bad news about tobacco? The solution was simple: Buy off the researchers, create the PR front groups and so on.

He put out an internal memo in about 1963—that became public decades later—on how they succeeded to discredit the research showing tobacco to be harmful. The success spoke for itself: in that year, people were smoking more than ever. At one point in the memo, Hill writes, "This takes some doing. And it takes good contacts with the science writers."

"The reporter should always look at the same three things: efficacy, safety and price."

Dossier, and Hillary Clinton and the Democrats ended up paying [an election fine for funding the Steele Dossier](#), just a few weeks ago.

This same problem occurs in medicine, but much more often. Carl Heneghan at Oxford's Centre for Evidence Based Medicine was accused by the [Guardian of putting out disinformation](#), and then [they turned 180 last month](#) and said banning him does not stop disinformation.

That kind of emotionally labile nonsense makes you think that some in the media might need mood stabilizers.

AC: *Why do you suppose your BMJ whistleblower story didn't disrupt the global Covid vaccine narrative? Are vaccines somehow different?*

You have to remember the history of this industry. Next to the BP Oil spill, no industry has paid as much in fines as [the drug industry](#)—

clinical trials—I get accused on Twitter of being an anti-vaxxer. What is that about?

This gets back to this weird thing—why didn't reporters report the vaccines properly? It's because they have been trained for years by the industry's public relations people. Basically, the industry says that if you question vaccines then you are an anti-vaxxer but when you're reporting on health treatments it shouldn't matter if it's a vaccine, a medical device or a drug.

The reporter should always look at the same three things: efficacy, safety and price.

AC: *Why does it seem there are so few people doing real health journalism?*

PT: It's a problem that has been going on for a long time. There was this little-known but critical internal memo from John Hill, the guy of Hill and Knowlton—the PR firm that worked for the tobacco

Basically you can't create effective PR, unless you buy the science... and this is, of course, all amplified by collaborative science writers. Pharma's PR people have been training reporters for years now. I was called anti-vaxx for investigating Monsanto's pesticide glyphosate. This is a long-term PR campaign.

AC: *Last question: How can groups like us that belong to the ISDB get better at disseminating our messages about the evidence around drug safety and effectiveness?*

You guys have the expertise but you need quick and dynamic ways to meet journalists. What about having online seminars that are quick and fast—for journalists—? This is what the American Meteorological Association did about 10 years ago to get reporters interested in covering aspects of climate change. They invited Capitol Hill staff and reporters and had a Senator sponsor it so they could get a free

room in one of the Senate buildings. And they fed Subway sandwiches to people who showed up.

So, make a series like this. Spread them out, maybe six a year, and make them available online for journalists, not in Washington.

Then there is the list of independent experts that reporters

can call. The people on [this list](#) have no conflicts of interest with drug companies so are probably much more reliable.

AC: *If I were to turn your name into an eponymous adjective, as in “Thackerian”, what would you want the world to think it means?*

PT: Ruthlessly devoted to uncove-

ring the truth, regardless of where it takes you. Sometimes it takes me to places that aren't that nice.

Paul Thacker's Substack is called the [DisInformation Chronicle](#).

Follow him on Twitter:

@thackerpd

DTB turned 60!

The Drugs and Therapeutics Bulletin turned 60. Happy 60th Anniversary! In April 1962 the first issue of DTB was published. In our anniversary issue editorial, DTB's Editor looks back at some of the changes over the last 60 years and considers some of the challenges that lie ahead.

Link here:

<https://dtb.bmj.com/content/60/4/50>

MedCheck Japan and Health Vaccinee Bias

An analysis on the HPV vaccine in Japan. [https://www.npojip.org/english/MedCheck/Med%20](https://www.npojip.org/english/MedCheck/Med%20Check%20TIp-23-2022-04.pdf)

[Check%20TIp-23-2022-04.pdf](https://www.npojip.org/english/MedCheck/Med%20Check%20TIp-23-2022-04.pdf)

They write: “Globally, there is almost no critical appraisal of epidemiological studies that take healthy-vaccinee effects into account. For that reason, it is difficult to resist the trend of active recommendation of HPV vaccine in Japan where it is widely believed that the vaccine would prevent HPV infection.”

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For ISDB members who don't currently have a free subscription to WorstPills.org, they can go to the subscription page at https://www.worstpills.org/user/user/create_account and enter “ISDBFREE” in the Promotion Code field. This will create a free subscription without an expiration date.

For individuals who have an existing subscription that has expired or will soon expire, they should send an email request to mcarome@citizen.org asking for an extension and including the email address used to login to their existing WorstPills.org subscription.

Therapeutics Initiative

New publication

Richard Morrow of the Therapeutics Initiative authored a study showing that in some cases, industry sponsors of clinical trial research in Canada influence whether results are reported. DOI: [10.1016/j.clinthera.2021.11.019](https://doi.org/10.1016/j.clinthera.2021.11.019)



La revue Prescrire European Medicines Agency: insufficient transparency.

The EMA's failings on transparency warrant an official inquiry, so that European decision-makers can take remedial action. Link here: <https://english.prescrire.org/en/81/168/64317/0/NewsDetails.aspx>

BMJ: Researchers face wait for patient level data from Pfizer and Moderna vaccine trials

Two members of the ISDB Committee, Luis Carlos Saiz Fernández and Dick Bijl, were interviewed by Jennifer Block regarding the release of individual patient data from the mRNA vaccines studies.

<https://www.bmj.com/content/378/bmj.o1731>