

Covid-19: Check the Source of your Information!

War against... Corruption?

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Region: [Europe](#)

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Introduction

I am not a conspiracy theorist. I am not a great fan of social media, blogs or controversy on the Internet; nor am I a journalist, at least not by profession.

I am a doctor: seven years at medical school, three years of applications, four years of doctoral studies to obtain my MD in Belgium, in 1995. From 1997 to 2003, I specialised in anaesthesia-recovery, then in intensive care. For the last 17 years, I have worked in this field, now in the spotlight during this viral pandemic called Covid-19. I am therefore particularly qualified from a medical standpoint. That's where I stand out, and I am mainly guided in my profession by the motto passed down from the early days of medicine in Antiquity: "Primum non nocere" or in other words: "First, do no harm."

I also have a wife and four children. As an integral member of society and wanting the very best healthcare system for my wife and children, I feel particularly responsible when it comes to health.

I have no financial interest, in fact no interest at all in criticising our healthcare authorities, just for the pleasure of doing so. Criticising certain medical dogmas such as influenza vaccination [1], the management of hyperlipidaemia [2] or the WHO's and my country's management of the Covid-19 pandemic [3], is risky and potentially punishable by strict sanctions from the Belgian General Medical Council [4]. That's no small thing. So what could possibly compel a specialised physician, father of four children, to write an article which could result in him being struck off, being the subject of reproach, losing his position at the hospital or enduring a verbal onslaught from his colleagues? Why would he do that, if there is no financial profit or the expectation of praise, quite the contrary?

My response hangs on two words: dedication, or better still: conscience.

So what is the issue?

When it comes to healthcare, our societies have taken decisions rife with repercussions.

First, they decided to select, both on a supranational and a national level, one single committee as the official scientific reference point for world governments. All health decisions affecting millions if not billions of people now hinge on the recommendations of the experts in this one committee.

Second, they have granted these different committees and their experts unwavering trust: the kind of trust that once accorded, is never questioned.

As such, if these experts announce something, it is deemed to be truth. No criticism ensues.

On a global scale, we have the WHO, the World Health Organisation [5]. The WHO dictates, influences and directs the health policies in every country worldwide.

On a European scale, we have the EMA or European Medicines Agency [6], based in Amsterdam. Its website claims that it ensures the scientific evaluation, control and monitoring of both human and veterinary medicines used in the European union. Only time will tell what the EMA actually means by control and monitoring.

There are similar committees in every country, reporting to the WHO, and for European countries, to the EMA, and in each one, we find Key Opinion Leaders (KOL).

In the fields of medicine and healthcare, it appears, from their unanimously peer-acknowledged credentials and above all their honesty and their total independence from the industries, the pharmaceutical manufacturers in particular, that these experts are trustworthy. But are they really?

My main focus in this article is France, where there is a similar committee in charge of managing the Covid-19 pandemic: CARE [7] (*Comité Analyse Recherche et Expertise*), consisting of 12 researchers and doctors, and set up by the French government on the 10th March 2020.

I will also focus on my own country, Belgium, where a general superstructure called SCIENSANO [8] has been created from the merger of the old *Centre d'Études et de Recherches Vétérinaires et Agrochimiques* (CERVA – Veterinary and Agrochemical Research Centre) and the former *Institut Scientifique de Santé Publique* (ISP – Belgian Scientific Institute for Public Health). A specific coronavirus scientific committee has also been specially set up [9] to manage the Covid-19 pandemic. I shall also spend some time on the case of Maggie De Block, the Belgian Minister of Social Affairs and Public Health [10].

So how is all this a potential problem?

It would seem logical for such expert committees to be set up, enabling our politicians to take the best possible decisions in areas where they themselves have no expertise.

The effectiveness and safety of such committees are however only guaranteed if they are truly independent from superior authorities like the WHO, in the event that it were to take poor decisions, and only given the absolute integrity of its experts vis-à-vis the pharmaceutical industry.

If one of these conditions were not met, the implications for the people of these countries could be catastrophic.

In fact.....

Dependency on the WHO

In 2010, I wrote an article on the WHO [11], recently translated into English and published on the GlobalResearch website in February 2020 [12].

A whole decade later.

The verdict was already final in 2010.

SAGE, a strategic consulting group of vaccination experts was created in 1999 by the director general of the WHO [13]. It consists of individuals connected with the vaccine-manufacturer pharmaceutical industry, including **Professor Albert Osterhaus** from Erasmus University in Rotterdam.

A number of WHO scientific experts, then advisors to **Margaret Chan**, director general of the WHO when the global Swine flu (H1N1) pandemic was declared [14], had received direct or indirect payments from pharmaceutical companies, specifically **GlaxoSmithKline** and **Novartis**, both manufacturers of vaccines sold to manage that pandemic.

In my article published back on 26 November 2009 [15], I was already recommending that we prepare for subsequent pandemics. And indeed, the WHO, contaminated by pharmaceutical industry experts who worship vaccination like a Holy Grail, clearly had a plan of intense fear for us, in the years to come.

Is this not the case, 11 years down the line?

A decade has passed but nothing has changed. We can still not trust the WHO [3]. It's no surprise really since nothing has been done to remedy the situation, or, for example, to clean up the committees of experts. And this is a constant theme as can be seen with the European Medicines Agency as well. To adapt the old Arabic proverb: the dogs bark, but the corruption caravan goes on, unfazed. Only the people, once sufficiently informed and motivated, could call for change.

One reason, already highlighted in 1995 by Dr. Jerome P. Kassirer in the New England Journal of Medicine, the scientific bible of the medical profession, is that the healthcare system has been included in the logic of free markets, profit and profitability, and when chaos hits the markets, it hits the healthcare and public health systems also [16].

The European Medicines Agency: Experts Above and Beyond Reproach?

The answer is no [17].

Opacity, or in more poignant words, lack of transparency

Conflicts of interest: a euphemism for corruption.

Collusion with the pharmaceutical companies

Fake independence

Here we find the age-old "revolving doors" principle [18]:

"In fact, EMA employees have been repeatedly appointed "project manager" for the marketing authorisation of medicines manufactured by their former employers, or by companies in which they were stockholders or for whom their spouses worked." [19]

"The question is all the more pertinent given the very common revolving doors

practice in which EMA experts, at the end of a contract, would be appointed as highly-paid consultants for the pharmaceutical companies. This practice has long been strongly denounced by organisations such as Formindep, Health Action International, Corporate EU Observatory or ALTER-EU.” [19]

But the scandal continues and nothing changes in spite of this evidence.

“The European Medicines Agency (EMA) had already been reprimanded in 2010 by the European Parliament for “disastrous management of conflicts of interest, based on the 2009 audit performed by the European Commission.”

How ironic when one thinks that the agency claims on its official website that it is responsible for the *control and monitoring of the safety of human medicines* [6], control and monitoring. When it comes to taking the necessary measures to clean up its committees of experts, it failed.

CARE: independent consultants?

The situation in France is just as suspicious.

CARE, which stands for committee, analysis, research and expertise, was set up by the French government on the 10th March 2020 then expanded on the 24th March.

This article in *Mediapart* [20] is clear and final:

“Several of the doctors in the two scientific councils advising the government on the strategic choices to make with respect to Covid-19 have links with the pharmaceutical industry.”

The article [21] informs us that several members of the two scientific councils advising the French government on management of the Covid-19 pandemic have substantial financial ties with pharmaceutical companies.

“For example, according to figures in the “Transparence santé” (Health Transparency) public database, between 2014 and 2019, one of them received over 250,000 euros. And in 2018 alone, “Big Pharma” paid out 1.36 billion euros to healthcare professionals.” [22]

So what do the authorities not understand about the word *independence*?

Is it a requirement for all cutting-edge scientists to have financial links with the pharmaceutical industry? This could be a spurious claim by those defending such dangerous liaisons.

But such is not the case.

Probity and professional excellence are frequent bedfellows. It does happen!

Professor Didier Raoult for example, who is currently making all the headlines for his anti-conformist views, was the only member of CARE with no known links with the pharmaceutical industry. In fact he has left CARE in a huff [20].

There are other experts renowned worldwide for their independence from the pharmaceutical industry, such as:

- Dr. Wolfgang Wodarg [23], German pulmonologist who in 2009 was already calling for investigations to reduce the extent of conflicts of interest in those managing the swine flu (H1N1) pandemic in Europe.
- Dr. John Ioannidis [24], who has stated unequivocally that when it comes to the Covid-19 pandemic, we are making decisions without reliable data [25].
- Dr. Peter C. Gøtzsche, born on 26 November 1949, is a Danish physician and researcher. He is director of the Nordic Cochrane Centre and co-founder, along with 80 others, of the Cochrane Collaboration. In 2019, he founded the Institute for Scientific Freedom. When it comes to the Covid-19 pandemic, he speaks of an epidemic of fear, far more lethal than the viral pandemic itself [26].

These three, only a small sample of a much larger group [27-28], are not just “run-of-the-mill” scientists. They are not conspiracy theorists, but world-renowned doctors, some of them political figures, who all stand out for their scientific probity, their independence from both financial interests and the industry, and their anti-conformist stance.

Why are such individuals who have proven themselves both professionally and morally not on our governments’ committees and councils of scientific experts?

It’s up to the citizens of these countries to demand that they be called upon, today.

The solution will clearly not come from these same governments, riddled with corruption, in all its forms, and called, to use the revolting euphemism, conflicts of interest.

Is Belgium any different?

No.

In Belgium, we have a rather peculiar health minister, Maggie De Block, an individual renowned for a certain degree of arrogance, not to say contempt for those who do not agree with her and say so [29].

Green MP Muriel Gerkens pulled no punches when she called Maggie De Block more of a Big Pharma Minister than a Belgian healthcare minister [30].

Still from the same article, Maggie De Block’s views and the decisions she has taken only lead to one irrefutable conclusion: Maggie De Block can seriously damage the health of the Belgian people.

The non-profit FARMAKA for example, used to claim medical independence, in particular with respect to their objective analysis of medicines on the market vis-à-vis the practices of the pharmaceutical companies selling them. It was the only independent body in the field.

When GPs and specialists are faced with partial information provided to them by the medical representatives working for these companies, compared with the work of an independent analysis body on the rational use of medicines, which should they trust?

The answer is in the question.

In 2018 however, with Maggie De Block as Health Minister, FARMAKA's budgets were reduced, even totally cut [31].

Opacity has also become the general rule in negotiations with the pharmaceutical companies regarding the reimbursal of medicines [30].

In Belgium, there are no fewer than nine ministers with governmental authority in health matters (federal, provincial, regional) [32], more than in any other European country. Our health policy is therefore played out through countless commissions in which the authorities and the mutual insurance companies negotiate with the doctors' unions and other service providers, hospital umbrella associations and the pharmaceutical industry lobbyists.

Two official bodies are in charge of political decision-making based on independent and science-based information: the *Conseil Supérieur de la Santé* (CSS – Belgian Superior Health Council) and the *Conseil Fédéral d'Expertise des Soins de Santé* (KCE – Belgian Federal Healthcare Knowledge Centre) created in 2002.

With Maggie De Block as Health Minister, the Belgian government decided to merge the *Institut Scientifique de Santé Publique* (ISP – Belgian Scientific Institute for Public Health, previously the *Institut d'hygiène et d'épidémiologie et Institut Pasteur* – Belgian Hygiene and Epidemiology Institute and Pasteur Institute) with the *Centre d'étude et de recherches vétérinaires et agrochimiques* (CERVA – Belgian Veterinary and Agrochemical Research Centre) to form a new mega-scientific institute called SCIENSANO.

SCIENSANO will also gobble up the CSS and KCE, the only two remaining independent opinion bodies, which includes, for the KCE, patient organisation representatives; all this while 73 researchers and university professors are expressing their opposition, defending the independence of the KCE and the CSS [33].

Contempt, again and again.

It is important to know that the creation of SCIENSANO came in response to an audit based on WHO principles [34].

The WHO advises each country to have an effective Health Research System (HRS) to collect, rework and use optimally all scientific knowledge generated in the health field.

It all sounds good and praiseworthy, on paper.

Raf Mertens, director of the KCE, has however expressed his concern over this new unique structure reporting to Maggie De Block. He has expressed his dissatisfaction with this merger saying that considering the members of the new Board, he fears the independence of the KCE will suffer [35].

73 researchers and doctors find that the merger is ill-timed and inadvisable.

According to the aforementioned *Journal du Médecin* article [33] and quoting those who signed the petition demanding that the *Centre fédéral d'Expertise des Soins de Santé* (KCE) and the *Conseil Supérieur de la Santé* (CSS) remain independent:

“Protecting the health of Belgian citizens must not be comingled with defence of agricultural sector and agri-food industry interests. Scientific research, whether academic or conducted

by public authorities, requires a minimum of independence to be credible.”

“The scientific advisory bodies in the health and healthcare field must be able to work without direct dependency links with interest groups, industrial lobbies and political influences.”

Once again, the principle of consolidating the different major scientific players in the human and animal healthcare sector into a single body looks good – on paper.

It all works providing the group is supervised by a truly independent industrial and political authority.

This is however not the case. Raf Mertens, director of the KCE and Jean Nève, chair of the CSS, claim that there has been a lack of independence amongst the SCIENSANO experts whose role it is to give impartial opinions on healthcare.

The SCIENSANO Board is no longer a group of plural health profession, patient and university research centre representatives. There is definite risk that the government will have more and more influence on their advice and the recommended measures to take. We have already seen that opposition from politicians or certain powerful lobbies has prevented the KCE from publishing certain viewpoints.

What is more, the budget of FRANKEMA, the only truly neutral body providing doctors with information on medicines, should certainly not be reduced or cut but increased.

The fears expressed by the KCE and the CSS regarding their independence within the SCIENSANO were echoed by the universities and also by Paul de Munck, chair of the GBO, *Grouperment Belge des Omnipraticiens* (Belgian Association of General Practitioners) [36].

So, the challenges are clearly not coming from conspiracy theorists’ or anonymous individuals’ websites but from doctors within these same institutions, who, given both their number and their credentials should not witness their opinions dismissed in this way by the contemptuous hand and omnipotence of our health minister.

Summary

I could continue country by country but the principles are always the same:

First: set up single, monolithic organisations to be the official and approved source of information, the alleged providers of the best decision-making: the WHO on the global scale, the EMA for Europe, CARE in France and SCIENSANO in Belgium – uniform, opaque structures, accountable to political and industrial institutions.

This takes place in spite of the proven scandals and documented corruption which have impacted all these organisations, at one time or another, with devastating consequences for the health of the population.

It is done in spite of opposition from individuals, not totally obscure parties or conspiracy theory websites but specialists who are rational and duly recognised in each of these countries.

Government decisions impact the real world, the health and the wellbeing of the people in

particular.

Information on these scandals and these dissident but nonetheless legitimate voices is deliberately withheld from these same people.

As such, the citizens of these countries are unaware of these divergent but credible opinions. The media are also silent, either deliberately or because they are unaware of it all themselves.

For example: The Belgian and French governments' recent decision to enter a strict lockdown, as directed by CARE and SCIENSANO, was presented as a totally rational decision shared by scientists worldwide.

But such was not the case. It was neither rational nor defended by the global scientific community.

A large number of physicians, professors, consultants and specialists were and still are opposed to the idea of locking up a healthy majority of the world's population [27-28], and their opposition is based on scientific evidence.

A recent University College London (UCL) study reveals that closing down all schools will have only very little impact on the spread of coronavirus [37]. Our experts insist however that lockdown is the only solution.

The consequences of the lockdown are potentially disastrous.

People in our countries are not being given clear, unbiased and honest information. Our politicians, journalists and the committees of experts unilaterally selected by the former are to blame for this.

Second: Accept continued lack of transparency and the existence of links between scientists, politicians and the parties benefiting from the sale and promotion of their products, i.e the pharmaceutical industry in the field of health.

It takes only a few internet clicks to confirm that medicine remains well and truly under the influence of, not to say under the absolute control of, the pharmaceutical industry, such as here on the Formindep website in France (*FORMation médicale continue INDÉPendant* - or Continued Independent Medical Training) [38], or on this website, where one learns that by offering rewards and profitable contracts, the pharmaceutical companies have woven a dense fabric of useful connections within the medical profession [39], or even here, on the *Fédération maisons médicales* (Medical Centre Federation) website, where in April 2008, the problem was already analysed in depth [40].

Who for example, tells medical students about the pharmaceutical companies and their manipulative and dishonest methods? No one! I can confirm that.

As stated however by Cindy Joye, Belgian GP in her end-of-year thesis: "*I have received visits, on average, from at least one medical rep per week since I have been in practice as a GP.*" [41]

On the 25th October 2015, in the Health section of *Le Monde Diplomatique* [42], Professor Peter C. Gøtzsche, specialist in internal medicine, director of the Nordic Cochrane Centre,

the group of independent experts already mentioned above, doesn't pull any punches.

"According to him, [the pharmaceutical industry] ... is to blame for hundreds of thousands of deaths worldwide every year, making it the third leading cause of death after cancer and heart disease. He estimates that the accumulated knowledge on the Big Pharma lobby's influence strategies designed to increase its profits are commensurate with organised crime and the Mafia." [43]

It would however seem desirable and beneficial to separate the scientific work on a product from its funding by the industry which would benefit from its sale.

Primarily because the risk, the temptation to abandon all impartiality is really too great.

In addition, history has shown that in effect, corruption very rapidly sets in. That is a simple fact demonstrated in this article.

Lastly, some would say that it is impossible to do otherwise but they are wrong because honest, trustworthy and reliable physicians do exist, as well as truly independent organisations still of a very high scientific standard, such as:

- The Cochrane Collaboration [44]:

"We do not accept commercial or conflicted funding. This is vital for us to generate authoritative and reliable information, working freely, unconstrained by commercial and financial interests."

-) The Institute for Scientific Freedom [45], founded by the aforementioned Professor Peter C. Gøtzsche in 2019 [36]:

"The Institute for Scientific Freedom works to preserve honesty and integrity in science and to help develop better healthcare..."

-) AIMSIB, the *association internationale pour une médecine scientifique indépendante et bienveillante* (International Association for Scientific, Independent and Caring Medicine) [46]:

"Our objectives are to provide critical, independent, scientific and conflict-free information on medicines, treatments and medical devices."

-The French magazine *Prescrire* (Prescribing) [47]:

"The *Mieux Prescrire* (Better Prescribing) association, editor of all issues of *Prescrire*, is a French non-profit (law of 1901) training company. It was deliberately structured to be free from the influence of companies such as those in charge of organising healthcare systems. *Prescrire's* mission statement can be found in Article 1 of *Mieux Prescrire's* (AMP) Articles of Association: To work, independently, for quality care, in the primary interest of patients. To this end, the association may take any initiative and undertake any action for the purpose of training health professionals, raising awareness, providing information and improving practices."

So, yes, it is possible to set up committees whose members are renowned, competent,

honest and truly independent scientists to advise our governments without their decisions being influenced by the industry or by the various lobbies.

This would be neither inconceivable, nor naïve.

It is up to the people to demand it.

History has shown that the solution does not come from the organisations themselves who at best only get slapped on the wrist but continue their corrupt practices all the same, at worst are not in any way accountable and just carry on with business as usual.

This is the case of the WHO after their scandalous management of the swine flu (H1N1) pandemic and of the EMA after its scandalous management of the Gardasil vaccine and its serious adverse effects singled out by the Nordic branch of the Cochrane network [17].

The solution doesn't come from politicians either: they who at best turn a blind eye, at worst benefit from the revolving doors system [18].

And the solution doesn't come from the pharmaceutical industry, the number one beneficiary of the system.

The solution can only come from the people, individuals like you and me.

The stakes are worth it, aren't they?

We need to go on the warpath, not against a virus but against the dishonesty, corruption, lying and immorality which encourage people who should protect us, to ruin our health in the name of their profit.

Dr. Pascal Sacré

Article in French :



[COVID-19 – Vérifiez vos sources. Guerre contre... la corruption?](#)

April 12 2020

Footnotes (references):

[1] Michel Georget, *L'apport de la vaccination à la santé publique* (Vaccination's Contribution to Public Health), 2014, Dangles

[2] [Les experts du cholestérol de la HAS dans le viseur d'Anticor et du Formindep](#) (The HAS Cholesterol Experts seen by Anticor and Formindep), on the www.caducee.net website.

[3] <https://www.mondialisation.ca/peut-on-faire-confiance-a-loms/5643772> (Can the WHO be trusted), by William Engdahl, on the www.mondialisation.ca website.

[4] [Le Pr Philippe Even radié de l'Ordre des médecins](#) (Prof. Philippe Even Struck Off), on the www.20minutes.fr website. Emeritus Professor Philippe Even, former vice-chair of *Université de Paris V*, author of several books on medical corruption, including *Guide des 4000 médicaments utiles, inutiles ou dangereux* (Guide to 4000 useful, useless and downright dangerous medicines) and also *Corruptions et crédulité en médecine, stop aux statines et autres dangers* (Corruption and Credulity in Medicine, No to Statins and Other Risks), published by Cherche-midi.

[5] [World Health Organisation](#), WHO

[6] [European Medicines Agency](#), EMA

[7] [Covid-19 : qu'est-ce que le Care](#) (Covid-19, What is CARE ?), on the *l'Express* website, published on the 24th of March 2020

[8] [Sciensano](#)

[9] [Steven Van Gucht, président du comité scientifique coronavirus](#) (chair of the coronavirus scientific committee). Belgian virologist Steven Van Gucht is a member of the Sciensano team and chairs the coronavirus scientific committee supporting the Belgian government in its management of the Covid-19 crisis.

[10] [Maggie De Block](#)

[11] [Politique et corruption à l'OMS](#) (Politics and Corruption at the WHO), on the *Mondialisation* website, by Pascal Sacré, 12th January 2010.

[12] [Politics and Corruption at the World Health Organization \(WHO\)](#), on the *GlobalResearch* website, by Pascal Sacré, 9th February 2020.

[13] [Groupe stratégique consultatif d'experts \(SAGE\)](#) – (Strategic Consulting Group), The SAGE group is concerned not only with vaccines and vaccination against childhood illnesses but with all vaccine-preventable diseases.

[14] [Grippe A \(swine flu\): le niveau d'alerte pandémique passe en phase 6](#) (Swine flu: the pandemic alert level raised to Phase 6), beginning of the 2009 flu pandemic.

[15] [Vaccination et pandémie virale 2009 : faites-vous confiance au SAGE ?](#) (Vaccination and the 2009 viral pandemic: do you trust SAGE?), on the *Mondialisation* website, by Pascal Sacré, 26th November 2009.

[16] [Jerome P Kassirer](#), Jerome P. Kassirer is an American nephrologist, medical researcher and professor at Tufts University School of Medicine. He was Editor-in-Chief of the *New England Journal of Medicine* from 1991 to 1999. His quote appeared in the *NEJM*, 1995, vol. 333, n°1, p.50.

[17] [Agence européenne du médicament : des experts sous influence ?](#) (European Medicines Agency: Experts under Influence?), 12th December 2017.

[18] [« Pantouflage » ou « revolving doors »](#); Following the controversy over the recruitment of José Manuel Barroso by Goldman Sachs or that of Hillary Clinton's paid lectures on Wall Street, calls escalated for better regulation of the relationship between politics and finance. Such behaviour blights our society as a whole, including healthcare.

- [19] [Alternative Santé numéro 78](#), article by Jeanne Leborgne, 12th December 2017.
- [20] [Covid-19: les conseillers du pouvoir face aux conflits d'intérêts](#) (Covid-19: The Government's Advisors and Conflicts of Interest), published 31st March 2020, written by Rozenn Le Saint and Annton Rouget.
- [21] [Coronavirus : des liens troubles entre labos et conseils scientifiques](#) (Coronavirus: Murky Ties between the Pharmaceutical Companies and Scientific Advisors), *Valeurs actuelles*, 3 April 2020.
- [22] [#TransparenceCHU : comment nous avons enquêté sur les liens entre labos et médecins](#), (#TransparencyCHU: How We Investigated the Ties between the Pharmaceutical Companies and Doctors). Fifteen regional daily newspapers, including *Le Parisien*, report on an investigation into the ties between the pharmaceutical companies and healthcare professionals, this Friday, 10 January 2020.
- [23] [Dr Wolfgang Wodarg](#) is a German physician specialising in Pulmonology, politician and former chairman of the Parliamentary Assembly of the Council of Europe. In 2009 he called for an inquiry into alleged conflicts of interest surrounding the EU response to the swine flu pandemic.
- [24] [Dr John Ioannidis](#) is Professor of Medicine, of Health Research and Policy and of Biomedical Data Science, at Stanford University School of Medicine and Professor of Statistics at Stanford University School of Humanities and Sciences. He is director of the Stanford Prevention Research Center, and co-director of the Meta-Research Innovation Center at Stanford (METRICS).
- [25] [Dr John Ioannidis](#), – “A fiasco in the making? As the coronavirus pandemic takes hold, we are making decisions without reliable data”, *Stat News*, 17th March 2020.
- [26] [Professor Peter C. Gøtzsche, Corona: an epidemic of mass panic](#), published 21st March 2020.
- [27] [12 Experts Questioning the Coronavirus Panic](#)
- [28] [10 MORE Experts Criticising the Coronavirus Panic](#)
- [29] [Quand Maggie De Block se cure le nez en Commission par vidéo-conférence](#) (When Maggie de Block picks her nose during a committee meeting by video-link), a picture taken from the video of the Health and Equality Committee meeting held last Tuesday by video link, went viral on social media. Health Minister Maggie de Block obviously forgot that she was being filmed.
- [30] [Maggie De Block augmente encore et toujours le pouvoir des lobbies pharmaceutiques. Et notre santé?](#) (Maggie de Block continues to increase Big Pharma lobby power. What about our health?), by Muriel Gerkens, Green party MP and chair of the Health Committee in the House, article published in *le Vif* on 21st September 2017.
- [31] [Farmaka amputée de moyens: le GBO s'inquiète](#) (Farmaka's funds chopped: The GBO is Concerned), *Solidaris* is not the only organisation to raise the alarm over the tight future prospects for neutral information on medicines. The GBO is also expressing concern over the drastic cuts announced for independent medical visitors.
- [32] [La Belgique compte 9 ministres en charge de la Santé... comment cela se passe-t-il ?](#) (Belgium Counts 9 Ministers in charge of Health...How is that possible?). The political landscape for health in Belgium is marked by a fragmentation of power between the federal government, the communities and the regions. No fewer than 9 ministers are in charge of health in some way.

- [33] [Pourquoi il ne faut pas fusionner les instances d'avis scientifiques en matière de santé](#) (Why the scientific advisory bodies in the health field should not be merged), www.RTBF.be, 19th September 2017.
- [34] [La création de Sciensano est la réponse du gouvernement à un audit mené par la Cour des Comptes en 2010](#) (The creation of Sciensano is the government's response to a 2010 Court of Auditors audit), *Journal du Médecin*, 21st September 2017.
- [35] [M. Mertens disait en effet craindre pour l'indépendance du KCE en raison de la composition du nouveau conseil d'administration](#) (Mr. Mertens actually said he feared the independence of the KCE could be jeopardised by the members of the new Board). *Journal du Médecin*, 21 September 2017.
- [36] [Le GBO inquiet pour l'indépendance du KCE](#) (GBO expresses concern for independence of KCE). Paul De Munck reiterates GBO's commitment to the intellectual independence of scientific research. *Le Spécialiste*, 26th September 2017.
- [37] [Les fermetures d'écoles auront probablement un impact relativement faible sur la propagation du Covid-19](#), (School closures likely to have little impact on spread of coronavirus, review finds). The Guardian, by Sally Weale, 7th April 2020.
- [38] [Le système d'influence des laboratoires pharmaceutiques](#) (Pharmaceutical companies' influence system). Formindep, our association, has observed the influence pharmaceutical companies can have on political decisions. 18th April 2015.
- [39] [Entre les labos pharmaceutiques et les médecins, 14 millions de conflits d'intérêts potentiels !](#), (14 million potential conflicts of interest between pharmaceutical companies and doctors!). In spite of a series of scandals, transparency remains very fragmented. In collaboration with the EurosForDocs project, we are disclosing a tool geared to clarifying these interest links: no fewer than 14 million such links have been identified in France since 2012, amounting to a total of over 3.5 billion euros paid out to medical professionals. Rozenn Le Saint, 13th November 2018.
- [40] [Médecins sous influence. Enquête sur les relations entre les médecins hospitaliers](#), (Doctors under Influence. Investigation into the relationships between hospital doctors). April 2008, [Dr Jean Laperche](#), [Kings Guillaume](#), [Leroy Philippe](#), [Kara Osman](#), [Lecomte Laurie](#), [Mertens Maud](#), [Lallemand Séverine](#), [Kabayadondo Gugu](#)
- [41] [Influences des firmes pharmaceutiques sur les soins de santé](#), (Pharmaceutical Company Influence on Healthcare), Cindy Joye, Final dissertation for her University Certificate in Healthcare Ethics (UCL & FUNDP – 2012)
- [42] [Les laboratoires pharmaceutiques en accusation](#), (Pharmaceutical Companies Accused) by Paul Scheffer, *Le Monde Diplomatique, Santé*, October 2015.
- [43] Peter C. Gøtzsche, *Remèdes mortels et crime organisé. Comment l'industrie pharmaceutique a corrompu les services de santé*, (Mortal Remedies and Organised Crime. How the pharmaceutical industry has corrupted the health services). *Presses de l'Université Laval*, Québec, 2015, 457 pages.
- [44] [About Cochrane](#), "Cochrane is for anyone interested in using high-quality information to make health decisions. Whether you are a doctor or nurse, patient or carer, researcher or funder, Cochrane evidence provides a powerful tool to enhance your healthcare knowledge and decision making".

[45] [Institute for Scientific Freedom](#): “It works to preserve honesty and integrity in science and to help develop a better healthcare where more people will benefit; fewer will be harmed and more will live longer in good health.”

[46] [L'association AIMSIB est un collectif de bonnes volontés issues de la société civile](#), (AIMSIB is a collective of goodwill from civil society).

[47] [Pourquoi Prescrire ?](#) (Why Prescrire?). “Since January 1981, Prescrire’s sole purpose has been to provide medical professionals, and through them, their patients, the clear, synthetic and high-quality information they need, on medicines and diagnostic and therapeutic strategies in particular”.

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