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Review Article

The pharmaceutical industry is dangerous to health. Further proof with COVID-19

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Editor's Note:

SNI is devoted to publishing the truth. SNI has no characteristics by which it judges papers except by fact-supported information. The COVID-19 pandemic is one that is marked by conflicting and confusing information for the public. The only solution to this problem scientifically is to hear all sides of the issue, so that a reasonable decision can be made. Instead, we find and learn that practice was not and is not being done. Is the virus a lethal as is described with high death rates? Should everyone be vaccinated and receive booster including small children and babies? Should people wear masks and socially isolate? Are the vaccines safe to use or do they have complications, notable of which are their respiratory, blood clotting, and neurological effects? Why is the public not being told about them? Are their deeper self-serving interests among the pharmaceutical companies, the Media, and governments to limit what the public knows? What is the truth? Fabien Deruelle, a French scientist, who is an independent thinker, saw some disturbing factors involved in the COVID -19 reporting. After spending 8 months researching and writing on his own to learn that the controversies surrounding COVID-19, he concluded that there was a huge amount of misinformation being told and spread, intentionally. The science was being corrupted by bureaucratic, governmental, pharmaceutical company, Media, and political forces so that the truth was not being told. The following is his review of the literature on the COVID-19 controversies. Hence, this independent scientist has discovered known facts which have been suppressed and are emerging in SNI pages and now, elsewhere around the world. His independent observations are what makes his report special. If you want to see my interview with him about his experience with the COVID-19 controversy, click here: https://vimeo.com/755630905. You decide.

James I. Ausman, MD, PhD
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ABSTRACT

Background: The COVID-19 period highlights a huge problem that has been developing for decades, the control of science by industry. In the 1950s, the tobacco industry set the example, which the pharmaceutical industry followed. Since then, the latter has been regularly condemned for illegal marketing, misrepresentation of experimental results, dissimulation of information about the dangers of drugs, and considered as criminal. Therefore, this study was conducted to show that knowledge is powerfully manipulated by harmful corporations, whose goals are: 1/financial; 2/to suppress our ability to make choices to acquire global control of public health.

Methods: Pharmaceutical industry techniques for manipulating science and COVID-19 reporting were reviewed. Several sources of official documents were used: PubMed; National Institutes of Health resources; pharmaceutical

companies; policy documents; national newspapers and news agencies; and books by prominent professionals (scientific and legal). A few studies have not been published in peer-reviewed journals; however, they have been conducted by reputable scientists in their respective fields.

Results: Since the beginning of COVID-19, we can list the following methods of information manipulation which have been used: falsified clinical trials and inaccessible data; fake or conflict-of-interest studies; concealment of vaccines' short-term side effects and total lack of knowledge of the long-term effects of COVID-19 vaccination; doubtful composition of vaccines; inadequate testing methods; governments and international organizations under conflicts of interest; bribed physicians; the denigration of renowned scientists; the banning of all alternative effective treatments; unscientific and liberticidal social methods; government use of behavior modification and social engineering techniques to impose confinements, masks, and vaccine acceptance; scientific censorship by the media.

Conclusion: By supporting and selecting only the one side of science information while suppressing alternative viewpoints, and with obvious conflicts of interest revealed by this study, governments and the media constantly disinform the public. Consequently, the unscientifically validated vaccination laws, originating from industry-controlled medical science, led to the adoption of social measures for the supposed protection of the public but which became serious threats to the health and freedoms of the population.

Keywords: Behavior modification, Conflicts of interest, COVID-19, Scientific censorship, Side effects, Vaccination

INTRODUCTION

The historian of science R. Proctor introduced a term that represents the study of ignorance, also encompassing the cultural production of ignorance: agnotology. According to Proctor: "We believe that we live in an increasingly informed world, but it is also a world in which ignorance, even unprecedented ignorance, is gaining ground. There is a sociology of ignorance, a politics of ignorance; it has a history, a geography, and above all, powerful origins and allies. The manufacture of ignorance has played an important role in the success of many industries; because ignorance is the *enables others to have* power *over the people*."[74]

In the early 1950s, to avoid financial collapse due to scientific evidence showing a link between tobacco and lung cancer, the tobacco industry decided to control the science by creating a major scientific controversy. The tobacco industry developed the strategy of scientific uncertainty. The link between industry and science was the foundation of the public relations architecture. It was crucial for the industry to influence the media, public opinion, politics, regulation, and the law. The creation of scientific doubt allowed companies to attribute the risks imposed by their product to individuals rather than the companies themselves. Later, other industries, such as the pharmaceutical industries, would follow the tobacco industry's roadmap.[20]

In 2005, a House of Commons report in the United Kingdom detailed the control and consequences of the pharmaceutical lobby: "people have been taking ineffective and harmful medicines for centuries… The industry is hugely influential, affecting every aspect of the medical world, including prescribers, patients, academics, the media, and even the institutions designed to regulate it. Its influence in Parliament is extensive… Approximately 90% of clinical drug trials and 70% of trials reported in major medical journals are conducted or commissioned by the pharmaceutical industry."[86]

The following paper will document in detail how the author reached these conclusions. "As the pharmaceutical industry does most of the research, inevitably the industry not only has a major effect on what gets researched, but also how it is researched and how results are interpreted and reported."[86] Conflicts of interest, financial, political, and legal corruption are commonplace in the pharmaceutical industry.[1,4,77,94] This lobby is regularly responsible for health scandals, to the point that there is even an epidemic of harmful drug side effects, largely hidden.[106] These companies could not act without the media intermediary, responsible for spreading and the proselytizing of a polluted science. The COVID-19 period has shown a very high level of scientific censorship, causing many people difficulties to access relevant health information.[33] Moreover, the pharmaceutical industries are known for their propaganda in favor of the disease. Pharmaceutical industries are known to provide inaccurate and misleading promotional information about their medicines, but also inaccurate information on diseases and disease risks, which can lead to unnecessary medication and induce side effects caused by these medicines.[105]

As shocking as this information may seem, similar to tactics used by criminal organizations, the pharmaceutical industry pays for its influence (bribes) of doctors, academics, journals, professional and patient organizations, university departments, journalists, regulators, and politicians by distributing money or rewards to them in exchange for their approval the company position. The progressive corruption of science by the pharmaceutical industries has become so great that it threatens the health of millions of people every year and results in the deaths of thousands. The pharmaceutical industries are, therefore, guilty of organized crime, which should be recognized as a crime against humanity.[77,145] In the final analysis, the fundamental objective of pharmaceutical companies is not to protect the health of the population, but, first, to ensure a return on investment for their shareholders.[17] "These shareholders cannot be held personally responsible for the wrongs or torts

of the corporation. Only the corporation itself is liable, that is, a "legal person" without any concrete existence."[17]

The purpose of this article is to:

1. Expose the basic techniques used by the pharmaceutical industry to manipulate science
2. Specifically on during the COVID-19 period:
    - Describe the main pharmaceutical companies involved during COVID-19
    - Analyze physiological data from vaccination and social measures to determine if known health guidelines are justified
    - Study the conflicts of interest and relationships of the pharmaceutical industry with governments, international organizations, and media.

THE MAIN TECHNIQUES FOR THE CONTROL OF SCIENCE BY THE PHARMACEUTICAL COMPANIES

Editors of medical science journals know the situation

In 2004, Richard Horton, editor of the *Lancet*, said that medical journals had become information laundering operations for the pharmaceutical industry.[146] In 2004, the editors of *PLoS Medicine* stated that they will not be "part of the cycle of dependency…between journals and the pharmaceutical industry." In 2005, Marcia Angell, former editor of the New *England Journal of Medicine* (*NEJM*), criticized the industry for becoming primarily a marketing machine and coopting any institution that might stand in its way. In 2005, according to Richard Smith, former editor of the *British Medical Journal* (*BMJ*), medical journals are an extension of the marketing arm of pharmaceutical companies.[146] According to Richard Horton, much of the scientific literature, perhaps half, is simply wrong.[84]

The biggest conflicts of interest for journals arise from "reprints" which are bought in large numbers by pharmaceutical companies and then given to their representatives to sell their drugs.[144] In 2019, Peter C. Gotzsche establishes that the preferred journals of the pharmaceutical industry are the *NEJM* and the *Lancet*. Pharmaceutical companies can threaten to withdraw an article if the peer review is too tough (chap 6).[77] Moreover, some journals are financially supported by pharmaceutical companies through the companies that publish the journals (chap 6).[77]

Scientific publications

Until the 1980s, clinical trials for pharmaceutical industries were conducted in medical schools and university hospitals. However, this was too time-consuming and did not allow the companies to have total control over the progress and especially the results of the studies.[4] Thus, contract research organizations (CROs) were created, as commercial companies that manage the clinical studies of pharmaceutical companies. CROs set up networks of physicians who work under their supervision and are paid to administer the drugs studied to patients and then collect their effects.[4]

Roughly, 70–75% of the industry's expenditures on clinical trials go to CROs.[143] Most clinical trials sponsored by pharmaceutical companies are designed, organized, audited, analyzed, and written by the companies and their subcontractors. Then, the published articles are largely creations of the companies through ghostwriters.[143] Pharmaceutical companies generously fund ghost authors to prepare the manuscript, which is then forwarded to a recognized scientist in the field, who may or may not be allowed to make changes, and then sent to a reputable journal for publication. Ghostwriting is not only present in pharmaceutical articles, but also in academia.[164] This shadow management can lead to various frauds such as: highlighting only the positive aspects of the drug; omission of adverse events; overrepresentation in medical journals of results in favor of industry while negative results are underrepresented; or greater citation of industry trials compared to nonindustry.[143]

Legg *et al*.[104] have developed a typology and a model explaining the strategies that companies use to influence science. Among the industrial sectors listed in this study, one obviously finds the pharmaceutical and medical technology industries. These industries influence science in a number of ways: manipulation of scientific methods; reworking the criteria for establishing scientific "evidence;" threats to scientists; and covert promotion of policy reforms that increase confidence in industry evidence. Companies reshape and distort entire evidence bases for their own benefit. Hence, when, for example, researchers, policy makers, and practitioners seek answers to their problems in the literature, they may, often unknowingly, find evidence bases flooded with research tailored to industry's benefit. Here are some examples of detailed scientific manipulation strategies identified by Legg *et al*.:[104]

- "Fund or create journals to have influence over what is published
- Suppress publication of unfavorable science
- Attack individual scientists and whole cohorts of researchers
- Remove individual scientists from positions of power
- Silence plaintiffs using secret payments
- Recruit, fund, and train individuals to be trusted scientific voices for industry
- Fund, produce, and disseminate textbooks and other educational or academic materials
- Fund media outlets to influence what is disseminated
- Coopt journalists through media training and conference funding

- Ensure and normalize industry's presence in academic settings in attempts to gain trust and scientific credibility within academia."

Industries permeate and mold scientific, academic, and policy systems to ensure that these systems work in their interests.[104] In addition, for years, the pharmaceutical industry has been buying physicians to become key opinion leaders (KOLs) to promote their products.[105,145] They are considered the "hired guns" of the industry.[145] In France, 99% of professional medical associations that published clinical practice guidelines in 2018 or 2019 had at least one KOL in their board with a financial tie to the industry.[34]

COVID-19

A brief history of the main pharmaceutical companies involved

The scientific scheme sent to the public has remained the same for months. The vaccines, mostly produced by Pfizer-BioNTech, Moderna, Johnson and Johnson, and AstraZeneca, represent the pharmaceutical industries' response to COVID treatment, directed and funded by the government,[37] as an alternative to isolation and the wearing of masks.

It is necessary to recall that the main pharmaceutical companies related to COVID-19: Pfizer-BioNTech, Moderna, AstraZeneca, Johnson and Johnson, and Merck, all have a heavy history of fines – except Moderna, since it is a very recent company – concerning illegal marketing (recommendations of drugs for off-label use), misrepresentation of experimental results, concealment of information about the dangers of drugs. Thus, in 2007, Merck paid $670 million, in 2009, Pfizer paid $2.3 billion, in 2010, AstraZeneca paid $520 million, and in 2012, Johnson and Johnson paid a fine of $1.1 billion (chap 3).[77] Since 1995, Pfizer has been assessed more than $6.5 billion in penalties for 42 instances of misconduct; 36 instances of misconduct since 1995, resulting in over $11.5 billion in penalties for Johnson and Johnson; 35 instances of misconduct since 1995 and $8.8 billion in penalties for Merck.[129]

Pfizer is singled out as having persistent criminal behavior and casual disregard for the health and well-being of patients.[62] Pfizer is no different from other pharmaceutical companies, but it is larger and more egregious. Pfizer is a habitual offender, persistently engaging in illegal business practices, bribing physicians, and suppressing unfavorable trial results. In general, corporations prefer not to go to trial; instead, they negotiate a settlement that will allow them to continue to deny wrongdoing while paying to make the charges go away.[62]

Pfizer's global revenue doubled in 2021 to $81.3 billion, which is greater than the GDP of many countries. Pfizer expects to achieve revenues of $98 billion to $102 billion in 2022.[99] It is also necessary to know that for the COVID period, nine pharmaceutical companies partnered: AstraZeneca, BioNTech, GlaxoSmithKline, Johnson and Johnson, Merck, Moderna, Novavax, Pfizer, and Sanofi.[127]

Conflicts of interest, treatments, military collaboration, and scientific misconduct

Despite the beneficial effects of hydroxychloroquine (HCQ) in the treatment of COVID-19,[51,115] the French government banned its use on the basis of a fraudulent study published, then retracted a few days later, by the Lancet.[113] As for the RECOVERY trial, which did not show any positive effect of HCQ, the dose used was not only inappropriate, but may have been a disease-aggravating factor, negating the therapeutic effect.[103] An intentionally high dose of HCQ was used in the RECOVERY and SOLIDARITY trials in an attempt to make the drug appear toxic (p. 78).[95] In addition, a study found that during the COVID-19 period, there was a correlation between the financial amounts received from Gilead Sciences (remdesivir) by academic infectious diseases physicians and their public opposition to the use of HCQ.[135] The conflicts of interest that caused the disapproval of HCQ and allowed the authorization of remdesivir, concern physicians, medical event organizers, publishers, and therapeutic trials.[135,114] In France, Gilead Sciences is estimated to have spent $65 million over the past 7 years to establish its influence with practitioners and institutions.[119] Despite the fact that remdesivir has no statistically significant clinical benefits,[157] and that it is highly toxic to the kidneys and lungs (p. 125–134),[95] a 1 billion euro contract was signed between the Gilead laboratory and the European Union. Just before this contract was signed, the World Health Organization (WHO) advised against the use of remdesivir because of its ineffectiveness, high renal toxicity, and high cost.[79,12]

There are other natural or medicinal substances (e.g., Vitamin D and ivermectin) that can prevent or cure COVID-19 (SARS-CoV-2).[18,39,100] A herbal preparation of *Echinacea purpurea* (Echinaforce®) shows, *in vitro*, virucidal activity against four human coronaviruses, including SARS-CoV-2.[142] *In vivo*, the results of recent work seem promising but this herbal medicine needs further clinical studies to evaluate the hypothesis of its effectiveness against SARS-CoV-2.[122] However, since the beginning of the COVID-19 period, every time a treatment that improved patient health was discovered, it was immediately discredited.[15] Moreover, since March 11, 2020, virtually, no governmental public statements have been made regarding immune system improvement, while according to Kostoff *et al*., the only real protection during a viral outbreak is a healthy immune system.[102]

During COVID-19, the pharmaceutical industry has been collaborating with the military sector through the

defense advanced research project agency (DARPA), a department responsible for research and development of new technologies for military use: Moderna for SARS-CoV-2 mRNA vaccine, Eli Lilly and Company, AstraZeneca for antibody treatments, and Johnson and Johnson through a partnership with the biomedical advanced research and development authority (BARDA), known as Blue Knight (a collaboration that aims to accelerate potential therapies and vaccines to protect communities against pandemics and the growing emergence of other potential global health security threats).[41,42] Moderna is also associated with BARDA, an office of the U.S. Department of Health and Human Services, which, along with the food and drug administration (FDA), has requested the cancellation of the use of HCQ as a means of treatment for COVID-19.[66] This cancellation of HCQ use, benefiting the pharmaceutical companies, is related to the fact that COVID-19 vaccines have received an Emergency Use Authorization (EUA), which, then, can only be issued in the "absence of adequate alternatives."[64] Due to the EUA, the Moderna and Pfizer trials are in Phase 3 until December 2022 and February 2023, respectively.[117,128] Thus, these vaccines are still in the testing phase. Therefore, to allow the COVID-19 vaccines, as well as remdesivir, to benefit from an EUA, the efficacy of HCQ and ivermectin was sabotaged (p. 70,125).[95]

In November 2021, an article explained that Ventavia Research Group, Pfizer's company responsible for evaluating the efficacy of its vaccine in clinical trials, falsified data, unblinded patients, employed inadequately trained vaccinators, and was slow to follow-up on adverse events reported in Pfizer's pivotal Phase III trial. The FDA granted marketing approval for the Pfizer vaccine with full knowledge of these reported problems.[149]

COVID-19 vaccination

Inconsistencies

In France, according to the government, the primary objectives of the COVID-19 vaccination program are to reduce morbidity and mortality attributable to the disease (hospitalizations, intensive care admissions, and deaths).[70] However, none of the vaccine trials (Pfizer-BioNTech, Moderna, Janssen, and AstraZeneca) were designed to detect a significant reduction in hospital admissions, admission to intensive care, death, or if they can interrupt transmission of the virus.[46,47] In addition, the vaccines were tested in a relatively young and healthy population in contrast to the target group of very vulnerable elderly with comorbidities.[101] Children, immunocompromised individuals, pregnant, and lactating women were excluded from most trials;[46,47] however, from the start of vaccination in France, immunocompromised people were on the priority list, with pregnant women following a few weeks later.[69] While the authorization of vaccination of children aged 5–<11 years with the Pfizer vaccine was voted in Europe on November 25, 2021,[52] on October 26, 2021, Pfizer published a report stating that: "the number of participants in the current clinical development program is too small to detect any potential risks of myocarditis associated with vaccination. Long-term safety of COVID-19 vaccine in participants 5–<12 years of age will be studied in five post-authorization safety studies, including a 5-year follow-up study to evaluate long term sequelae of post-vaccination myocarditis/pericarditis" (p 11).[67] It should be noted that children under 15 years of age are generally asymptomatic during primary infection and are very little affected by the severe forms of COVID. They would benefit from a better antiviral innate immunity of the nasopharyngeal mucosa during primary infection, mainly due to a greater production of Lambda 1 interferons (IFN) compared to adults.[73]

A Pfizer-BioNTech study showed that a third injection of Pfizer-BioNTech vaccine in people aged 16 years or older was safe and effective.[118] However, this study was funded by BioNTech and Pfizer. In addition, "Pfizer was responsible for the design and conduct of the trial; for the collection, analysis, and interpretation of the data; and for the writing of the manuscript." BioNTech also contributed to interpretation of the data and the writing of the manuscript. In addition, Pfizer and BioNTech manufactured the placebo used in the trial. Therefore, according to the previous explanations about scientific publications conducted by the pharmaceutical industry, it is inconceivable that this study was taken into account in the development of health guidelines.

It should be noted that the centers for disease control and prevention (CDC) has changed the definition of the word "vaccine". The old version was "a product that stimulates a person's immune system to produce immunity to a specific disease," and the new one is "a preparation that is used to stimulate the body's immune response against diseases."[27] The reasons for this were multiple, but it can be hypothesized that one of them was to protect manufacturers from being sued for making a product that did not fit the definition of a "vaccine."

Unknown risks

Although 12–15 years are needed to validate the safety of a vaccine, only few months were used as being sufficient to ensure the safety of the COVID-19 vaccines.[102] Thus, for all types of populations, the potential mid- and long-term adverse effects of COVID-19 vaccines are completely unknown.[102] For example, a Pfizer document from December 2021 shows that the Pfizer-BioNTech vaccine has not been evaluated for the potential to cause carcinogenicity, genotoxicity, or impairment of male fertility (p. 20).[65] A study showed that after complete vaccination (two doses) of Pfizer

vaccine (BNT162b2), male fertility was temporarily impaired. Three months after vaccination, sperm concentration and total motile count were significantly decreased by 15.4% and 22.1%, respectively, compared to prevaccination levels. Over 145 days after the end of vaccination, the values of these same parameters had also decreased by 15.9% and 19.4%, respectively, compared to prevaccination levels, but without reaching statistical significance.[71]

As regards long-term side effects, a parallel could be drawn with vaccines in general. The two main categories of diseases reported in the biomedical literature triggered by vaccinations are autoimmune: systemic lupus erythematosus, multiple sclerosis, hepatitis, Guillain-Barre syndrome (GBS), etc.; and neurological: central demyelinating diseases, developmental disability, encephalomyelitis, etc.[102] These consequences are especially worrying with the current repetition of vaccine doses. Indeed, the literature shows that overstimulation of the immune system by repeated immunization with an antigen will inevitably lead to a systemic autoimmune response.[153] Following mRNA vaccination, vaccine spike antigen and mRNA persist up to 8 weeks in lymph node germinal centers, and spike protein production is higher than in severely ill patients with COVID-19.[134] Because vaccination produces much higher levels of anti-spike protein antibodies than natural infection,[121] once again, autoimmune pathologies are likely to occur after repeated injections.

In addition, when an individual is vaccinated with a vaccine against SARS-CoV-2, there is a high risk of triggering a more severe disease than if they were not vaccinated because of the antibody-dependent enhancement (ADE) mechanism, that is, when the entry and replication of the virus in a number of cell types are promoted by antibodies.[29,102] Therefore, as the number of positive cases (Delta or Omicron variants) rises strongly despite an increasing vaccination rate,[19,21,30,56] but also that the mortality rate from Delta variant infection appears to be 8 times higher in cases that had received two doses of vaccine than in unvaccinated cases,[81] the ADE hypothesis could be correct.[81] Furthermore, in an interview by L. Mucchielli (senior research fellow in Sociology at the National Center for Scientific Research, and professor at Aix-Marseille University, France), C. Vélot (senior lecturer in Molecular Genetics at the University of Paris-Saclay) explains that mass vaccination in the midst of an epidemic, whether with mRNA or adenovirus vector vaccines, may increase the occurrence of new variants due to recombination between the vaccine genetic material and the genome of an infecting virus (pp 330-338).[120]

Spike protein

The four main vaccines against SARS-CoV-2 (mRNA and adenovirus vector) are aimed at producing the spike protein against which the body will make neutralizing antibodies. However, the spike protein alone (without being part of the coronavirus) is highly toxic and can damage the liver, kidney, ovaries, endothelial cells, and alter and cross the blood-brain barrier.[150,155] In addition, European Medicines Agency (EMA) reports indicate that mRNA can be found in many organs such as spleen, heart, kidney, lung and brain, ovaries, and testis with Pfizer's vaccine (p. 54),[54] and in spleen, brain, heart, lung, eyes, and testis with Moderna's vaccine (p. 47,52).[53] A very important study showed, *in vitro*, that the Pfizer vaccine mRNA is reverse transcribed in cells into DNA, using an endogenous reverse transcriptase (LINE-1), in only 6 h after exposure to the vaccine.[3] If these results are confirmed, it means that the Pfizer vaccine could permanently alter genes. Then, people who received the Pfizer vaccine could produce the spike protein all their lives and transmit it to their future generations.

Side effects

The work of Seneff *et al*. showed the important distinction between the impact of mRNA SARS-CoV-2 vaccines and the impact of natural SARS-CoV-2 infection on Type I IFN. Anti-COVID-19 mRNA vaccines induce a profound impairment in Type I IFN signaling, whereas natural infection promotes Type I IFN production very early in the disease cycle.[139] Type 1 IFNs play an important role in the immune response and in protective immunity against COVID-19 illness.[139] In addition, Type I IFN signaling suppresses proliferation of both viruses and cancer cells by arresting the cell cycle.[139] Thus, Seneff *et al*. demonstrated that the powerful alteration of Type I IFNs (specifically suppression of IFN-α), due to mRNA SARS-CoV-2 vaccines, can lead to reactivation of latent viral infections and reduction of the ability to effectively combat future infections.[139]

After COVID-19 vaccination, mild-to-severe skin reactions and severe neuropsychiatric effects have been observed.[50,165] A growing number of studies report neurological side effects following SARS-CoV-2 vaccination. The most frequent neurological side effects are headache, GBS, venous sinus thrombosis, and transverse myelitis. An antibody cross-reaction may be the most likely causal link between GBS and immunization to SARS-CoV-2.[68] Moreover, in April 2022, the French National Agency for the Safety of Medicines and Health Products (ANSM) has alerted to an increase in neuropathy named Parsonage-Turner syndrome after a COVID-19 vaccination with Pfizer.[5] COVID-19 vaccination could also be responsible for inflammation and blood vessel damage.[25] According to Grundy,[78] the mRNA COVID vaccines dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination. Pfizer's December 2021 post marketing data demonstrate an increased risk of myocarditis and pericarditis in men under

40 years of age and that the potential long-term sequelae are not yet known (p. 7).[65]

On the European database of suspected adverse drug reaction reports, put online by the EMA, the adverse events at the European level for the four vaccines, as of July 9, 2022, are 65,669 for the Janssen vaccine; 506,221 with AstaZeneca; 312,013 with Moderna; and 1,043,308 with Pfizer-BioNTech,[57] as of September 10, 2022, are 69,075 for the Janssen vaccine; 523,696 with AstaZeneca; 337,429 with Moderna; and 1,118,906 with Pfizer-BioNTech.[57] However, these effects could be largely underestimated, as evidenced by the vaccine adverse event reporting system database, which suffers from significant underreporting of adverse events. Indeed, for traditional vaccines (other than COVID-19), <1% of vaccine adverse events are reported.[102] Similarly, only 6% (median) of adverse drug reactions are reported, so it can be assumed that the harmful impacts of vaccines are significantly higher than the official data.[93] In France, 152,302 cases of adverse events have been reported since the beginning of vaccination, including 4432 cases of menstrual disorders. The lawyer of a women's collective, which denounces the adverse effects of anti-COVID vaccines on menstruation, explains that in most cases, the attending physician or specialist considers that the adverse effect is not due to the vaccination and refuses to make a declaration to the pharmacovigilance, which underestimates the reality of the data.[156]

Immunity

In healthcare workers vaccinated with AstraZeneca, infections caused by the Delta variant are associated with high viral loads, prolonged RT-PCR (reverse-transcription polymerase chain reaction) test positivity (but without specifying whether this was related to persistence of the virus or its fragments), and low levels of vaccine-induced neutralizing antibodies. Thus, ongoing transmission has occurred between fully vaccinated individuals.[31] Consequently, the virus persists and does not appear to have been killed by the immune response. Only some of its clinical effects are moderated. In addition, according to the work of Seneff *et al.*, the vaccines do not prevent transmission of the disease and even the effect of vaccines on symptom severity is beginning to be in doubt.[139]

The immunity derived from the Pfizer-BioNTech vaccine may not be as strong as the immunity acquired from the COVID-19 cure. The CDC reported a 0.01–9% and 0–15.1% increase (between January and May 2021) in hospitalization and death rates, respectively, among fully vaccinated individuals.[148] It seems highly likely that natural immunity can provide protection (between 90 and 97%) against known variants of concern.[2,32] This appears to be in agreement with the guidelines of the Icelandic infectious disease authorities in February 2022, who ended all restrictions on COVID-19 and advised the population to infect themselves with the virus as much as possible, because, "widespread societal resistance to COVID-19 is the main route out of the epidemic."[133]

Unlisted components

The laboratories do not seem to have listed all their components. Several groups of scientific researchers around the world (Spain, New Zealand, Argentina, and Chile) have found graphene oxide nanoparticles and geometric microstructures in COVID-19 vaccines.[125] In relation to these discoveries made by renowned scientists, the question was put to the European Parliament in January 2022 whether a thorough analysis would be requested from an independent laboratory to verify the presence of graphene in COVID-19 vaccines.[126] After examining the analyses of the COVID-19 vaccines concerned, the EMA points out that graphene oxide is not present in these vaccines. The EMA also states that graphene oxide is not used in the manufacture of other drugs.[6] However, the introduction of graphene oxide nanoparticles into COVID-19 vaccines and treatments is really underway. Indeed, the protective efficacy of a graphene oxide-adjuvanted dendritic cell vaccine against SARS-CoV-2 has been tested.[167] According to the authors, large-sized graphene oxide nanosheets increase the synaptic contact between dendritic cells and T cells, thus improving the efficacy of the dendritic cell vaccine against SARS-CoV-2.[167] Graphene oxide in the form of nanoparticles can also be used as an antiviral drug for therapeutic purposes.[137,154] Knowing the conflicts of interest within the EMA, a serious doubt remains. Graphene is known for its superconductivity,[82] therefore, if its presence is proven, it could increase, following repeated injections, the health damage related to electromagnetic fields which can produce neurological disorders.[44]

In September 2021, a press conference of an Austrian research group showed that undeclared metal-containing components, distinguished by an unusual shape, were found in the analysis of COVID-19 vaccine samples. Their results are consistent with the findings of Japanese and American scientists.[10] If the existence of metallic elements is confirmed, they could be, depending on their nature, neurotoxic, and trigger neurological diseases, as is the case with aluminum in traditional vaccines.[109,140,141]

The hypothetical presence of graphene and metal should alert the leading universities in this field to examine this issue, but to date, no peer-reviewed studies have been published on this topic.

Tests

To detect a virus using the RT-PCR test, a number of gene amplification cycles (Ct) is required. A study of 3790 positive cases shows that a positive RT-PCR test does not necessarily

mean contagiousness. With a cycle threshold (Ct) = 25, up to 70% of patients remain positive in culture, Ct = 30, this value drops to 20% and at Ct = 35, <3% of cultures are positive.[90] Thus, the high Ct values used in testing are primarily correlated with low viral loads, corresponding to very low contagiousness. In the United States, RT-PCR tests are performed with 37< Ct <40, and in France, they are performed with 40< Ct <45. In France, according to the COVID-19 scientific council: "High Ct values often reflect little or no virus (virus remnants) indicating that the person tested is not at risk".[138] In addition, a large Chinese study in Wuhan concluded that asymptomatic cases of COVID-19 do not infect anyone.[26]

It is reasonable to conclude that the contagiousness of an individual cannot be determined by the use of the PCR test with high Ct values. It is, therefore, very important to know the Ct value used by the laboratory during a PCR test. Furthermore, mass screening of asymptomatic individuals is unnecessary to reduce the spread of the disease.

Social measures

A Johns Hopkins University study found that lockdowns do not reduce COVID-19 mortality, but have resulted in enormous economic and social costs. According to the researchers, "lockdown policies are ill-founded and should be rejected as a pandemic policy instrument." In addition, the authors state that "studies looking at specific non-pharmaceutical interventions (lockdown vs. no lockdown, facemasks, closing non-essential businesses, border closures, school closures, and limiting gatherings) also find no broad-based evidence of noticeable effects on COVID-19 mortality" (p. 2,40).[83] Social isolation measures also led to more depression and suicidal ideation.[96,107] Moreover, the worsening of cardiovascular risks (increased smoking, medication use, and decreased physical activity), the rise in anxiety and depression, induced by the lockdowns, are still visible 1 year later.[14]

Concerning facemasks, studies have shown that outside of health-care settings, mask use offers little to no protection against SARS-CoV-2,[23,98,112] but that it can induce many physiological complications. Indeed, the prolonged wearing of a mask (cloth, surgical, FFP2 (N95)) inevitably leads to all the repercussions associated with hypoxia and hypercapnia. In addition, the clinical effects of its prolonged wear could be similar to an intensification of chronic stress reactions.[97] Instead of masks, hand hygiene is one of the most important ways to prevent acquiring and spreading respiratory infections.[45]

Behavior modification techniques and authoritarianism

Governments have made extensive use of behavior modification techniques (persuasion) during the COVID-19 period to gain acceptance of social measures (lockdowns, distancing, and masks) and vaccines.[36,111] The call to protect others affects intentions to vaccinate, but it also increases people's willingness to pressure others to do so. Behavioral messages that create feelings of ownership over the vaccine (e.g., "claim your dose;" "a COVID-19 vaccine has just been made available to you") increase vaccination rates. Whether it is on television, on public posters, on websites or by email, the messages are always built on the emotional burden.[40,92,136]

The authoritarianism of governments through the introduction of compulsory vaccination disguised as a vaccine passport, accompanied by the use of behavior modification techniques, should raise doubts about the scientific relevance of the social measures used as well as the reliability and efficacy of the injected substances. Indeed, a science composed of effective and safe results does not need to resort to authoritarian techniques and mental conditioning to be applied.

In total, 4.2 billion doses of COVID-19 vaccine have been ordered by the European Commission.[60] As the European Union population is 447 million and the European Commission is preparing for the next pandemic phase of COVID-19, this shows the intention of the future injections.[58] Therefore, more vaccine campaigns using the same kind of persuasion techniques are to be expected.

Instrumentalization of official agencies and governments by the pharmaceutical industry: similarities between h1n1 and COVID-19

In 2015, a report showed the excessive influence of the pharmaceutical sector in the European Commission in Brussels, to the detriment of public health and trade fairness.[147] "This sector firmly holds the reins of a vast and richly endowed lobbying machine that has almost systematic access to decision-makers in the commission." The pharmaceutical industry is also in close contact with the EMA, whose aim is to obtain the lifting of certain regulatory barriers to facilitate the launch of new drugs on the market. A minimum of 40 million euros (article dated 2015) are used to pay an army of 176 lobbyists linked to the drug industry. The report details the key role of the European Federation of Pharmaceutical Industries, claiming that various texts have been shaped according to its wishes, in the area of clinical trials or business secrets (with the threat of sanctions in case of disclosure). Multinationals in the pharmaceutical business are hoping to get "commercial confidentiality," which would allow them to deny patients, doctors, and researchers access to results and methodologies from drug testing.[147,108]

In 2021, "The European Parliament notes that the EMA is a fee-funded agency, with 85.70% of its 2019 revenue stemming from fees paid by the pharmaceutical industry, 14.29% stemming from the Union budget and 0.01% stemming from external assigned revenue."[61]

In 2009, the H1N1 episode should already have been enough to reveal that governments and the WHO are not autonomous. Work has shown that the 2009 H1N1 pandemic seems (based on case fatality rates [CFRs]) to have been the mildest influenza pandemic on record.[49] Following investigations by the *BMJ*, it appears that this event declared by the WHO is significantly tainted by conflicts of interest.[35,76] A report by the Parliamentary Assembly of the Council of Europe has heavily criticized the WHO, national governments, and EU agencies for their handling of the swine flu pandemic: distortion of priorities of public health services all over Europe, waste of huge sums of public money, provocation of unjustified fear among Europeans, and creation of health risks through vaccines and medications which might not have been sufficiently tested before being authorized in fast-track procedures.[35,124]

According to former head of health at the Council of Europe, W. Wodarg, the swine flu outbreak was a false pandemic driven by drug companies that influenced scientists and official agencies.[110]

In 2010, in France, the report of the Senate's commission of inquiry on "the role of pharmaceutical companies in the government's management of influenza A" shows several elements that suggest a manipulated pandemic. From 2003 to 2009, a pandemic was defined by the appearance of «several simultaneous epidemics throughout the world with a large number of deaths and illnesses» but a change was made between May 1 and 9, 2009, making the severity criterion disappear. This report also shows that the solutions to fight an influenza pandemic are very favorable to pharmaceutical laboratories and have already been put in place since 2004 (Geneva meeting under the aegis of the WHO): vaccinating is the best solution to limit mortality and morbidity, relaxing the rules relating to licensing rights, financing clinical trials and offering tax incentives, and transferring to the States the responsibility for the adverse effects or ineffectiveness of vaccines. Thus, in 2009, during the H1N1 vaccination in France, the responsibility for the side effects was attributed to the State and not to the suppliers. Some public health experts had been excluded from scientific and technical decisions, leading to unscientific recommendations and justifications, such as a wish to vaccinate the entire population. In this report, we read that more than 75% of the experts in health agencies declare conflicts of interest. The financial independence of the WHO was also questioned, as in 2009, 80% of its funds came from the private sector, including pharmaceutical sector and the Bill and Melinda Gates Foundation (which also has known links to the pharmaceutical industry).[116] Note that in 2021, the Bill and Melinda Gates Foundation was the second largest contributor to the WHO.[163]

COVID-19 vaccine manufacturers are relieved of any responsibility for adverse effects of their vaccines, which will, therefore, be the responsibility of the state.[24,48] It is also necessary to mention that in the United States, vaccine manufacturers have limited liability for side effects due to the public readiness and emergency preparedness act of 2005 and the National Childhood Vaccine Injury Act of 1986.[38,85]

In 2020, for the health management of COVID-19 in France, the government created the Scientific Council (CS-COVID) and the Committee for Analysis, Research, and Expertise. Some members of these two groups have, for years, had important conflicts of interest with Gilead.[119]

During the COVID-19 period, France hired private consulting firms, mainly McKinsey and Company, which is known for working with pharmaceutical companies. The Senate Inquiry Commission reports that McKinsey contributed on all aspects of the health crisis, notably for social engineering strategies on the vaccination campaign and the extension of the health pass. The goal was, for example, to reach a large number of people vaccinated at specific deadlines.[7,91]

The suppression of good science and scientists is not new, but COVID-19 unleashed state corruption on a grand scale, suppressing science for political and financial reasons.[1]

Media: Funding, scientific censorship, and fear

The pharmaceutical industry funds and influences the media to ensure the presence of favorable messages.[86,104] The control of information in favor of vaccination, and therefore of the pharmaceutical industry, is also carried out through Bill Gates who strongly funds organizations promoting vaccines, such as the WHO and global alliance for vaccines and immunization, as well as many media (The Guardian, BBC, Telegraph, Le Monde, New York Times, Al Jazeera, NPR, Public Broadcasting Service, etc) (p. 441–443,458).[95]

Since the beginning of COVID-19, much scientific data and expert opinion have been censored or labeled as false or misleading by many internet platforms.[33,75,123] In France, the mainstream media only peddle the government's messages, without any field investigation, but rather censoring and discrediting all the reputable scientists in their specialties who dare to question the public health guidelines (p. 247–263).[120] In contrast, KOLs are often invited in the media.[135]

In June 2019, the World Economic Forum (WEF) and the United Nations signed a partnership (2030 agenda). In the field of health, this alliance is designed to combat key emerging global health threats and achieve universal health coverage.[161] In October 2019, in New York City, the Johns Hopkins Center for Health Security and its partners the WEF and the Gates Foundation, hosted Event 201, a fictional coronavirus pandemic. In this modeling, seven strategic pandemic management points are discussed. The seventh part concerns information in the media: "Governments

and the private sector should assign a greater priority to developing methods to combat mis- and disinformation before the next pandemic response...This will require developing the ability to flood media with fast, accurate, and consistent information…Media companies should commit to ensuring that authoritative messages are prioritized and that false messages are suppressed including through the use of technology."[63] Among the partners of the WEF, there are: Pfizer, AstraZeneka, Johnson and Johnson, Moderna, McKinsey, and Facebook et Google.[160] A few months later, a coronavirus pandemic is declared, accompanied by its highly mediatized universal solution, the vaccine.

In 2020, the "Trusted News Initiative" (TNI) was created. The TNI is an industry collaboration of major news and global tech organizations (AP, AFP, BBC, CBC/Radio-Canada, European Broadcasting Union, Facebook, Financial Times, First Draft, Google/YouTube, The Hindu, Microsoft, Reuters, Reuters Institute for the Study of Journalism, Twitter, and The Washington Post) working together to stop the spread of disinformation where it poses risk of real-world harm. TNI says that it is fighting anti-vaccine disinformation related to COVID-19: "It is vital that audiences know that they can turn to sources, they trust for accurate, impartial information. TNI partners will alert each other to disinformation which poses an immediate threat to life."[152]

Note that a director of Pfizer was also the President and Chief Executive Officer of Thomson Reuters and still maintains a relationship with that news agency.[151] This raises an important issue of conflict of interest.

In September 2020, to combat misinformation, the WHO calls on media, social media platforms, civil society leaders, and influencers to collaborate with the UN system, with Member States, and is establishing the United Nations Communications Response initiative to flood the Internet with facts and science while countering the growing scourge of misinformation.[162] This generates unprecedented scientific censorship.

Before COVID-19, the media was already propagating fear about other "epidemics," such as: AIDS, BSE, SARS, H5N1, and H1N1.[55] Since the beginning of COVID-19, mainstream media outlets report daily death statistics in a way that does not support understanding and creates fear through poor and biased reporting.[166] Public health communications were based on fear, by overestimating the associated risk of illness and death. COVID-19 was presented as 10 times more lethal than seasonal flu. This overestimation is most likely caused by misclassifying an influenza infection fatality rate (IFR) as a CFR. "An IFR is defined as the proportion of deaths relative to the prevalence of infections within a population… while a CFR is defined as the proportion of deaths among confirmed cases of the disease."[22] IFRs from population samples include undiagnosed, asymptomatic, and mild infections, whereas CFRs are based exclusively on relatively small groups of

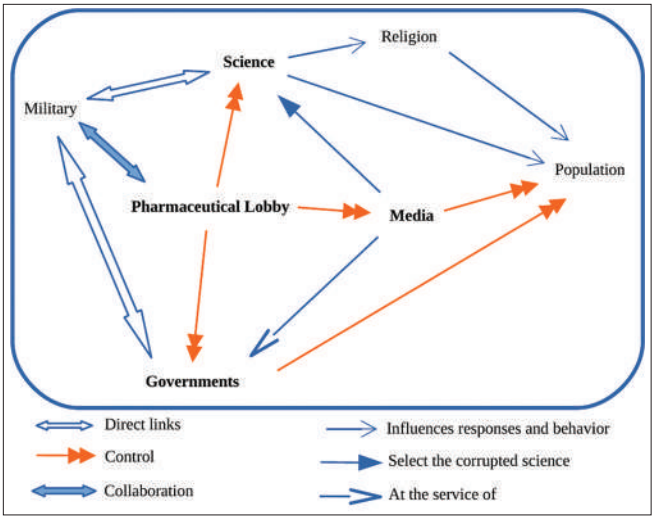

Figure 1: Global interactions related to the pharmaceutical lobby.

moderately to severely ill diagnosed cases. As a result, IFRs are often lower than CFRs. For COVID-19, the error was to compare the IFR of a disease, seasonal influenza (IFR: 0.1%), with the CFR of another disease, coronavirus (CFR: 1%).[22] Indeed, a comparison was made between the influenza IFR (0.1%) and the coronavirus CFR (1%).[22] Note that the IFR for COVID-19 infection in persons under 70 years of age is approximately 0.05%.[89]

In France, the "Technical agency for information on hospitalization," a public institution of the State, published a report showing that during the year 2020, COVID-19 patients represented 2% of all hospitalized patients across all hospital fields and 5% of all patients managed in intensive care units.[8] Therefore, the image of hospital wards full of COVID-19 patients that which the media has continuously propagated during the year 2020 is very far from reflecting the reality.

In May 2021, Bild's editor in chief (German newspaper) apologized to the children on behalf of the government and the media: "Sorry for this policy and media coverage which, like poison, made you feel like you were a mortal danger to society… a propaganda presenting the child as a vector of the pandemic."[132] Furthermore, in May 2021, the British newspaper, The Telegraph, reported that members of the Scientific Pandemic Influenza Group on Behavior had encouraged ministers to heighten the threat of the pandemic to control the behavior of the population.[131]

CONCLUSION

In addition to Event 201, other pandemic simulations, civil (MARS and SPARS in 2017) and military (Dark Winter in 2001, Atlantic Storm in 2003 and 2005, Global mercury in 2003, and Crimson Contagion in 2019), have taken place over the past 20 years. All these simulations correspond to fear

programs induced by false media. For the general welfare of the population, all these scenarios lead to the same methods (identical to those used during COVID-19): Isolation, control of movements and liberties, censorship, propaganda, and coercive vaccination of the population (p. 577–617).[95]

Based on all the observations described in this article, it seems legitimate to ask the question: could COVID-19 be an event organized to create a "pandemic"? However, there is no doubt that this is an event manipulated by governments, international agencies, pharmaceutical industries, and the media.[9] In addition to the huge profits obtained by the pharmaceutical groups involved, the primary goal of this "pandemic" seems to be compulsory vaccination, because the introduction of a European vaccine passport had already been planned since 2019.[59] The WEF assumes that vaccine boosters will be needed to maintain population-level immunity amid the inevitable waning of their efficacy and more infectious variants.[159] The objective of the WHO is to impose the Chinese model to become the norm. That is to say, a system with centralization of each person's health data and restriction of freedoms for the unvaccinated.[130,88] The management of COVID-19 goes far beyond the medical framework. A period such as COVID-19 represents a powerful lever for increasing the effectiveness of global governance.[158]

The determination of governments to vaccinate everyone is done with full knowledge of the vaccine side effects and is therefore not driven by good intentions. This finding is supported by the persistent suppression of information about effective and inexpensive treatments, as well as by the application of persuasive techniques to get vaccinated. The goal might be financial for some, but for others, money is just a tool to access more subtle ends, such as the control of health and freedoms through laws (vaccine passport), further opening the door to global governance. The overwhelming desire of governments to vaccinate everyone could find an additional explanation through the work of Dr. Pablo Campra (PhD in Chemical Sciences), from the University of Almeria in Spain. This scientist discovered graphene but also microstructures in COVID-19 vaccines. According to the experts he contacted, these microstructures could be part of a Wireless Nanosensors Network, whether as nanosensors, as nanorouters, or as nanoantennae.[28] Dr. Campra himself requests that experts in the field of crystallography or nanocommunications engineering conduct additional studies to confirm his working hypothesis.[28] Nevertheless, it is important to note that intrabody networks (nanonetworks), as well as human-machine interaction, through the use of graphene-based nanomaterials, have been studied for several years.[11,87]

If the hypothesis of this human-machine connection, by intracorporeal wireless network introduced with vaccination, is confirmed, it would allow, among other possibilities, to strengthen the control capabilities of global governance over the population. This hypothesis of human-machine connection, which would require a massive use of wireless communication technology, would also allow us to understand, in part, the determination of governments to impose an ever increasing amount of infrastructures generating microwave frequency electromagnetic fields, despite the thousands of scientific publications demonstrating their destructive effects on health and the environment.[44]

Another argument showing that forced vaccination by governments is not intended to keep the population healthy comes from evidences that within several COVID-19 vaccine manufacturers (Pfizer, Moderna, Johnson and Johnson [Janssen]), some batches of vaccines are associated with excessive deaths, disabilities, and adverse reactions.[16,13] Thus, it can be assumed that the composition of vaccines is not exactly the same for all batches, which could possibly be used to test different unlisted components.

Figure 1 shows a very simple overview of the global situation, but nevertheless important to consider when analyzing a particular situation such as COVID-19. The religious sphere is included because it does not question the official version of the COVID vaccines, implying a possible extension of the pharmaceutical role or the influence of a corrupted science. Indeed, the Vatican requires all of its employees to be vaccinated, and Pope Francis expressed the view that vaccination was a moral obligation.[43,72]

To the industrial sectors that act in a similar way to the pharmaceutical industry, we must add the telecommunications lobby, which exercises the same level of control over science with important conflicts of interest and political lies.[44,80] Since at least the 1950s, the largest industrial lobbies have been spreading a high level of scientific and media disinformation causing the deaths of millions of people every year with the agreement of governments. The COVID-19 situation should make it clear that it is becoming vital to conduct powerful investigations into the interrelationships between industry, science, the media, government, and the military.

Institutional review board statement

Not applicable.

Data availability statement

Not applicable.

Declaration of patient consent

Patient's consent not required as there are no patients in this study.

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