

CDC: Bias and Disturbing Conflicts of Interest

Lawrence R. Huntoon, M.D., Ph.D.

Founded in 1946 by Dr. Joseph Mountin as the Communicable Disease Center, CDC's primary mission was to stop the national spread of malaria.¹ The main tools then available to combat malaria were trucks with sprayers and shovels.¹ Over the years, the name changed a number of times to reflect a change in focus to Typhus Fever Control and other communicable diseases.² It was renamed the Centers for Disease Control in 1980 and in 1992 was redesignated as the Centers for Disease Control and Prevention (CDC).²

According to the CDC website, "Today, CDC is one of the major operating components of the Department of Health and Human Services and is recognized as the nation's premiere health promotion, prevention and preparedness agency."¹

CDC Foundation, a Public-Private Partnership

In 1983, the CDC became authorized to accept "gifts" from industry and other private parties.³ In 1992, Congress created the non-profit CDC Foundation (a 501(c)(3) organization), which greatly expanded the CDC's ability to accept private funding. It began operations in 1995.³ As donations to the CDC Foundation started pouring in, the door to conflicts of interest and corruption was opened wide. The CDC Foundation awards grants, forms "collaborative alliances" between the CDC and single private-sector organizations, and engages in "research collaborations" with industry and other entities.⁴ A 16 percent administrative fee is built into each grant or other agreement.⁴

Ineffective, Non-Uniform Ethics and Disclosure Requirements

Ethics and disclosure requirements vary widely depending on how the government classifies the worker or participant. The CDC has a number of Federal Advisory Committees (FACs). Some members are classified as special government employees (SGEs), some as initial review groups (IRGs), and some are fulltime federal employees. Here is how the CDC describes the differing requirements for each type of employee/participant:

Most members of federal advisory committees are appointed as special government employees (SGEs) and serve as federal employees for up to 130 days in any given year. SGEs, like all Executive Branch employees, are subject to the Standards of Ethical Conduct issued under the Ethics Reform Act of 1989....

Members of peer review committees (also known as initial review groups (IRGs)), are not appointed as SGEs and therefore are not subject to the same disclosure requirements. However, under HHS and CDC rules members of IRGs are required to disclose conflicts of interest, and to provide assurance that they are free of conflicts of interest before they may participate at each peer review meeting.

Some CDC employees who are fulltime federal employees are also required to provide annual

confidential financial disclosure, to ensure their personal financial interests and outside activities do not conflict with their official duties.⁵

The CDC employs a Committee Management Officer to oversee ethics-related issues for CDC advisory committee members, "including the rigorous review and conflict of interest analysis process for advisory committee members' financial disclosure reports."⁵

The CDC's doublespeak policy on "prohibited sources" (of donors) acts in favor of the CDC accepting donations even when the source is classified as "prohibited" by its own definition. According to the CDC Foundation website:

CDC must evaluate when a gift offered by a private entity, e.g., company, foundation, enterprise, etc., may create conflict of interest or may be from a prohibited source. A prohibited source is any individual or entity that is seeking official action by CDC; does business or seeks to do business with CDC; conducts activities regulated by CDC; has interests that may be substantially affected by performance or nonperformance of an employee's official duties; benefits from work performed by CDC, such that they can use it to promote their business; or is an organization where a majority of its members are described in Section VI. I. 2 (C.F.R. Section 2635.203(d)). The fact that a potential donor is a prohibited source does not necessarily mean that a proposed gift may not be accepted; only that it must be carefully evaluated for possible conflicts of interest.⁴

Conditional Funding Invites Conflicts of Interest

The CDC accepts millions of dollars in "conditional funding" from entities, including pharmaceutical corporations. Conditional donations are donations that are specifically earmarked for specific projects.³

In 2012, for example,

Genentech earmarked \$600,000 in donations to the CDC Foundation for CDC's efforts to promote expanded testing and treatment of viral hepatitis. Genentech and its parent company, Roche, manufacture test kits and treatments for hepatitis C.... The CDC issued guidelines in August 2012 recommending expanded (cohort) screening of everyone born from 1945 to 1965 for hepatitis C virus.... Industry has donated [more than \$26 million] to the coalition [CDC's Viral Hepatitis Action Coalition] through the CDC Foundation since 2010.³

According to a *BMJ* article, "Conflict of interest forms filed by the 34 members of the external working group that wrote and reviewed the new CDC recommendation in 2012 show that nine had financial ties to the manufacturers."³

The CDC Foundation also accepted conditional funding from Roche for the Take 3 flu campaign.³ CDC subsequently posted a recommendation on its website recommending influenza antiviral drugs (e.g. oseltamivir). It cited studies in

support of its recommendation, including one which CDC described as an independent study. "However, the study was sponsored by Roche, and all four authors had financial ties to Roche, Genentech, or Gilead (the first two sell oseltamivir and Gilead holds the patent)."³

In 2015, the president and chief executive of the Institute for Family Health in New York, Neil Calman, commented:

Industry funding undermines trust and introduces a bias in the presentation of results and treatment recommendations that is deplorable for a government agency. If the allegations of industry funding and influence are true, we will have to look very carefully at recommendations we are following now and those made in the future by the CDC....

Industry claims their scientific methodology ensures their studies are unbiased—just as the CDC claims money doesn't affect their recommendations. Yet multiple studies clearly—and repeatedly—show that who sponsors a study, or issues a guideline, makes a difference.³

CDC Senior Scientists Lodge Ethics Complaint

In 2016 a group of more than a dozen senior scientists at the CDC lodged an ethics complaint against the CDC indicating that the CDC was being influenced "by corporate and political interests in ways that shortchange taxpayers."⁶ It was noted that "the members of the group have elected to file the complaint anonymously for fear of retribution."⁶

The scientists noted the pervasive nature of unethical practices throughout all levels at the CDC. In their letter to Carmen S. Villar, Chief of Staff, Office of the Director, CDC, dated August 29, 2016, they stated:

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.... 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 our respective units. These questionable and unethical practices threaten to undermine our credibility and reputation as a trusted leader in public health.... It is puzzling to read about transgressions in national media outlets like *USA Today*, *The Huffington Post* and *The Hill*. It is equally puzzling that nothing has changed here at CDC as a result. It's business as usual.⁷

The CDC scientists noted that data in one program, the Wise Woman (WW) program, was manipulated and "cooked" so as to make the results conform to a desired outcome. The manipulated data was then misrepresented to Congress, and the CDC went to great lengths to cover up what they had done so that media and Congress would not find out.

Recently, the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has been implicated in a "cover up" of inaccurate screening data for the Wise Woman (WW) Program. There was a coordinated effort by that Center to "bury" the fact that screening numbers for the WW Program were misrepresented in documents sent to Congress; screening numbers for 2014 and 2015 did not meet

expectations despite a multi-million dollar investment; and definitions were changed and data "cooked" to make the results look better than they were. Data were clearly manipulated in irregular ways. An "internal review" that involved staff across CDC occurred and its findings were essentially suppressed so media and/or Congressional staff would not become aware of the problems. Now that both the media and Congresswoman DeLauro are aware of these issues, CDC staff have gone out of their way to delay FOIAs [Freedom of Information Act requests] and obstruct any inquiry.⁷

The CDC scientists go on to reveal "questionable relationships" two named CDC doctors had with Coca-Cola and International Life Sciences Institute (ILSI).⁷

The CDC scientists ended their letter by saying: "Why has the CDC OD turned a blind eye to these things? The lack of respect for science and scientists that support CDC's legacy is astonishing."⁷

More CDC Data Manipulation Exposed

In 2017, our journal published a detailed account of data manipulation by CDC involving a measles-mumps-rubella (MMR) vaccine and autism.⁸ The article, authored by Brian S. Hooker, Ph.D., P.E. (who communicated with CDC scientist whistleblower, Dr. William W. Thompson), reported:

When the CDC team responsible for the paper by DeStefano et al. originally completed the analysis regarding MMR timing and autism in black male children, an odds ratio of 2.56 was obtained when comparing those children receiving the MMR vaccine before 36 months of age with those who didn't receive MMR until after 36 months of age. This result was statistically significant, with a p -value less than 0.01. This result alarmed Dr. Thompson's co-authors on the paper, especially those who were in leadership positions at the CDC.

In order to dilute this association, Dr. Thompson was asked to eliminate any children in the sample who did not possess a valid State of Georgia birth certificate. This eliminated children living in the Atlanta area but not born in Georgia—about 40 percent of the sample. When this was done, the odds ratio was reduced to 1.68 but more importantly, statistical significance was obviated (i.e., $p > 0.05$). In the final paper, only the result for the "birth certificate" sampling was reported. In addition, according to Dr. Thompson, all data showing the original effect for African-Americans were destroyed in the September 2002 meeting, despite the fact that the original analysis plan for the study explicitly stated: "The only variable available to be assessed as a potential confounder using the entire sample is the child's race." DeStefano et al. deviated from the original analysis plan, expressly to avoid reporting the statistically significant finding....

Regarding Dr. Thompson's earlier work, he asked me to start a campaign to publicize the fact that multiple CDC-sanctioned publications show that thimerosal causes tics.⁸

As reported in Dr. Hooker's article, the CDC website states: "There is no evidence of harm caused by the low doses of thimerosal in vaccines, except for minor reactions like redness and swelling at the injection site."⁸

After a complaint was filed with the Department of Health and Human Services Office of Research Integrity (ORI), "The ORI handed the complaint over to CDC to 'investigate itself.' Obviously, this type of self-review inspires no confidence, especially given CDC's very poor track record."⁸

This story of data manipulation by the CDC in the MMR autism study was carried in other publications, including *Health Impact News*, which alleged corruption and research fraud at the CDC. The article noted that the mainstream media did not cover the story.⁹

In yet another article published by *Health Impact News*, an interview of Dr. Frank DeStefano conducted by independent investigative reporter, Sharyl Attkisson, was reviewed:¹⁰

In this interview, Dr. DeStefano admitted that the CDC omitted a large group of African-American children based on the absence of birth certificates. When Sharyl asked him about Dr. Thompson's concerns about the data showing a stronger link between vaccines and autism he replied:

Yeah, I mean at the time he did these analyses he did, you know, he did point out that in one group, you know in that larger group the measures of association [between MMR vaccine and autism] were higher than in the, uh, birth certificate group and, you know, we discussed that and for the reasons I mentioned, uh, we came to consensus that the, uh, birth certificate uh results were more valid.¹⁰

The interview that Sharyl Attkisson conducted was published on her website and reported:¹¹

A coauthor of the questioned study is Dr. Frank DeStefano, Director of the CDC Immunization Safety Office. In a telephone interview last week, DeStefano defended the study and reiterated the commonly accepted position that there's no "causal" link between vaccines and autism.

But he acknowledged the prospect that vaccines might rarely trigger autism.

"I guess, that, that is a possibility," said DeStefano. "It's hard to predict who those children might be, but certainly, individual cases can be studied to look at those possibilities."

It is a significant admission from a leading health official at an agency that has worked for nearly 15 years to dispel the public of any notion of a tie between vaccines and autism.¹¹

There are many articles detailing conflicts of interest at CDC and the FDA with respect to vaccines. A press release by Rep. Dan Burton, dated Aug 23, 2000, stated:¹²

The FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) makes recommendations on the approval of new vaccines. The CDC's Advisory Committee on Immunizations Practices (ACIP) makes recommendations on guidelines for the administration of vaccines. The Government Reform Committee [chaired by Rep. Dan Burton] staff report found that the majority of members of both committees have financial ties to vaccine manufacturers or hold patents on vaccines under development....

One physician who voted to recommend the rotavirus vaccine on the FDA's advisory committee received \$255,000.00 per year in research funds from the maker of the vaccine, Wyeth Lederle. She received a waiver from the FDA to vote on the issue because her research for Wyeth focused on other vaccines....

The staff report finds that CDC's practice of automatically granting annual waivers to all members of its committee for one-year periods "does not lend itself to a healthy respect for the conflict-of-interest rules."...

"It has become clear over the course of this investigation that the VRBPAC and the ACIP are dominated by individuals with close working relationships with the vaccine producers."¹²

A 4-month investigation conducted by United Press International found "a pattern of serious problems linked to vaccines recommended by the CDC...and a web of close ties between the agency and the companies that make vaccines."¹³

"The CDC is a disgrace. It is a corrupt organization," said Stephen A. Sheller, a Philadelphia attorney who has sued vaccine makers for what he says were bad vaccines. "The drug companies have them on their payroll."

...Since the mid-1980s the agency has doubled the number of vaccines children get, up to nearly 40 doses before age 2. The CDC also tracks possible side effects, along with the Food and Drug Administration. This puts the agency in the awkward position of evaluating the safety of its own recommendations....

Members of the CDC's Vaccine Advisory Committee get money from vaccine manufacturers. Relationships have included: sharing a vaccine patent; owning stock in a vaccine company; payments for research; getting money to monitor manufacturer vaccine tests; and funding academic departments.

The CDC is in the vaccine business. Under a 1980 law, the CDC currently [2003] has 28 licensing agreements with companies and one university for vaccines or vaccine-related products. It has eight ongoing projects to collaborate on new vaccines.¹³

Another article detailed how the CDC is systematically "fudging" COVID-19 death numbers during the current pandemic.¹⁴

That the CDC isn't telling the truth to Americans is no conspiracy theory: it's right there in the open for everyone to see. The CDC openly admits that it is fudging the COVID-19 death figures....

There is no universal definition of COVID-19 death. The Centers for Disease Control, updated from yesterday, April 4th, still states that mortality, quote unquote, data includes both confirmed and presumptive positive cases of COVID-19.... The CDC counts both true COVID-19 cases and speculative guesses of COVID-19 the same. They call it death by COVID-19. They automatically overestimate the real death numbers, by their own admission....

[Dr. Annie Bukacek] stated: "You could see how these statistics have been made to look really scary when it is so easy to add false numbers to the official database." ...Those false numbers are sanctioned by the CDC."¹⁴

Office of Inspector General (OIG) Finds Systemic Lack of Oversight and Non-Compliance with CDC's Own Ethics Requirements

An article summarizing the OIG's findings concerning CDC's Ethics Program, published in *JAMA* in 2010, reported:¹⁵

The US Centers For Disease Control and Prevention (CDC) failed to identify or resolve potential conflicts of interest among its 2007 advisory committee members more than half the time, according to a report by the Department of Health and Human Services (DHHS) Office of the Inspector General (OIG)....

97% of the 212 disclosure forms the agency certified in 2007 contained at least 1 omission, the report noted....

The CDC failed to identify potential conflicts on 124 individuals (58%) with certified forms....

Even when a potential conflict of interest was identified, the agency often did not take the steps necessary to address it. Nearly one-third (67 persons) of the 212 certified individuals had conflicts the CDC identified but failed to resolve.¹⁵

The detailed 47-page OIG report is both shocking and very disturbing.¹⁶ Its Findings included:

For almost all special Government employees, CDC did not ensure that financial disclosure forms were complete in 2007....

CDC did not identify or resolve potential conflicts of interest for 64 percent of special Government employees in 2007....

CDC did not ensure that 41 percent of special Government employees received required ethics training in 2007....

Fifteen percent of special Government employees did not comply with ethics requirements during committee meetings in 2007.... 3 percent of SGEs voted on particular matters when their waivers prohibited such participation. Four SGEs both participated in committee meetings without current, certified OGE Forms 450 on file and voted on particular matters when their waivers prohibited such participation.¹⁶

The OIG report concluded by stating: "We found that CDC had a systemic lack of oversight of the ethics program for SGEs. That is, CDC and its SGEs did not comply with ethics requirements in 2007."¹⁶

Conclusions

The CDC has a long history of bias and troubling conflicts of interest. This history calls into question the scientific validity of recommendations made by the CDC. As evidenced by the CDC's "fudging" of COVID-19 death numbers during the current pandemic, political and/or philosophical biases continue.

Political and/or philosophical biases will not be detected or eliminated by filling out a financial disclosure form. Even when the CDC identifies conflicts of interest for advisory committee members, some allege that the CDC "automatically" grants annual waivers to the participants. And the CDC's policy on "prohibited sources" of donations to the CDC Foundation, which allows "prohibited" donations, makes a complete mockery of the CDC's entire ethics process.

When financial disclosure forms demonstrate a conflict of interest or potential conflict, those forms should be made publicly available on the CDC's website. The public have a right to know how their tax money is being spent and whether they are getting impartial, science-based advice on important health issues.

The CDC Foundation is a vehicle through which industry is able to influence CDC policy and recommendations.

Conditional donations are an open invitation for abuse.

Although it is doubtful that bias and conflicts of interest will ever be eliminated at the CDC, the public at least needs to be aware that they exist and how they influence decisions that may affect their lives.

Lawrence R. Huntoon, M.D., Ph.D., is editor-in-chief of the *Journal of American Physicians and Surgeons*. Contact: editor@jppands.org.

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