

Cochrane Founder Warns Flu Vaccine Research Is Corrupted

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

February 27, 2023

STORY AT-A-GLANCE

- › Professor Peter Gøtzsche is a Danish physician-researcher who co-founded the Cochrane Collaboration in 1993 and later launched the Nordic Cochrane Centre. He has been an outspoken critic of conflicts of interest and bias in research
- › After Gøtzsche co-wrote a scathing review of Cochrane’s 2018 review of HPV vaccine safety, Cochrane’s governing board expelled him and, in a February 9, 2020, tweet, Gøtzsche took aim at Cochrane’s review of influenza vaccine by alleging that a “financially conflicted” individual “rearranged” vaccine trial data to make it appear as though the influenza vaccine reduces mortality, when it doesn’t
- › In the 15 years prior to Gøtzsche’s expulsion, Cochrane had published several meta-reviews, showing flu vaccinations are ineffective for preventing influenza and influenza-like illness, and have no appreciable effect on hospitalizations and mortality
- › March 3, 2020, Maine residents will have the opportunity to go to the polls and repeal LD 798 to reinstate religious and philosophical vaccine exemptions by voting YES on ballot referendum Question 1
- › The “No on 1” ad campaign primarily financed by Big Pharma has already spent \$476,000 on misleading television ads to defeat the ballot referendum that would restore vaccine exemptions in Maine. All but \$56,000 for the ad campaign has been paid by vaccine manufacturers, which will profit from keeping the state’s “no exceptions” vaccine mandates (LD 798) in place

While the drug industry is quick to claim that anyone questioning its integrity is part of a “war against science,” the evidence of industry malfeasance is simply too great and too disturbing to ignore.

From my perspective, the drug industry itself is to blame for the public’s dwindling confidence in scientific findings. Loss of confidence is a natural result when lie after lie is unearthed, and there’s been no shortage of scientific scandals to shake public confidence in recent years.

One researcher who has helped expose industry bias in research is professor Peter Gøtzsche, a Danish physician-researcher who in 1993 co-founded the Cochrane Collaboration and later launched the Nordic Cochrane Centre.

Cochrane publishes hundreds of scientific reviews each year, looking at what works and what doesn’t, and was for decades considered the gold standard for independent scientific meta-reviews.

The organization’s reputation remained remarkably unblemished all the way up until 2018, when Gøtzsche and Cochrane-affiliated researchers Lars Jørgensen and Tom Jefferson published a scathing critique of Cochrane’s review of the HPV vaccine,¹ pointing out methodological flaws and conflicts of interest.

Gøtzsche was subsequently expelled by the Cochrane governing board (although the board insists his removal from the board was due to “repeated misuse of official letterhead to espouse personal views” and had nothing to do with his criticism of Cochrane’s HPV review²). Four board members (Gerald Gartlehner, David Hammerstein Mintz, Joerg Meerpohl and Nancy Santesso) resigned in protest of Gøtzsche’s removal from the Cochrane governing board.³

In a three-page letter⁴ to the Nordic Cochrane Centre, Gøtzsche addressed his expulsion and questioned the path Cochrane’s leadership has chosen in recent years, noting “the central executive team of Cochrane has failed to activate adequate safeguards ... to assure sufficient policies in the fields of epistemology, ethics and morality.”

Cochrane Founder Highlights Corrupted Flu Vaccine Research

In a February 9, 2020, tweet, Gøtzsche wrote:⁵ “Cochrane corruption. A Cochrane review did not find that flu shots reduce deaths ... ‘After invitation from Cochrane,’ a financially conflicted person ‘re-arranged’ the data and vaccines reduced deaths. They don’t ...”

This information, he says, is included in his new book, “Vaccines: Truth, Lies and Controversy.” Indeed, in years’ past, Cochrane has repeatedly found flu vaccinations are ineffective and have no appreciable effect on influenza-related hospitalizations and mortality. For example:

- Its 2006 systematic review⁶ of 51 studies involving 263,987 children, which sought to “appraise all comparative studies evaluating the effects of influenza vaccines in healthy children; assess vaccine efficacy (prevention of confirmed influenza) and effectiveness (prevention of influenza-like illness)” found:

“Live vaccines showed an efficacy of 79% and an effectiveness of 33% in children older than two years compared with placebo or no intervention. Inactivated vaccines had a lower efficacy of 59% than live vaccines but similar effectiveness: 36%. In children under two, the efficacy of inactivated vaccine was similar to placebo.”

- Cochrane’s 2010 review⁷ of 50 influenza vaccine studies found that:

“In the relatively uncommon circumstance of vaccine matching the viral circulating strain and high circulation, 4% of unvaccinated people versus 1% of vaccinated people developed influenza symptoms ...

Vaccination had a modest effect on time off work and had no effect on hospital admissions ... Inactivated vaccines caused local harms and an estimated 1.6 additional cases of Guillain-Barré Syndrome per million vaccinations ... There is no evidence that they affect complications, such as pneumonia, or transmission.”

This review also included the following notice:

“WARNING: This review includes 15 out of 36 trials funded by industry (four had no funding declaration). An earlier systematic review of 274 influenza vaccine studies published up to 2007 found industry funded studies were published in more prestigious journals and cited more than other studies independently from methodological quality and size.

Studies funded from public sources were significantly less likely to report conclusions favorable to the vaccines. The review showed that reliable evidence on influenza vaccines is thin but there is evidence of widespread manipulation of conclusions and spurious notoriety of the studies. The content and conclusions of this review should be interpreted in light of this finding.”

- **Cochrane’s 2010 review⁸ of 75 studies of vaccines for preventing influenza in the elderly concluded that:**

“Due to the general low quality of non-RCTs and the likely presence of biases, which make interpretation of these data difficult and any firm conclusions potentially misleading, we were unable to reach clear conclusions about the effects of the vaccines in the elderly.”

- **Cochrane’s 2018 review⁹ of 52 clinical studies on vaccines for preventing influenza in adults, including pregnant women, found only 15% of the studies were well-designed and conducted. Based on 25 studies that looked at inactivated influenza vaccines, Cochrane concluded they have only a minor protective effect against influenza and influenza-like illness (ILI), noting:**

“Inactivated influenza vaccines probably reduce influenza in healthy adults from 2.3% without vaccination to 0.9% and they probably reduce ILI from 21.5% to 18.1% ... 71 healthy adults need to be vaccinated to prevent one of them experiencing influenza, and 29 healthy adults need to be vaccinated to prevent one of them experiencing an ILI ...

We identified one RCT and one controlled clinical trial assessing the effects of vaccination in pregnant women. The efficacy of inactivated vaccine containing pH1N1 against influenza was 50% in mothers (NNV [number needed to vaccinate] 55), and 49% in infants up to 24 weeks (NNV 56).

No data were available on efficacy against seasonal influenza during pregnancy. Evidence from observational studies showed effectiveness of influenza vaccines against ILI in pregnant women to be 24% (NNV 94), and against influenza in newborns from vaccinated women to be 41%."

- In its 2018 review¹⁰ of 41 clinical trials on live and inactivated vaccines for preventing influenza in children, they found:

"Compared with placebo or do nothing, live attenuated influenza vaccines probably reduce the risk of influenza infection in children aged 3 to 16 years from 18% to 4%, and they may reduce ILI by a smaller degree, from 17% to 12% ...

Seven children would need to be vaccinated to prevent one case of influenza, and 20 children would need to be vaccinated to prevent one child experiencing an ILI ...

Compared with placebo or no vaccination, inactivated vaccines reduce the risk of influenza in children aged 2 to 16 years from 30% to 11%, and they probably reduce ILI from 28% to 20%.

Five children would need to be vaccinated to prevent one case of influenza, and 12 children would need to be vaccinated to avoid one case of ILI ...

Adverse event data were not well described in the available studies.

Standardized approaches to the definition, ascertainment, and reporting of adverse events are needed."

Two States Rejecting Big Pharma's Vaccine Mandates

In recent years, medical freedom has come under intense attack. In state after state, vaccine makers and their lobbyists have rammed through legislation that implements forced vaccination by eliminating vaccine exemptions. People in California, New York, Washington and Maine all lost vaccine exemptions last year, as detailed in the National Vaccine Information Center's annual state legislation report "Vaccine Exemptions Under Attack in 2019."

Although 4 states lost vaccine exemptions last year, exemptions were protected from removal in 22 other states by the active participation of vaccine choice advocates who educated legislators about why it is important to have flexible medical, religious and conscience exemptions in vaccine laws.

In New Jersey, bill S2173 was halted in the Senate, both in December 2019 and again in January 2020, due to persistent public protests against the bill proposing to eliminate the religious belief vaccine exemption.^{11,12,13}

The fact that New Jersey managed to thwart this broad attack on freedom is an encouraging sign. Never underestimate the power of the people! The key is numbers — you have to actually take action by contacting your legislators ahead of time to communicate your concerns about a bill you oppose (or support) and showing up at public hearings and on days when votes are taken in your state Capitol.

Thousands of individuals gathered in hallways and outside the Capitol building in Trenton in protest of S2173 on multiple occasions, and it was undoubtedly the sheer size of the opposition that greatly helped to defeat the bill that many considered to be an attack on religious freedom.

Another ray of light shines brightly in Maine. While the state legislature repealed the religious and philosophical belief vaccine exemptions in May 2019 by passing LD 798, residents rapidly succeeded in collecting more than enough signatures of registered voters to get an opportunity to repeal the new vaccine law, and it is now referendum Question 1 on the March 3 ballot.¹⁴

So, March 3, 2020, residents will have the opportunity to go to the polls to repeal LD 798 and reinstate religious and philosophical vaccine exemptions by voting YES on referendum Question 1.¹⁵ As noted by RejectBigPharma.com:¹⁶ Editor's note: As of February 20, 2023, this link is no working and there is no internet archive for it.

"A YES vote is a vote to:

Reject Big Pharma and government overreach

Restore equal access to education for all Mainers

Defend parental rights

Protect religious freedom

Preserve informed consent and medical freedom"

Why Everyone Needs to Support Maine's 'Yes on 1'

It's important to realize that a victory in Maine would be a victory for all states, as it would set a crucial precedent. The good news is that it's far easier to win in a state with a small population like Maine because there are fewer people to educate, which means less money is required for advertising.

Maine has an advertising saturation point of about \$3 million, meaning if you spend \$3 million, you will reach a majority of residents and further advertising will not make a significant difference.

Since Maine will be the first state to put government vaccine mandates and repeal of exemptions to a popular vote, it's important to support Maine's Yes On 1 campaign regardless of where in the United States you live. By helping them succeed, they will set a precedent for other states to follow.

As of February 6, 2020, the "Yes on 1 Reject Big Pharma" campaign had raised just over \$300,000.¹⁷ The campaign needs to raise at least \$1 million to stand a chance against

the vaccine industry's deep pockets.

Of course, if you're a registered voter in Maine, you can cast a YES vote on March 3, 2020, to restore vaccine exemptions in your state.

Also remember to register to become a user of the free online [NVIC Advocacy Portal](#), operated by the National Vaccine Information Center, to stay up to date on vaccine-related bills that are moving in your state this year, including bills proposing to take away (or expand) your right to obtain a vaccine exemption for yourself or your child.

The NVIC Advocacy Portal also provides access to bill analyses and talking points that you can use to educate your legislators about what the bills will mean to you and your family.

Pharma-Led Opposition Cranks Out Misleading Ads

To win, it's crucial we make sure Maine's Yes on 1 campaign gets the funding it needs. Make no mistake, the opposition has no financial constraints, as it is led and supported by the drug industry itself.

Ironically, the opposition is accusing the "Yes on 1: Reject Big Pharma" campaign of misleading voters, saying the drug industry has nothing to do with the removal of vaccine exemptions, and doesn't make any money on vaccines.

In reality, vaccines are a primary profit driver for the drug industry.¹⁸ Merck, which is just one of several vaccine makers, reported over \$6.1 billion in sales of their childhood vaccines during the first three quarters of 2019 alone.¹⁹

A January 2020 vaccine market report²⁰ states the global vaccine market was worth \$41.7 billion as of 2019, and is estimated to hit \$58.4 billion by 2024. One of the factors attributed to this rapid growth is "the rising focus on immunization." Anyone thinking this focus isn't manufactured by the drug industry itself is fooling themselves.

What's more, as reported by Yes on 1 at a February 11, 2020, press conference, "No on 1" has already spent \$476,000 on just three weeks' worth of television ads. Yet the opposition – which claims to be a grassroots organization without any pharma funding or connections – report raising only \$56,000 in donations. So, where did the rest of it magically come from? At the press conference, a spokeswoman for the Yes on 1 campaign revealed the obvious truth:

"As reported in the Bangor Daily,²¹ Bobby Reynolds, spokesman for the 'No' campaign ... answered this question when he announced that the massive ad buys were funded by – wait for it – vaccine manufacturers.²² Let that sink in.

After months of denying any connection to Big Pharma, the No on 1 campaign yesterday admitted that they were funded by Big Pharma themselves – the very vaccine manufacturers whose products would be mandated under this law."

Eliminating Exemptions Is a Big Pharma Business Strategy

Of course, vaccine makers have enormously deep pockets, which is how many of these laws are getting passed in the first place. One of the reasons they have so much money to spend on lobbying for the removal of vaccine exemptions is because they don't have to pay for the damage their products cause.

As noted by Dr. Meryl Nass in a February 11, 2020, post on CentralMaine.com, in support of referendum Question 1:²³

"Pharmaceutical companies face no lawsuits for vaccine injuries, so long as their vaccine has been added to the childhood schedule by CDC.

Pharmaceutical companies don't need to advertise required vaccines, since the government mandates them and 94% of Maine children already receive them.

But the industry wants 100% guaranteed uptake, because it is about to roll out a number of new vaccines. The 21st Century Cures Act, passed in 2016, abbreviated the process for testing, licensing and adding vaccines to the childhood schedule. Over 200 vaccines are currently in development.

How many of those vaccines will be required over the next few years is anybody's guess. There is a huge financial incentive to having your vaccine placed on the childhood schedule by the CDC: no liability for injuries. The right to choose which vaccines your child receives will disappear unless referendum Question 1 passes."

No-Liability Industry Has No Right to Influence Policy

At the press conference, Yes on 1 also clarified the opposition's deceptive message that Yes on 1 would "repeal Maine's vaccine law." This is a wildly inaccurate statement.

Yes on 1 simply repeals LD 798, i.e., the law that removes religious and philosophical vaccine exemptions, thus restoring Maine's vaccine law to what it was before. In other words, certain vaccines will still be required for school attendance, but you will have the right to opt out by claiming a religious or philosophical exemption to one or more of those vaccines – just as you did before LD 798 was written into law.

"The Yes on 1 campaign is, and always been, about speaking truth to power ... The truth is that mandate laws like this one have nothing to do with public health, and everything to do with Big Pharma profit, Big Pharma control, and Big Pharma deception," Yes on 1 says.²⁴

"While this law [LD 798] masquerades as a public health issue, there's no evidence it would do anything to improve outbreaks of vaccine targeted disease in schools. Countless cases across the country have shown that these diseases occur in fully vaccinated populations ...

Why do we care about Big Pharma's involvement? Because, a hated industry with no liability, no reason to improve the safety of its products, and an ever growing and aggressive schedule, should not be allowed to influence policy to mandate these very products."

Sources and References

- ¹ [BMJ Evidence-Based Medicine July 27, 2018; 11102](#)
- ² [STAT News September 28, 2018](#)
- ³ [Cochrane.org September 15, 2018](#)
- ⁴ [Nordic Cochrane Center September 14, 2018](#)
- ⁵ [Twitter, Prof. Peter Goetzsche, February 9, 2020](#)
- ⁶ [Cochrane Database Systematic Reviews 2006 Jan 25;\(1\):CD004879](#)
- ⁷ [Cochrane Database Systematic Reviews 2010 Jul 7;\(7\):CD001269](#)
- ⁸ [Cochrane Database Systematic Reviews 2010 Feb 17;\(2\):CD004876](#)
- ⁹ [Cochrane Database of Systematic Reviews February 1, 2018, Vaccines for Preventing Influenza in Healthy Adults](#)
- ¹⁰ [Cochrane Database of Systematic Reviews February 1, 2018, Vaccines for Preventing Influenza in Healthy Children](#)
- ¹¹ [NJ S2173](#)
- ¹² [PJ Media December 17, 2019](#)
- ¹³ [New York Times January 13, 2020 \(Archived\)](#)
- ¹⁴ [Ars Technica January 14, 2020](#)
- ¹⁵ [RejectBigPharma.com, What is a people's veto?](#)
- ¹⁶ [Ballotpedia.com, Maine Question 1](#)
- ¹⁷ [Rejectbigpharma.com](#)
- ¹⁸ [News Center Maine Updated February 6, 2020](#)
- ¹⁹ [Financial Times April 24, 2016](#)
- ²⁰ [Investing.com](#)
- ²¹ [Bangor Daily Web Archive February 12, 2020](#)
- ²² [Markets and Markets Research, Vaccines Market January 2020](#)
- ²³ [WGME.com February 10, 2020](#)
- ²⁴ [Central Maine Updated February 11, 2020](#)