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“Globalized Wellness”: The Big Pharma COVID Vaccine Marathon

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As far as pharmaceutical giants pining to roll out the world’s first COVID-19 vaccine is concerned, the race is very much on. The SARS-CoV-2 continues to be lauded as the most time-sensitive crisis of our modern era, and CEOs of various drug companies are not hiding the fact that they are putting safety to the back-burner of their production schedule. If anything, they even appear to be praising such a risky practice, and ultimately seem to be gleaning some notable rewards for doing so.

Johnson & Johnson’s chief scientist Paul Stoffels has revealed that the company will be spending $500 million to research and develop a vaccine (which, incidentally, is part of a $1 billion partnership with the US government). Stoffels announced that his company aims to begin production within the next few weeks “before the vaccine has gone through clinical trials or been approved by the FDA.” The reasoning behind this rush for manufacturing, as Stoffels explains, is to ensure that there are sizeable quantities ready for consumption – assuming they ultimately get approved. While admitting that this is a generally unorthodox approach to vaccine development, Stoffels justifies this unprecedented reverse-order for the reason that “the crisis is so big that we have to organize ourselves differently and get going…(Forbes, March 30).”

Stoffels also denies any profit-based ambitions in this blatant push for vaccine development. He claims that J&J are developing a vaccine that is essentially not for profit so that it is “more affordable and available on a global scale as quickly as possible.” He further stresses that this is “not about competition,” and that there essentially has to be “more trains on the rails to success here than just one vaccine.”

While Johnson and Johnson’s seemingly altruistic stance has been clearly articulated in relation to its commitment to battling the coronavirus, it should nevertheless be pointed out that the company’s stock value rose by 7.5% immediately after the announcement was made (Forbes, March 30).

Indeed, some analysts have warned that the US stock market might be experiencing a premature (and ultimately superficial) recovery due to the infusion of optimism over the news of a vaccine product becoming available in the near future. This optimism has been hyped even further by an announcement made by Matt Hancock (Secretary of State for Health and Social Care in the UK) that the University of Oxford’s Jenner Institute may in fact have a drug ready for distribution as early as September. Human trials evidently already began in late April (The Telegraph, May 13).

Geoffrey Porges, Director of Therapeutics Research and a Senior Research Analyst at SVB Leerink (a specialized investment bank focusing on the healthcare sector), has warned that

these types of announcements carry the risk of creating predetermined expectations among the public, to the point where "having a vaccine and having one in this timeframe seem a foregone conclusion." Porges adds that "such a conclusion then distorts policymakers,' investors' and developers' decisions and expectations."

The implication is that these types of expectations have led to the dramatic surging of drug companies' stocks, and that the very act of drug-prophesying itself appears to be enough to conjure up share value. Meanwhile, ambitions to push a vaccine development as quickly as possible "comes at the risk of safety or efficacy liabilities down the road," according to Porges. He also points out the concern that "epidemiologists as well as economists appear to be planning for a vaccine coming down the pipeline in as little as six months, (while a more broadly) used vaccine is likely to take two to three years in (Porges') 'most optimistic' estimation."

Coincidentally, Porges' advisory came just after a 20% spike in the S&P 500 Index after some notable March lows (Bloomberg, Apr. 22).

At the time of this writing there are currently more than 70 vaccines in development, with companies like Moderna and Johnson & Johnson being earmarked for faster development. Additionally, experimental vaccines developed by Pfizer have already been rolled out in the US.

But there is far from unilateral agreement among the scientific community when it comes to the ethics of such speed-brewing in the vaccine industry. Writing in a recent edition of *Nature*, Dr. Shibo Jiang (professor of virology in New York and Shanghai, and also one of the original developers of the SARS vaccine) wrote that:

> "…in the United States, the biotechnology company Moderna in Norwood, Massachusetts, has shipped an experimental vaccine based on messenger RNA to the US National Institute of Allergy and Infectious Diseases (NIAID) in Bethesda, Maryland, for testing in a clinical trial. The mRNA-based platform for delivering vaccines has been shown to be safe in humans, but this COVID-19 vaccine has not. The NIAID argues that the risk of delaying the advancement of vaccines is much higher than the risk of causing illness in healthy volunteers, but I worry that vaccine developers will rush in too hastily if standards are lowered"(Nature, March 16/20).

Despite serious concern as this coming from a veteran virologist such as Jiang back in March (which, in our current COVID culture, might as well be a hundred years ago), it does appear that the die has now been cast in terms of pharmaceutical companies' expectations about when a vaccine could appear on the market – never mind asking the question of whether it even should appear in the first place. The expectation is official and companies want to deliver it *yesterday*.

Pfizer CEO Albert Bourla announced that "the short, less than four-month time frame in which we've been able to move from preclinical studies to human testing is extraordinary." Bloomberg reports that, across the board, "drugmakers have been working with regulators to *compress development times* to stop the spread of the virus…"

Incidentally, Pfizer's shares were seen to rise by 2.2% shortly after releasing their news about potential early vaccination options.

Bloomberg warns, however, that "given what has happened with the development of other vaccines in the past, there is a risk that the new inoculation could actually make patients more susceptible to severe illness." As for specific time-frame, Pfizer has projected the fall of 2020 as an intended target period for emergency use of their vaccine. Currently, the company is working on four different potential products – each of which are based on a "new type of RNA technology."

Specifically, upon injection into the body, the RNA (ribonucleic acid) inserts itself into human cells, which results in the formation of viral proteins that ultimately trigger the development of protective antibodies.

The only problem with this technology is that it has not actually been approved yet.

NYU Langone Vaccine Center director Mark Mulligan has pointed out that this type of vaccine technology that Pfizer is using is actually more of a "mimic of what happens with a natural immune response to an invader," and that there are some definite advantages to such a vaccine product "in terms of the speed with which they can be produced and this idea that this is a natural type of vaccination" (Bloomberg, May 5).

Alternatively, the Saturday Evening Post recently revealed a major push towards a vaccine that is built specifically upon synthetic biology – the advantage being that such a product can be rolled out in mass quantities much sooner. "To create new vaccines, researchers are using computers to design nanoparticles that self-assemble from protein building-blocks, LEGO-like, and attach viral molecules that trigger a strong immune response" (Saturday Evening Post, June 2020, Vol. 292).

An additional (so-called) benefit of this alternative brand of vaccine technology is that, once developed, it will not require refrigeration. Naturally, this has considerable implications for wide-spread use in third world countries. Unsurprisingly, funding for this emerging variation of vaccine technology is coming from the NIH as well as the Bill and Melinda Gates Foundation.

It goes without saying that pharmaceutical companies have become so infused into our globalized wellness infrastructure to the point that we don't even see them anymore. They have become pervasively entrenched into the background of our social fabric, and are considered as mundanely-important and essential as the plumbing in our houses and our cities. This widespread habituation has ultimately numbed our sense of collective concern to the point where we aren't as alarmed by how their products are conceived, nor by who is ultimately funding their research and development. Their deeper, inner-workings are not a part of our personal lives, so why should we care?

When paired with the official COVID-19 narrative itself and the insidious scare-tactics that are being paraded by ill-informed public servants and the mainstream media, it is safe to say that we have officially entered into an age of radicalized and globalized med-seeking. The intended consumers are those who don't question the risks, the side-effects, or the injuries that are possible under such sped-up industrialized conditions; it is for those who simply want the promise of a cure for something which they blindly perceive to be a biological monstrosity.

The frightening thing about it is that so many citizens are just going along with it, no questions asked. And if you do ask questions about it, then be prepared to be instantly

dismissed as having no valid perspective, and your perspectives chalked up to the ramblings of a 'tinfoil hat-wearing' conspiracy theorist.

But my overall urge is to consider that this unusual and fascinating event in our history can actually serve as a very poignant stimulant in turning our attention back to the critical issue of freedom.

After all, this really is the most important things that we can share as a global society. Without it, I would argue that we ultimately don't even have a society.

With this in mind, we can actually look to the blatantly-admitted foregoing of safety policies that are being employed by our drug providers, and do our fellow neighbours a true public service by simply not being okay with such irresponsible standards.

Furthermore, our collective resistance to such sociopathic medicating should ultimately serve as the *new*standard – in contrast with what we are endlessly being offered as the "new normal." Otherwise, by silently and willingly accepting the desperate, profit-driven standards behind such ramped-up vaccine developments in the world today, we are telling the developers and funders behind such things that our bodies (along with our intellectual integrity for that matter) are essentially for sale.

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