

Advisory Committees, Including For The Bill & Melinda Gates Foundation – Competent?

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Someone sent me a link to The Bill & Melinda Gates Foundation, describing the Scientific Advisory Committee, with detailed credentials of its members, which starts with the following introductory lines:

"Our Scientific Advisory Committee comprises a group of esteemed experts from outside of the foundation who offer a wide range of experiences and perspectives. This group plays an important role in strengthening our work by offering independent assessments of our Global Health Division strategies and helping us evaluate results." ([link](#))

Undoubtedly, the committee members' credentials are extraordinarily high-ranking and probably unmatched worldwide in the medical and healthcare areas. Moreover, it is important to note that committee members excel and promote themselves concerning healthcare development and management. In addition, all have a medical degree such as MD, MBBS, or MBChB or related biological expertise as core competencies - relating to the practice of medicine.

However, the question is, are these credentials appropriate and relevant to the science of viruses, or pharmaceuticals/medicines in general, and their development and characterizations? Not really. Let me explain.

It is important to note that none of the members has a degree or practical/laboratory experience in the science of medicine. For all practical purposes, the science of medicine is the science of chemical

substances (molecules and compounds) because medicine is a different or common name for a chemical. For example, Advil and Tylenol are medicines or medicinal products (often in tablet form) of chemical compounds, namely ibuprofen or acetaminophen, respectively—the medical degree trains medical professionals on prescribing (use) these medicines.

The developments of chemical substances (i.e., isolation, purification, characterization, development, and validation of tests) are not part of the medical profession or training. Instead, it is part of science, in particular chemical science or chemistry. Therefore, the practitioners of medicines (physicians) should not be classified as science-based or scientists but as experts in prescribing or recommending medicines linked to the symptoms or clinical observations.

Unfortunately, this separation of science from the practice of medicines/chemicals has been ignored for decades by considering the two as the same without having the essential training of the science part of medicine.

A simple analogy to explain the situation may be to compare the professions of a chef to a farmer, where the former uses the commodities (substances) the latter develops and produces. A chef ("physician") cannot provide farming advice because farming ("development and manufacturing" of medicines) works on a completely different set of principles and techniques.

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A chef can create delightful tasty dishes without knowing how the farm items are produced. Similarly, a physician provides appropriate treatment without knowing the science behind the development and manufacturing of pharmaceutical products.

This lack of understanding has created an enormous problem in the scientific world and in people's daily life, leading to disastrous outcomes, including the current pandemic.

Medical literature uses many words from chemical science, such as proteins/spike-proteins, DNA, RNA, mRNA, isolation, sequencing, ultracentrifugation, PCR, and vaccine, to justify its practice as science. However, it completely misrepresents the scientific meanings and interpretations of the terms used.

For example:

1. The result of the claimed virus isolation experiments should produce a virus specimen (pure and identified). However, it is not, but a soup/gunk. This soup or gunk is considered an isolated and pure substance. Worldwide authorities, including FDA and CDC, enforce this concept/meaning, i.e., gunk to be regarded as a pure and identified substance (aka virus). It really is an implementation of scientific fraud.
2. It is claimed that a virus consists of RNA and protein components; however, without any scientific support, i.e., without providing any specimens. It should be obvious that one cannot obtain components of something without having

a sample of it. But, again, authorities and experts require us (the public and scientists in chemical fields) to accept and believe in something which does not exist.

3. Scientifically, developing and validating a test for something without its reference standard is impossible. Therefore, making or promoting such a claim is illegal from a scientific perspective. Unfortunately, no reference standards for viruses, their variants, RNA, or protein are available – so how the claimed tests have been developed and approved? A complete absence of scientific principles and practice.
4. How could a treatment (e.g., vaccine) be developed without testing it in patients? However, this is precisely what the authorities and medical experts have done. The vaccines have been developed without any testing in COVID-19 patients. There is no presence of science in the claimed clinical studies.

The abovementioned requirements are not specific to viruses or medical areas but are fundamental and essential for isolating and testing chemical-based products. Unfortunately, medical and pharmaceutical experts miss this crucial understanding because science is not part of their academic curriculum and training.

Often, one hears from medical experts that principles of physical science/chemistry do not apply to biological/medical areas. The biological system is different, so it has its own "science" even

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though it often (primarily) works with standard chemical substances and their chemistry.

On the other hand, medical experts describe chemical (science) terms incorrectly or deceptively to rationalize their "science," for example:

1. They consider cell culturing with a trivial filtration step (such as ultracentrifugation) as a virus isolation step. It is like considering a fermentation process or sampling it as pure consumable alcohol.
2. Conducting a chemical reaction (PCR – polymerase chain REACTION) and calling it a test. A chemical reaction can be part of a test. However, it cannot be a test by itself. In a valid test, the reaction is validated using the reference standard, in this case, the virus, its RNA and/or (spike)-protein. As reference standards for them are not available, scientifically, it is impossible to develop or call a reaction a test. However, medical and related experts are precisely doing that.
3. Sequencing can only be done by splitting larger chemical molecules into smaller pieces of an isolated and purified virus, RNA and/or protein sample. However, "medical science" describes assembling or joining (random small pieces) into larger pieces based on computer modeling as sequencing. It is a complete misrepresentation of science and the commonly accepted and valid meaning of "sequencing."
4. Clinical trial terminology has been used incorrectly for the assessment of vaccines.

A clinical trial means testing potential treatments (vaccines) against the illness or potential pathogen in patients. However, clinical trials have been conducted only in healthy volunteers – such clinical trials cannot be valid or scientific. A clear example is misrepresenting the meaning of the word clinical trial.

The medical literature claims are mainly based on trivial observations without any virus or science.

In short, all descriptions of viruses, RNA, proteins, spike-protein, vaccines, PCR, etc., in the medical literature are purely based on subjective opinions but considered and promoted science or science-based.

Therefore, if the issues need to be resolved appropriately, they need to be addressed by experts in chemical science or chemistry. Detailed discussions on these topics may be found [here](#) and [here](#).

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