

# Big Pharma's COVID Vaccine

By [Prof Michel Chossudovsky](#)

Global Research, February 10, 2021

[Global Research](#)

Theme: [Media Disinformation](#), [Science and Medicine](#)

All Global Research articles **can be read in 27 languages by activating the “Translate Website”** drop down menu on the top banner of our home page (Desktop version).

\*\*\*

.  
.

The following text is Chapter VII of Prof Michel Chossudovsky's E-Book entitled:

[The 2020 Worldwide Corona Crisis: Destroying Civil Society, Engineered Economic Depression, Global Coup d'État and the “Great Reset”](#) , (December 2020, revised January 2021)

click the above link to access [the complete E-book consisting of a Preface, Highlights and Nine Chapters.](#)

## Introduction

*The plan to develop the Covid-19 vaccine is profit driven.*

*The US government had already ordered 100 million doses back in July 2020 and the EU is to purchase 300 million doses. It's Big Money for Big Pharma, generous payoffs to corrupt politicians, at the expense of tax payers.*

*The objective is ultimately to make money, by vaccinating the entire planet of 7.8 billion people for SARS-CoV-2.*

*The Covid vaccine in some cases envisages more than one shot. If this initiative were to go ahead as planned, it would be the largest vaccine project in World history and the biggest money making operation for Big Pharma.*

*The Second Wave of the pandemic commenced in October 2020. The Pfizer Moderna corona vaccine was launched in early November 2020.*

*Worldwide, people are led to believe that the corona vaccine is a solution. And that “normality” will then be restored.*

*How is it that a vaccine for the SARS-CoV-2 virus, which under normal conditions would take years to develop, was promptly launched on the 9th of November?*

Moreover, the vaccine announced by Pfizer and Moderna is based on an experimental gene editing mRNA technology which has a bearing on the human genome. Coupled with the vaccine initiative is the development of a so-called digital passport which will be imposed on entire populations. (See analysis below).

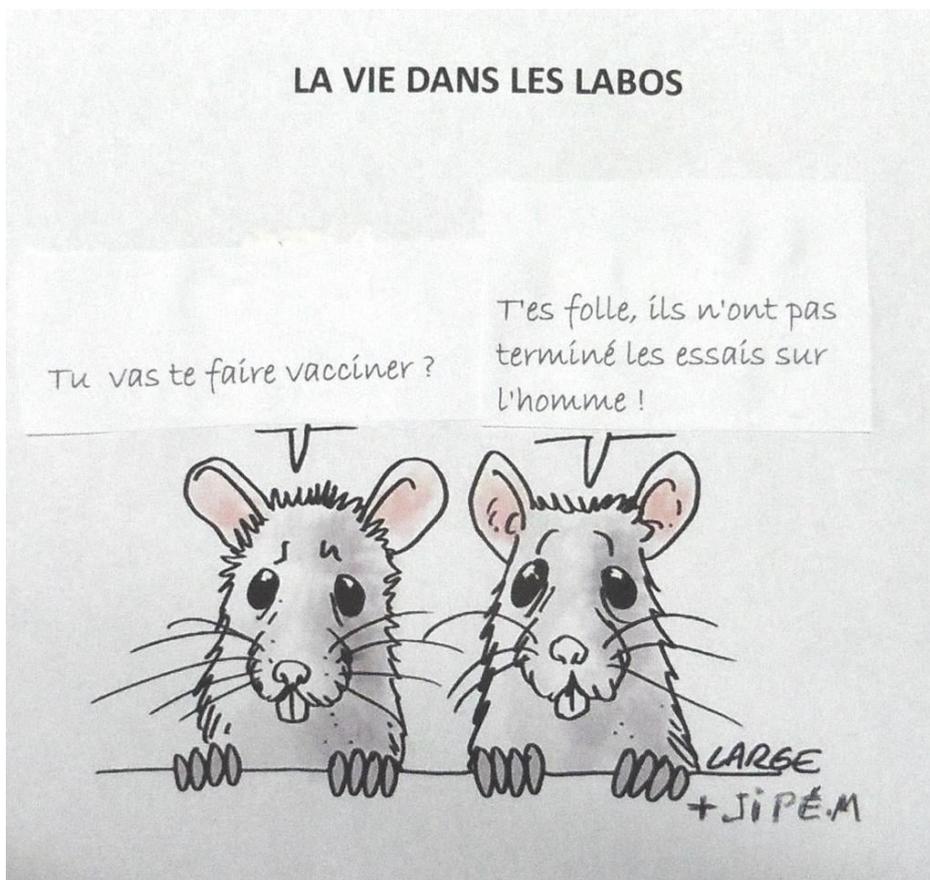
And why do we need a vaccine for Covid-19 when the WHO, the US Center for Disease Control and Prevention (CDC) as well as numerous scientists have confirmed unequivocally that Covid-19 is "similar to seasonal influenza". (See our analysis in Chapter II).

The Drive to Develop a Corona Vaccine is Profit

It would appear that the standard lab tests using ferrets and mice will not be conducted.

Pfizer has "[gone straight to human "guinea pigs."](#) ... (See Incisive analysis by [F. William Engdahl, Global Research](#), November 2020)

"Human tests began in late July and early August [2020]. Three months is unheard of for testing a new vaccine. Several years is the norm."



This caricature by Large + JIPÉM explains our predicament:

Mouse No 1: "Are You Going to get Vaccinated",

Mouse No. 2: "Are You Crazy, They Haven't finished the Tests on Humans"

*Un grand merci aux caricaturistes Large et JIPÉM*

Dr. Michael Yeadon, a former Vice President of Pfizer [has taken a firm stance:](#)

“All vaccines against the SARS-COV-2 virus are by definition novel. No candidate vaccine has been... in development for more than a few months.”:

“If any such vaccine is approved for use under any circumstances that are not EXPLICITLY experimental, I believe that recipients are being misled to a criminal extent.”

In early December, Dr Michael Yeadon together with Dr. Wolfgang Wodarg “[filed an application with the EMA](#), the European Medicine Agency responsible for EU-wide drug approval, for the immediate suspension of all SARS CoV 2 vaccine studies, in particular the BioNtech/Pfizer study on BNT162b (EudraCT number 2020-002641-42).

It is important to review the complex history of the novel vaccine.

## History of the SARS-CoV-2 Vaccine Project

There are many contradictions. The analysis below addresses the earlier stages of the vaccine project as well as the role of the 201 Simulation under the auspices of the John Hopkins School of Medicine held in New York on October 19, 2019.

The Covid vaccine is a multibillion dollar Big Pharma operation which will contribute to increasing the public debt of more than 150 national governments.

Supported by the fear campaign, Money rather than Public Health is the driving force behind this initiative.

### The GSK-Pfizer Partnership

Five months before the onset of the Covid-19 crisis, two of the largest Worldwide Pharma conglomerates decided to join hands in a strategic relationship. In August 2019, GSK confirmed the formation of a major partnership with Pfizer entitled [the Consumer Health Joint Venture](#).

While the relationship is said to be limited to “trusted consumer health brands”, the agreement envisages joint financial procedures including joint multibillion dollar investment projects. While it does not constitute a merger, the GSK-Pfizer alliance implies selective integration and de facto collusion in many of the two companies’ activities including the vaccine market.

“The completion of the joint venture with Pfizer marks the beginning of the next phase of our transformation of GSK. This is an important moment for the Group, laying the foundation for two great companies, one in Pharmaceuticals and Vaccines and one in Consumer Health.” ([GSK](#), August 1, 2019, emphasis added)

This GSK-Pfizer relationship also encompasses a network of partner pharmaceutical companies, research labs, virology institutes, military and biotech entities, etc. many of which are currently involved in the Covid vaccine initiative.

At present, a handful of multinational companies including GSK and Pfizer control 80% of the global vaccine market. Under the agreement between the two companies, GSK-Pfizer is slated to play a dominant and coordinated role in regards to the Covid-19 vaccine.

The October 2019 Coronavirus Event 201 Simulation Exercise

The coronavirus was initially named [nCoV-19](#) by CEPI and the WHO: exactly the same name as that adopted in the WEF-Gates-John Hopkins Event 201 (2019-nCov) pertaining to a coronavirus simulation exercise held in Baltimore in mid October 2019.

The Event 201 John Hopkins simulation [addressed the development of an effective vaccine](#) in response to millions of cases (in the October 2019 simulation) of the 2019 nCoV. The simulation announced a scenario in which the entire population of the planet would be affected: “During the initial months of the pandemic, the cumulative number of cases [in the simulation] increases exponentially, doubling every week. And as the cases and deaths accumulate, the economic and societal consequences become increasingly severe.”

The scenario ends at the 18-month point, with 65 million deaths. The pandemic is beginning to slow due to the decreasing number of susceptible people. The pandemic will continue at some rate until there is an effective vaccine or until 80-90 % of the global population has been exposed. From that point on, it is likely to be an endemic childhood disease.

According to the WEF Video below, produced in relation to the 201 Simulation, “we ran a massive viral pandemic simulation.., 65 million deaths Worldwide.”.

[See also the analysis of F. William Engdahl on the 201 Simulation](#)

Video Produced by the World Economic Forum in association with the 201 John Hopkins Simulation

Ironically, on January 30th 2020, the WHO defined the new virus as 2019-nCoV, i.e. the same name as that used in the 201 simulation in October 2019.



It was only later that Covid-19 was identified by the WHO not as a virus but as a disease: coronavirus disease (COVID-19), the Virus was identified as “severe acute respiratory syndrome” coronavirus 2 (SARS-CoV-2)

Two weeks after the virus had been formally identified by the People’s Republic of China (Jan 7, 2020), a vaccine for the novel coronavirus was announced by CEPI at the Davos World Economic Forum, January 20-24, 2020.

The Central Role of the Coalition for Epidemic Preparedness Innovations (CEPI)

The lead entity for the novel coronavirus vaccine initiative is the Coalition for Epidemic Preparedness Innovations (CEPI) an organization sponsored and financed by the World Economic Forum (WEF) and the Bill and Melinda Gates Foundation.

Note the chronology: The development of the 2019 nCoV vaccine was announced at the Davos World Economic Forum (WEF) a week prior to the official launching by the WHO of a Worldwide Public Health Emergency (January 30) at a time when the number of “confirmed cases” Worldwide (outside China) was 83. (see Chapter II)

The pandemic was launched by the WHO on March 11. And five days later, barely covered by the media, the first tests involving human volunteers were conducted by Moderna in Seattle on March 16.

According to [Richard Hatchett](#), CEO of the Coalition for Epidemic Preparedness Innovations (CEPI) the project to develop a vaccine commenced not only prior to the discovery and identification of the coronavirus (January 7, 2020) but several months prior to the October 2019 Scenario 201 simulation exercise.

“We did that in the last year or so [early 2019]. ... ”

(scroll down for interview with Richard Hatchett)

CEPI is seeking a “monopoly” role in the vaccination business the objective of which is a “global vaccine project”, in partnership with a large number of “candidates”.

It announced funding for its existing partnership with Inovio and The University of Queensland (Australia). In addition, CEPI confirmed (January 23, 2020) its contract with Moderna, Inc. and the U.S. National Institute of Allergy and Infectious Diseases (NIAID) headed by Dr. Anthony Fauci, who has been instrumental in waging the fear and panic campaign across America: “Ten Times Worse than Seasonal Flu”. ([See WEF Video](#))

CEPI was dealing simultaneously with several pharmaceutical companies. The Moderna-NIAID agreement was implemented. The mRNA COVID-19 vaccine was launched in the US in late November 2020.

On January 31st, 2020 the day following the WHO’s official launching of the global public health emergency (PHEIC) and Trump’s decision to curtail air travel with China, CEPI announced its partnership with CureVac AG, a German-based biopharmaceutical company.

A few days later, in early February 2020, CEPI “announced that major vaccine manufacturer GSK would allow its [proprietary adjuvants](#)— compounds that boost the effectiveness of vaccines — to be used in the response”. (The pandemic was officially launched on March 11).

There were many “potential vaccines in the pipeline” with “dozens of research groups around the world racing to create a vaccine against COVID-19”.

## The COV-19 Global Vaccination Program

CEPI (on behalf of Gates-WEF, which funded the 201 simulation exercise) is currently playing a key role in a large scale Worldwide vaccination program in partnership with biotech companies, Big Pharma, government agencies as well as university laboratories.



Today we announced funding for three programmes to develop vaccines against the novel [#coronavirus](#), nCoV-2019 

We'll be supporting pioneering technologies designed to speed up the development of vaccines against emerging threats [#OutsmartEpidemics](#)  [bit.ly/2GjEmSS](https://bit.ly/2GjEmSS)



The foregoing statement by CEPI was made nearly two months prior to the official declaration of a pandemic on March 11.

“We’re having conversations with a broad array of potential partners”. And critical to those conversations is: What’s the plan to make very large quantities of vaccine within a time frame that is potentially relevant to what people seem to be increasingly certain will be a pandemic, if it isn’t already there? ...” [[Richard Hatchett, CEPI CEO](#) in interview with [stat.news.com](#)]. ...

The underlying focus was to develop a global vaccine:

And part of that was doing a global survey of manufacturing capacity to think about where we wanted to plant the manufacturing of any successful products we were able to bring forward.

Of significance, Hatchett confirmed that the project to develop a vaccine commenced not only prior to the discovery and identification of the coronavirus (January 7, 2020) but several months prior to the October 2019 201 simulation exercise.

[“We did that in the last year or so.](#) [early 2019]... We are using the information that we have collected and have that team now thinking about opportunities for scaling vaccines of various different types. That is a work in progress. For some of the technologies the tech transfer [to a manufacturer] may be something that could be done in a time frame that was pertinent to the epidemic, potentially.

I think it is going to be really important to engage those folks who have access to really substantial production capacity. And having the big producers at the table — because of their depth, because of their experience, because of their internal resources — would be very, very important.

The candidate vaccines will be very, very quick. Dr. Anthony Fauci, director of NIAID [who has been spreading panic on network TV], is out in public as saying he thinks the clinical trial for the Moderna vaccine may be as early as the spring. (emphasis added)

What is now unfolding in real life is in some regards similar to the October 2019 201 Simulation exercise at John Hopkins.

The scenario is how to produce millions of vaccine shots on the presumption that the pandemic will spread Worldwide, and for that you need the Covid-19 “positive cases” to go fly high.

The CEPI sponsored vaccine conglomerates had already planned their investments well in advance of the global Worldwide health emergency (PHEIC) (declared by the WHO on January 30, 2020):

I [Hachett] think part of the general strategy is to have a large number of candidates. [and] you want to have enough candidates that at least some of them are moving rapidly through the process.

And then for each candidate, you need to ask yourself the question: How do you produce that? ... [And] how are you going to get to that point with production at a scale that is meaningful in the context of a disease that is going to infect the whole of society? (Interview conducted by Helen Branswell, [statsnews](#), February 3, 2020)

Moderna Inc

Moderna Inc based in Seattle was one of the several candidates involved and supported by CEPI.

Moderna announced on February 24th the development of “an experimental mRNA COVID-19 vaccine, known as mRNA-1273”. “The initial batch of the vaccine has already been shipped to U.S. government researchers from the National Institute of Allergy and Infectious Diseases (NIAID)” headed by Dr. Antony Fauci.

While Moderna Inc initially stated that the first clinical trials would [commence in late April](#), tests involving human volunteers started in mid-March in Seattle: (bear in mind the pandemic was officially launched on March 11)

# Coronavirus vaccine test opens as volunteer in Seattle gets 1st shot

POSTED 10:14 AM, MARCH 16, 2020, BY [ASSOCIATED PRESS](#), UPDATED AT 10:24AM, MARCH 16, 2020

[Researchers in Seattle gave the first shot to the first person](#) in a test of an experimental [coronavirus](#) vaccine Monday — leading off a worldwide hunt for protection even as the pandemic surges. ...

Some of the study's carefully chosen healthy volunteers, ages 18 to 55, will get higher dosages than others to test how strong the inoculations should be. Scientists will check for any side effects and draw blood samples to test if the vaccine is revving up the immune system, looking for encouraging clues like the NIH earlier found in vaccinated mice.

"We don't know whether this vaccine will induce an immune response, or whether it will be safe. That's why we're doing a trial," Jackson stressed. "It's not at the stage where it would be possible or prudent to give it to the general population." ([FOX news local](#))

## The Covid Vaccine and the ID2020 Digital Identity Platform

While CEPI had announced the launching of a global vaccine at the Davos World Economic Forum, another important and related endeavor was underway. It's called the ID2020 Agenda, which, [according to Peter Koenig](#) constitutes "an electronic ID program that uses generalized vaccination as a platform for digital identity".

"The program harnesses existing birth registration and vaccination operations to provide newborns with a portable and persistent biometrically-linked digital identity". ([Peter Koenig](#), March 2020)

The founding Partners of ID2020 are Microsoft, the Rockefeller Foundation and the Global Alliance for Vaccines and Immunization (GAVI) among others.

It is worth noting the timeline: The ID2020 Alliance held their Summit in New York, entitled "Rising to the Good ID Challenge", on September 19, 2019, exactly one month prior to nCov-2019 simulation exercise entitled Event 201 at John Hopkins in New York:

Is it just a coincidence that ID2020 is being rolled out at the onset of what the WHO calls a Pandemic? - Or is a pandemic needed to 'roll out' the multiple devastating programs of ID2020? ([Peter Koenig](#), March 2020)

ID2020 is part of a "World Governance" project which, if applied, would roll out the contours of what some analysts have described as a Global Police State encompassing through vaccination the personal details of several billion people Worldwide. According to [Dr. David Martin \(quoted by Makia Freeman\)](#):

"This is not a vaccine ... using the term vaccine to sneak this thing under public health exemptions ... This is a mRNA packaged in a fat envelope that is delivered to a cell. It is a medical device designed to stimulate the human cell into becoming a pathogen creator. It is not a vaccine! Vaccines actually are a legally defined term ... under public health law ... under CDC and FDA standards, and a vaccine specifically has to stimulate both an immunity within the person receiving it, but it also has to disrupt transmission.

## In the Wake of the Lockdown. The Second Wave

The Second Wave: The fear campaign continues in the wake of the lockdown. A new lockdown is unfolding (December-January) in several countries.

Will the hardships of the economic and social crisis (coupled with a fear campaign) encourage people to get vaccinated?

To implement the Global Vaccine, the propaganda campaign must continue. The Truth must be suppressed. These are their “guidelines”, which must be confronted and challenged.

Several governments (aka corrupt politicians) including the US, UK, France, Germany, Canada as well as India have already provided the green light. Information and analysis on the features of the virus (similar to seasonal influenza) is being suppressed by the media.

While Hydroxychloroquine (HCQ) has been used to treat patients in both Europe and North America, Big Pharma with the support of the governments is intent upon suppressing evidence on how COVID-19 can be cured, without the need of a vaccine. (See Chapter VI)

## The Covid Vaccine and “Herd Immunity”: Changing the Definitions

Herd immunity is an important concept in medicine. According to Healthline:

“It happens when so many people in a community become [immune](#) to an infectious disease that it stops the disease from spreading.

This can happen in two ways:

1. Many people contract the disease and in time build up an immune response to it (natural immunity).
2. Many people are vaccinated against the disease to achieve immunity.

Herd immunity can work against the spread of some diseases. There are several reasons why it often works.” [\(See Healthline\)](#)

The WHO has redefined herd immunity with a view to supporting the multibillion dollar Covid vaccine initiative:

Below (Left) is the official WHO definition (June 2020). And in November (Right) the WHO decided unilaterally to redefine a fundamental medical concept, focussing solely on the role of vaccination in achieving herd immunity.



Home / Newsroom / Q&A Detail /  
Coronavirus disease (COVID-19): Serology

## Coronavirus disease (COVID-19): Serology

9 June 2020 | Q&A



Home / Newsroom / Q&A Detail /  
Coronavirus disease (COVID-19): Serology,  
antibodies and immunity

## Coronavirus disease (COVID-19): Serology, antibodies and immunity

13 November 2020 | Q&A

### What is herd immunity?



Herd immunity is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection. This means that even people who haven't been infected, or in whom an infection hasn't triggered an immune response, they are protected because people around them who are immune can act as buffers between them and an infected person. The threshold for establishing herd immunity for COVID-19 is not yet clear.

### What is herd immunity?



'Herd immunity', also known as 'population immunity', is a concept used for vaccination, in which a population can be protected from a certain virus if a threshold of vaccination is reached.

Herd immunity is achieved by protecting people from a virus, not by exposing them to it. [Read the Director-General's 12 October media briefing speech for more detail.](#)

To our knowledge, the peer reviewed definition of herd immunity has not changed.

The new "definition" of the WHO visibly serves the interests of Big Pharma.

### Flashback: The 2009 H1N1 Swine Flu Pandemic

Remember the 2009 H1N1 "pandemic" when Obama's Council of Advisors on Science and Technology compared the H1N1 pandemic to the 1918 Spanish flu pandemic while reassuring the public that the latter was more deadly. (CBC: Get swine flu vaccine ready: U.S. advisers). For further details see [Michel Chossudovsky, August 2009 Study on H1N1 Pandemic](#))

Based on incomplete and scanty data, the WHO Director General Margaret Chan predicted with authority that: “as many as 2 billion people could become infected over the next two years — nearly one-third of the world population.” (World Health Organization as reported by the Western media, July 2009).

It was a multibillion bonanza for Big Pharma supported by the WHO’s Director-General Margaret Chan.

HEALTHCARE & PHARMA    MAY 19, 2009 / 6:39 AM / UPDATED 12 YEARS AGO

## WHO sees 4.9 billion pandemic flu shots in best-case

By Katie Reid, Laura MacInnis

5 MIN READ



In a subsequent statement Dr. Chan confirmed that:

“Vaccine makers could produce 4.9 billion pandemic flu shots per year in the best-case scenario”, [Margaret Chan, Director-General, World Health Organization \(WHO\)](#), quoted by Reuters, 21 July 2009).

“Swine flu could strike up to 40 percent of Americans over the next two years and as many as several hundred thousand could die if a vaccine campaign and other measures aren’t successful.” (Official Statement of Obama Administration, Associated Press, 24 July 2009).

GENEVA (Reuters) - Vaccine makers could produce 4.9 billion pandemic flu shots per year in the best-case scenario, the head of the World Health Organization said on Tuesday, as rich and poor countries grappled over limited supplies.



United Nations Secretary-General Ban Ki-moon (R) listens to WHO Director-General Margaret Chan (C) during a visit to the Strategic Health Operations Centre (SHOC) room at the World Health Organization (WHO) headquarters in Geneva, May 19, 2009. REUTERS/Christopher Balck/WHO/Handout

There was no H1N1 pandemic affecting 2 billion people. Millions of doses of swine flu vaccine had been ordered by national governments from Big Pharma.

Millions of vaccine doses were subsequently destroyed: a financial bonanza for Big Pharma, an expenditure crisis for national governments.

There was no investigation into who was behind this multibillion dollar fraud. Several critics said that the H1N1 Pandemic was “Fake”

The Parliamentary Assembly of the Council of Europe (PACE), a human rights watchdog, is [publicly investigating](#) the WHO's motives in declaring a pandemic. Indeed, the chairman of its influential health committee, epidemiologist Wolfgang Wodarg, [has declared that](#) the “false pandemic” is “one of the greatest medicine scandals of the century.” (Michael Fomento, [Forbes](#), February 10, 2010)



Michael Fomento concludes:

Even within the agency, the director of the WHO Collaborating Center for Epidemiology in

Munster, Germany, Dr. Ulrich Kiel, has [essentially labeled](#) the pandemic a hoax. “We are witnessing a gigantic misallocation of resources [[\\$18 billion](#)so far] in terms of public health,” he said.

They’re right. This wasn’t merely overcautiousness or simple misjudgment. The pandemic declaration and all the Klaxon-ringing since reflect sheer dishonesty motivated not by medical concerns but political ones.

Unquestionably, swine flu has proved to be vastly milder than ordinary seasonal flu. It kills at a third to a tenth the rate, [according to](#) U.S. Centers for Disease Control and Prevention estimates. Data from other countries like France and Japan indicate it’s far tamer than that.

## **PACE to prepare report on the handling of the Swine Flu pandemic**

---

26/01/2010 11:02:52 SOCIAL AFFAIRS, HEALTH AND SUSTAINABLE DEVELOPMENT

**"Are decisions on pandemics taken on the best scientific evidence only?"** was the question asked at a January public hearing of PACE's Committee on Social, Health and Family Affairs which looked into the handling of the H1N1 pandemic. The World Health Organisation's flu chief defended his organisation, saying its advice was not improperly influenced by the pharmaceutical industry.

The committee now intends to hold a second public hearing in Paris, with the participation of government officials who dealt with the pandemic. Rapporteur Paul Flynn (United Kingdom, SOC) is also due to visit the WHO's headquarters in Geneva. His report should be available at the end of April, for a possible plenary debate in June.

[H1N1 2009 Vaccine Causes Brain Damage to Children](#) : GSK's ArepanrixTD applied in Canada

In Memory of a Little Girl Called Amina Abudu

[See complete article here](#)

The WHO's H1N1 pandemic was declared in June 11, 2009. GSK was on contract to the Canadian government. The GSK's Arepandrix<sup>TM</sup> vaccine was delivered to Canadian health authorities within less than four months.

“As a result, an impressive 45% of Canadians received protection from the H1N1 virus by being vaccinated with GSK's Arepanrix<sup>TM</sup>” according to GSK'S President-CEO Paul Lucas in a statement on October 9 2009 to Canada's [Senate Standing Committee on Social Affairs, Science and Technology](#).

Within four months?. Does that give them Time to Test????

Lots of people in Canada fell sick after receiving the H1N1 ArepanrixTD vaccine.

And that vaccine killed a little girl called Amina Abudu, which then led to a ten year lawsuit against GSK.



The parents of five-year-old Amina Abudu blame her 2009 death on a flu shot. Peter J. Thompson/National Post

A vaccine was rushed to market, and the five year old was among millions of Canadians to get the shot, amid widespread fears about the new pathogen.

Five days later, Amina's older brother found her lying unconscious in the bathroom of the family's east-end Toronto home. She was dead.

Her devastated parents came to blame the flu shot itself and sued the vaccine's manufacturer, Glaxo Smith Kline (GSK), for \$4.2 million. The little-noticed trial of that lawsuit drew toward a close on Tuesday, a rare judicial airing in Canada of a vaccine's alleged side effects.

The parents' lawyer, Jasmine Ghosn, alleged the preventive drug was brought out quickly and without proper testing during a chaotic flu season, as the federal government exerted "intense pressure" on Canadians to get immunized. ([National Post, November 2019](#))

## At rare trial of alleged vaccine side effects, parents say H1N1 flu shot killed 5-year-old daughter

*In 2009, Governments faced major pressure to procure the vaccine and administer it widely, but at the same time there were concerns about its safety*

[Screenshot of National Post. Death of Canadian girl in 2009](#) (Report is dated November 2019)

It took ten years for a judgment. The Family lost. GSK declined responsibility for her death.

And the Canadian government reimbursed GSK's legal expenses.

That lawsuit against GSK should be reopened. Canada's government bears the burden of responsibility.

ArepanrixTD (2009) vs PandemrixTM (2009)

GSK has casually acknowledged that the ArepanrixTD which was used in Canada is "similar" to the GSK's PandemrixTM applied in the UK and the EU, which led to brain damage in Children. It was subsequently withdrawn. But ArepandrixTD applied in Canada prevailed. An ArepandrixTD (2010) was subsequently released the following year (and compared to PandemrixTD (2009)

GSK acknowledges that PandemrixTD (2009) causes narcolepsy, which is categorized as "a chronic neurological disorder that affects the brain's ability to control sleep-wake cycles."

COVID-19 Vaccine is Déjà Vu. Lets not be taken in again.

There are important lessons to be learnt from the 2009 H1N1 Pandemic

The COVID-19 "pandemic" is far more serious and diabolical than the 2009 H1N1. The COV-19 pandemic has provided a pretext and a justification for destabilizing the economies of entire countries, impoverishing large sectors of the World population. Unprecedented in modern history.

And it is important that we act cohesively and in solidarity with those who are victims of this crisis.

People's lives are in a freefall and their purchasing power has been destroyed.

What kind of twisted social structure awaits us in the wake of the lockdown?

Can we trust the World Health Organization (WHO) and the powerful economic interest groups behind it. The answer is obvious.

Can we trust the main actors behind the multibillion dollar global vaccination project?

Can we trust the Western media which has led the fear campaign?

Disinformation sustains the lies and fabrications.

Can we trust our "corrupt" governments? Our national economy has been devastated.

In recent developments, the Covid vaccine is being implemented in number of countries.

Dr. Wolfgang Wodarg who revealed the fraud behind H1N1 is actively involved together with Dr. Michael Yeadon in the campaign against the Covid-19 vaccine.

\*\*\*

The above text is Chapter VII of Prof Michel Chossudovsky's E-Book entitled:

[The 2020 Worldwide Corona Crisis: Destroying Civil Society, Engineered Economic Depression, Global Coup d'État and the "Great Reset"](#) , (December 2020, revised January 2021)

click the above link to access [the complete E-book consisting of a Preface, Highlights and Nine Chapters](#).

\*

Note to readers: please click the share buttons above or below. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

The original source of this article is [Global Research](#)  
Copyright © [Prof Michel Chossudovsky](#), [Global Research](#), 2021

---

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: [Prof Michel Chossudovsky](#)

#### About the author:

Michel Chossudovsky is an award-winning author, Professor of Economics (emeritus) at the University of Ottawa, Founder and Director of the Centre for Research on Globalization (CRG), Montreal, Editor of Global Research. He has taught as visiting professor in Western Europe, Southeast Asia, the Pacific and Latin America. He has served as economic adviser to governments of developing countries and has acted as a consultant for several international organizations. He is the author of 13 books. He is a contributor to the Encyclopaedia Britannica. His writings have been published in more than twenty languages. In 2014, he was awarded the Gold Medal for Merit of the Republic of Serbia for his writings on NATO's war of aggression against Yugoslavia. He can be reached at [crgeditor@yahoo.com](mailto:crgeditor@yahoo.com)

**Disclaimer:** The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: [publications@globalresearch.ca](mailto:publications@globalresearch.ca)  
[www.globalresearch.ca](http://www.globalresearch.ca) contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance

a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: [publications@globalresearch.ca](mailto:publications@globalresearch.ca)