# Lab Leak: An Elaborate Misdirection?

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by <u>Health Freedom Defense Fund Team</u> originally published February 7, 2024

The ongoing investigations into the elusive Covid Pandemic murder mystery are cluttered by all manner of obfuscation and misdirection.

Chief among these shaky postulations are the various iterations of the SARS-CoV-2 virus lab-leak theory, which has more lives than a feral cat and possesses a capacity for <u>reappearing</u> as often as the shambling zombies who lurk in the woods at the edge of town.

Once the curtain is pulled back on the unsubstantiated lableak hypotheses, the socially engineered sorcery of the Covid Pandemic is revealed as the base scheme that it is.

The lab-leak claim posits that SARS-CoV-2 is an engineered quasi-biological, deadly gain-of-function phenomenon rather than a <u>computer-generated</u> construct. The <u>initial research</u> paper illustrates that the virus in question was nothing more than an in-silico apparition, a simulacrum created by <u>demonstrably dodgy genomic sequencing</u>.

This theory advances the fanciful plot that a hyperreality TV show viral escapee miraculously slipped out of—or was released intentionally from—a biological research facility in faraway Wuhan, China, went on a global rampage, and killed millions of people.

By implying that the virus was a man-made microbial murderer,

promulgators of the lab-leak story avoid facing the fact that the last three-and-a-half years were a deliberate, highly organized culling of the global population under the guise of protecting "public health."

Unfortunately, many in-the-know folks who are skeptical of the medical industry's pharmacological fantasies are still trapped on the lab-leak circuit of the Covid merry-go-round.

Amidst the hyperfocus on gain-of-function research, furin cleavage sites, restriction enzymes, and the rest of the scifi vernacular that shroud the lab-leak hypothesis in scientific-sounding mumbo jumbo there lies an elementary question, "Does this theory hold even an ounce of water?"

One conspicuous curiosity that calls into question the threat of "lab-leaked bioweapon" is the fact that the "Covid-19" deaths follow the age/risk stratification and seasonal curve of influenza and pneumonia (two named illnesses that, until 2020, health authorities lumped together in their charts).

Equally inexplicable is the fact that, in 2020, <u>reported cases</u> of <u>flu</u> in many countries <u>suddenly vanished</u>.

Meanwhile, <u>many pneumonia deaths</u> since 2020 have been fraudulently attributed to "Covid" on death certificates. Even if the bioweapon theory were a reality, perhaps we should be relieved, since Covid seemed able to impact only two kinds of populations:

- 1. 80-plus-year-olds who had multiple comorbidities and
- 2. other <u>chronically ill</u> people who were already in or were sent to hospitals and <u>nursing homes</u>.

In these institutions, "Covid" patients were forcibly "treated" with <u>toxic medications</u>, placed on <u>sedatives</u> and <u>ventilators</u> that blew up or <u>collapsed their lungs</u>, and <u>abandoned in their rooms</u> to die a painful, lonely,

despairing death.

Family members were prevented from being at their side to comfort them, to question the <u>macabre protocols</u> being mercilessly inflicted, and to spirit them out of the <u>"death row"</u> facilities.

That the <u>death rate attributed to Covid</u> was so low throughout the rest of the global population proves the alleged "bioweapon" was a dud.

Indeed, to hang one's hat on the lab-leak theory and the grandiose narrative of the Covid Pandemic requires contorted mental gymnastics and a blind faith in the esoteric.

Countless incongruities point to the lab-leak theory—and possibly the virus itself—being a myth.

Here are a few peculiarities that should cause any reasonable person to question the lab-leak theory:

(1) This Covid virus, so-called, apparently <u>struck without</u> <u>warning</u>. There was <u>no observable evidence</u> of contagion in late 2019 or early 2020 that would lead up to a mass death event. In the US and in alleged hotspots elsewhere, the Covid Death Event began to be reported precisely <u>the same week the WHO declared a global pandemic</u>—in mid-March 2020.

### **QUESTIONS:**

What dark magic was involved that trained this microbial Kraken to be released only upon administrative orders and to peak in synchroneity only in select locations?

Are we to believe a suddenly super-spreading, deadlier-than-flu, gain-of-function virus <u>waited for a government decree</u> to create excess deaths?

Why did this deadly virus cause no mass death <u>in the Chinese</u> <u>city</u> where a lab leak is said to have originated at the Wuhan

### Institute of Virology?

(2) This ostensible virus <u>did not migrate</u> from northern Italy to central or southern Italy, nor did it impact other parts of Europe. Instead, it improbably hopped, skipped, and jumped its way straight to a public hospital in Elmhurst—<u>in the Corona neighborhood of Queens</u>, New York City, no less.

QUESTION: Was that a fluke or what?

(3) The "first wave" of Covid deaths in the US occurred almost exclusively in <u>nursing homes</u> and <u>hospitals</u>, not in the general population.

### **QUESTIONS:**

How is it possible that this virus was so demographically smart?

Why did it target those institutions—filled with ill, infirm, and elderly—so specifically and blanket them so completely?

Would not the high rate of deaths in hospitals and nursing homes have had anything to do with their application of dangerous protocols, their unilateral <u>do-not-resuscitate</u> <u>orders</u>, and their apparently purposeful policies of <u>neglect</u>?

(4) During that reputed "first wave" the people impacted were mainly poor, and many were disabled.

QUESTION: How, pray tell, was this Frankenstein virus programmed to avoid upper middle class and wealthy people? How did it know to sidestep healthy and able people? Aren't the poor always more susceptible to disease? Do we need a viral event to explain this?

(5) During that initial wave, if we are to believe the "spreading pathogen" story, we must believe that this virus was geographically savvy. How was it that <u>certain counties and metro areas in certain states in the US</u> were impacted while

neighboring regions adjacent to these areas were not affected? Curiously, many of these Covid-affected counties in the US were right next to unaffected areas, including in the NYC metro region where the virus seemed unable to <u>cross rivers</u>.

QUESTION: Was this gain-of-function hobgoblin designed to recognize county, state, and national boundaries and to stick to urban areas while leaving suburban and rural communities largely alone?

(6) Even after the "first wave," the population groups that appeared to be exclusively targeted by this "bioweapon," both in and out of institutions, were the elderly and the sickly and the disabled—people who are more susceptible to all types of afflictions.

QUESTION: Why did the supposedly novel virus jump over children and younger adults and able, healthy people?

(7) This lab-leaked daemonic entity killed many more victims in places where de facto police state <u>"emergency measures"</u> were <u>fiercest</u> and far *fewer* victims in contiguous jurisdictions where the countermeasures taken by authorities were much milder.

### QUESTION: Why?

What each of these outlandish events illustrates is that <u>there</u> was <u>no</u> global <u>viral event</u>. Instead, what we saw play out was that <u>radically different public health policies</u> and mandates in a handful of jurisdictions around the world produced radically different health results.

Thus, to ascribe this convergent set of circumstances to a lab-leaked daemon or pathogen of any genus strains credulity. What it should be attributed to is a coordinated <u>campaign</u> <u>orchestrated by powerful interests</u> and their collaborators in academia, in the medical industry, and in the media.

### Origins of the lab-leak story

In the media, the lab-leak story <u>surfaced early on</u>. It was quickly adopted and became an accepted narrative even amongst certain sectors of the "respectable" Covid "skeptics." In fact, some "Establishment" Covid skeptics have built their reputations—and in some cases entire cottage industries—around the lab-leak mythology, even though this gain-of-function narrative strains credulity.

So-called Covid skeptics buying into aspects of the Covid myth creates a situation in which "dissident movement" resources are channeled into conferences and investigations where attention is fixed—and fixated—on esoteric explanations that ultimately prop up the overall pandemic narrative. If they were truly dissidents, they would be collaborating with truth-tellers to prove the demonstrable forensics of the fraud that defines the Covid enterprise.

The lab-leak theory reinforces the idea that "the virus" is a grave problem that needs to be solved rather than a fear-based control mechanism. It bolsters the notion that a "deadly" manmade, "novel" virus caused an "unprecedented medical emergency" for which a raft of invasive policies—including the worldwide suspension of basic civil liberties—would become justified.

To justify another round of lockdowns and to codify more draconian measures such as mandated vaccination in the future, all that will be needed is to reignite the fear of a bioweapon.

A further but related result of focusing on the "lab-leak" conjecture is that it shores up the "deadly novel virus suddenly appeared" narrative, which provides the rationale for the biosecurity complex to <u>siphon trillions from taxpayers</u> through the aptly named <u>"pandemic preparedness" industry</u>.

Another consequence of accepting the lab-leak supposition is to distract attention from how the perception of a pandemic/mass panic was conjured with <u>staged Hollywood productions</u>, <u>doomsday models</u>, and the <u>meaningless PCR tests</u> that fraudulently manufactured cases and <u>spuriously attributed deaths</u> from other causes to Covid.

But perhaps the biggest problem with accepting and promoting the lab-leak theory is that it reifies the Big Lie that there ever was a "pandemic" caused by a "unique viral pathogen" in the spring of 2020. In so doing, the theory hides the crimes that were committed in the hospitals and nursing homes and provides cover for the criminals who designed and executed this top-down operation.

Not only does the "pandemic" narrative serve to conceal the likelihood that this was a mass murder spree set off by policies constructed, orchestrated, and mandated by identifiable individuals, it also serves as a smokescreen for the entire "Covid Operation" that benefited the wealthy while steamrolling working people's lives.

Is it possible that the gain-of-function virus story was manufactured to get the public to snap up and swallow the lableak bait?

And was this entire fish tale dropped into the Covid discourse to keep the public obsessing over the "origins" of the disease rather than focusing on the policy-induced slaughter of the last three-and-a-half years? (When we say "slaughter," we do not mean from an actual disease, but, rather, from isolation, from toxic treatments like Remdesivir and mRNA injections, and from the murderous misuse of sedatives and ventilators.)

Without the existence of a SARS-CoV-2 bioweapon, everything else in the official narrative swirls down the toilet, including the contrived Covid-19 case definition, the dodgy non-diagnostic rt-PCR tests, the fake excuses given for

lockdowns and masks and social distancing, and the debate between whether the "novel virus" originated with a love match between a bat and a pangolin or from gain-of-function experiments at the Wuhan lab.

In other words, the establishment's insistence on pushing the lab-leak theory serves to cover up the actual crimes that were committed on a massive scale and with impunity.

If it can be proven that <u>there was no pandemic</u>, as we have posited in a previous article, and no evidence of a virus, where would we go from there?

We would have to come to terms with the reality that this was never about "a mismanaged pandemic," as some "health freedom" celebrities have taken to calling it.

We would have to confront the fact that the only pandemic was one of violent government and medical assault against billions of people, of false attribution of a made-up disease on death certificates, and of intense propaganda using fraudulent tests and bogus "scientific" studies.

We would have to accept that what we are dealing with is the collaboration of despotic public and private elements to commit <u>criminal fraud and outright genocide</u>.

We would have to hold the government (including intelligence agencies and the military), the health regulatory agencies, the hospitals and nursing homes, the pharmaceutical and biotechnology industries, and the media accountable for these crimes.

The whole system would be revealed as the corrupt house of cards it is.

In short, legitimizing the lab-leak theory is a backdoor way of legitimizing the false claim of a global pandemic.

### Coda

Misdirection is a classic strategy used to divert attention from one subject and direct it to another. Getting people to ask all the wrong questions ensures they will be kept from seeking answers to the right questions. Asking the wrong questions also ensures they will always draw wrong conclusions.

Thus, we have a deceived public wrongly determining: "It was a manufactured new virus and a few bad actors."

And we have the subversive actors, who purport to oppose the official Covid narrative, pretending to believe: "It was a bioweapon that needs to be contained next time."

Those who subscribe to the manufactured "deadly man-made virus" story are understandably terrified and desperate for explanations and for heroes and for "bombshell reports" that will mitigate their fears.

They want some simplistic, reassuring answers that can explain it all away and let them go back to sleep.

They don't want to be overwhelmed by talk about a global cabal or conditional UBI or programmable CBDCs or digital IDs or mass surveillance rolled out across the world via an endless series of manufactured crises.

This entire issue needs to be confronted head-on in the health freedom movement. Some apparent health freedom advocates who have captured the attention of huge audiences are, wittingly or not, doing the bidding of the biosecurity state. By maintaining and heightening the fear factor of the gain-of-function bogeyman, these influencers are creating fertile ground for future psychological "terror" campaigns.

How can we stop these popular but either deluded or deceitful actors from inadvertently—or purposely—promoting fear?

Or, more realistically, how can we help the hangers-on of these perceived "heroes" to stop giving credence to their claims—to stop automatically deferring to their opinions and advice?

One way is to show people that when they uncritically accept any statement as fact, regardless of the insubstantiality of the claim and the evidence that refutes the claim, they are operating on a level of superficial emotional reaction, are incapable of thinking critically or evaluating ideas rationally, and can be easily duped.

Each time an individual comes to understand that all facets of the official narrative of "Covid" are a fiction, that there was no "pandemic" and no "novel virus" and no "lab leak," the world moves a step further from the lies and a step closer to the truth.

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# The Story of Pfizer Inc. — A Case Study in Pharmaceutical Empire and Corporate Corruption

The Story of Pfizer Inc. - A Case Study in

### Pharmaceutical Empire and Corporate Corruption

by <u>Health Freedom Defense Fund Staff</u> originally published June 19, 2023

The extensive history of the pharmaceutical industry is filled with stories and deeds of adventures, misadventures, profit-making, profit-taking, fraud, bribery, false claims, messianic promises, and criminal conduct.

Few companies in the history of medicine have received as much attention as Pfizer Inc. has received these last three years of the Corona Crisis.

Through the course of relentless media coverage and amidst all the sound and fury, Pfizer has managed to avoid scrutiny of its previous criminal conduct and is universally portrayed in the mainstream media as a benevolent enterprise whose mission is to nobly service humanity.

In an effort to set the record straight we embark upon a comprehensive historical examination of this company which sprouted from humble beginnings into one of the most influential corporate behemoths walking the earth today.

## History

The story of Pfizer begins in New York City in 1849, when a pair of German immigrants, cousins Charles Pfizer and Charles F. Erhart, received a \$2,500 loan from Charles Pfizer's father to purchase a commercial building in Williamsburg, Brooklyn where they would embark upon a joint business venture in the nascent chemical manufacturing industry.

Charles Pfizer had been a pharmacist's apprentice in Germany and possessed commercial training as a chemist. Charles Erhart was a confectioner.

Originally named Charles Pfizer and Company the business would

initially focus on the production of chemical compounds. Their first product was a pharmaceutical called <u>Santonin</u> which was used to treat parasitic worms.

Combining their talents the cousins housed their product within tasty confections such as candy lozenges and toffee-flavored sugar cream cones. This strategy proved to be a success, setting the stage for the company's future development.

The drug Santonin would be used as an anthelmintic up until the 1950's, when it fell out of favor due to <u>noted toxic</u> <u>effects</u> which posed serious risks to patients.

Pfizer would quickly expand into the realm of <u>fine</u> <u>chemicals</u> for commercial sale to wholesalers and retailers.

In 1862, Pfizer would become the first U.S. company to domestically produce tartaric acid and cream of tartar.

With the outbreak of the American Civil War a massive need for <u>painkillers and antiseptics</u> erupted, creating an "opportunity" for the pharmaceutical industry.

Pfizer quickly expanded its production of both, as well as of iodine, morphine, chloroform, camphor, and mercurials. By 1868, Pfizer revenues had doubled and its product line had increased substantially.

The big boon for the company would come in the 1880's with its production of industrial grade <u>citric acid</u>, widely used in soft drinks like Coca-Cola and Dr. Pepper. This would become the company's centerpiece and drive their growth for decades.

Another fortuitous change for the <u>"small New York firm"</u> would arrive in 1919, when its scientists would pioneer and develop a <u>deep tank fermentation process</u>, the principles of which would later be applied to the production of penicillin.

This prowess in fermentation and large-scale pharmaceutical

production would put Pfizer in a lead position in WW2, when the US government appealed to the pharma industry for support in producing penicillin for the war effort.

Working with government scientists, Pfizer began pursuing mass production of penicillin utilizing its deep-tank fermentation technology and in 1944 became the first company to mass produce penicillin.

As penicillin prices and usage declined post-WW2, Pfizer began searching for more profitable antibiotics. The move into commercial production of antibiotics signaled a pivot in Pfizer's business model.

The company's operations shifted from the manufacture of fine chemicals to research-based pharmaceuticals, giving birth to Pfizer's new drug discovery program, which focused on vitro synthesis.

In 1950 Pfizer would develop its first proprietary pharmaceutical product, <u>Terramycin</u>, a broad-spectrum antibiotic.

By 1951, Pfizer had established offices in Belgium, Brazil, Canada, Cuba, England, Mexico, Panama, and Puerto Rico. As its power and profits mushroomed, Pfizer would augment its portfolio through various acquisitions and entries into multiple areas of research and development, including an animal health division.

As the Pfizer pharmaceutical kingdom expanded, however, questions about salacious business practices began to surface.

### **Violations**

Despite portraying itself as a righteous corporate citizen, Pfizer is no stranger to controversies and scandals. As early as 1958 it was one of six drug companies accused of <a href="mailto:price-fixing">price</a> fixing by the Federal Trade Commission.

In 1961 the Justice Department filed criminal <u>antitrust</u> <u>charges</u> against Pfizer, American Cyanamid, and Bristol-Myers, accusing top executives at each company of charging egregiously high prices and monopolizing the production and distribution of drugs dating back to 1953.

In 1963 the <u>FTC ruled</u> that the accused companies in its 1958 complaint did in fact rig antibiotic prices. The FTC also noted that "unclean hands and bad faith played a major role" in Pfizer being granted the tetracycline patent.

By the 1960s, Pfizer was at its most diversified point in history, with interests ranging from pills to perfume to petrochemicals to pet products.

The company's shift toward bringing out new products culminated with the establishment of the Central Research Division in the early 1970s. A full 15% of Pfizer's revenue was directed to this research department.

This focus on innovation brought about Pfizer's development of <u>blockbuster drugs</u>, which are described as "drugs that generate at least \$1 billion in revenue a year for the pharmaceutical companies that produce them."

While these drugs can be extremely profitable for pharmaceutical companies, the blockbuster drug business model presents certain long-term problems. Beyond the time and money that goes into their development, there are the exigencies of patent issues. Pharma companies see the "patent window" of 20 years as a severe limitation, since it often takes them a full decade to bring a new drug to market, thus shortening both the time allowed to reclaim profits from development costs and the time allotted to reap maximum profits from their new product.

Due to patent laws, the success of blockbuster drugs is often short-lived. Also, reliance on blockbusters means that if a product fails, the consequences for the manufacturer can be catastrophic. Using this business model, the need for pharmaceutical companies to constantly produce blockbuster drugs is difficult to overstate. Naturally, they go to great lengths to protect their golden goose.

Accompanying Pfizer's string of blockbusters was a massive surge in the company's fortunes in tandem with a procession of controversial products, felony offenses and multiple fines—including the <u>largest criminal fine in US history</u>.

Take, for example, Pfizer's first blockbuster drug, the antiinflammatory <u>Feldene</u>, which would also become one of its initial contentious products.

Pfizer submitted a new-drug application for Feldene to the FDA in March 1978 and again in May 1980. The applications were rejected due to poor testing protocols. In September 1981, Pfizer resubmitted an application to the FDA, using old data.

Multiple questions surrounding Feldene, including the route taken toward its ultimate approval, would make it one of Project Censored's <u>top "Censored" news stories</u> in 2015.

In that story, Project Censored noted:

"Then, while the FDA was still considering the application, Pfizer sponsored a reception at the meeting of the American Rheumatism Association in Boston and showed a film promoting Feldene which the FDA said was illegal. Nevertheless, on April 6, 1982, the FDA approved Feldene for use in the U.S."

Even though Feldene would go on to become Pfizer's most lucrative product, questions about the drug quickly surfaced. By 1986 the FDA was being <u>petitioned</u> to relabel the drug due to serious concerns about its long half-life and its tendency to accumulate in the blood.

The watchdog organization <a href="Public Citizen Health Research">Public Citizen Health Research</a>
<a href="Group">Group</a> (PCHRG) would later charge that this widely prescribed

arthritis drug created risks of gastrointestinal bleeding among the elderly.

Citing reports of 2,621 adverse events and as many as 182 deaths among patients taking the drug, PCHRG requested that the FDA ban Feldene for patients 60 and over, "as an imminent hazard to the public health."

Dr. Sidney Wolfe, director of the PCHRG stated, "At least 1.75 million elderly American people now receiving this drug are at risk of developing life-threatening gastrointestinal reactions."

Meanwhile, the National Council of Senior Citizens urged the FDA to take the drug completely off the market.

PCHRG's Wolfe would later cite <u>internal documents from</u>

<u>Pfizer</u> that voiced concerns about the drug. By 1995 he called for a complete ban on the drug for all ages.

This was just the beginning of a series of high-profile scandals and legal problems that would come to define Pfizer's business-as-usual practices.

For instance, reports of serious issues surrounding a <u>heart</u> <u>valve</u> produced by Pfizer's Shiley division began to plague the company. This problem would result in the cessation of production of all models of the faulty valves by 1986.

A 1991 FDA task force charged that Shiley withheld information about safety problems from regulators in order to get initial approval for its valves. A November 7, 1991, investigation in *The Wall Street Journal* asserted that Shiley had deliberately falsified manufacturing records relating to valve fractures.

These fractures resulted in catastrophic consequences for numerous patients. By 2012 it was reported that <u>663</u> individuals had died as a result of the defective valves.

Pfizer ultimately <u>agreed to pay</u> between \$165 million and \$215 million to settle lawsuits related to the <u>The Björk-Shiley</u> Convexo-Concave Heart Valve.

It also <u>agreed</u> to pay \$10.75 million to settle US Justice Department charges that it lied to regulators in seeking approval for the valves.

The parade of corrupt practices and legal problems that has come to define this pharmaceutical Leviathan was just getting underway. From then on, Pfizer was cited and prosecuted for a litany of illegal acts ranging from price fixing, product safety, bribery, advertising and marketing scandals all the way to environmental and human rights violations.

In 1999 Pfizer <u>pled guilty</u> to criminal antitrust charges and agreed to pay fines totaling \$20 million. In that case, Pfizer was charged with "participating in a conspiracy to raise and fix prices and allocate market shares in the U.S. for a food preservative called sodium erythorbate, and to allocate customers and territories for a flavoring agent called maltol."

In 2000 The Washington Post published a <u>six-part</u> <u>exposé</u> accusing Pfizer of testing a dangerous experimental antibiotic Trovafloxacin (trade name Trovan) on children in Nigeria without receiving proper consent from their parents.

Trovan was slated to become Pfizer's next blockbuster drug, according to Wall Street analysts, one of whom claimed, "Pfizer might reap \$1 billion a year if Trovan could gain approval for all its potential uses." But when the company was unable to find enough patients in the United States, its researchers went in search of new patients in Kano, Nigeria.

This unapproved clinical trial on 200 Nigerian children resulted in the <u>death of 11 children</u>. It is alleged that many more children later suffered "serious side-effects ranging from organ failure to brain damage."

In 2001 Pfizer was sued by <u>30 Nigerian families</u>, who accused the company of using their children as "human guinea pigs." The families contended that "Pfizer violated the Nuremberg Code as well as UN human rights standards and other ethical guidelines" and alleged that Pfizer exposed the children to "cruel, inhuman and degrading treatment."

After years of legal battles, Pfizer agreed in 2009 to pay \$75 million to settle some of the lawsuits that had been brought in Nigerian courts.

<u>Trovan</u> never became the blockbuster Pfizer had envisioned. The company admitted to stockholders it had <u>"suffered a disappointment"</u> with this experimental meningitis drug. Trovan was never approved for use by children in the United States, so production was halted. The European Union <u>banned it in 1999</u>.

Below is a chronology of still more Pfizer misadventures.

- In 2002 Pfizer agreed to pay \$49 million to settle charges that one of its subsidiaries defrauded the federal Medicaid program by overcharging for its cholesterol-lowering drug Lipitor.
- In 2003 Pfizer paid \$6 million to settle with 19 states that accused it of using <u>misleading ads</u> to promote the antibiotic Zithromax (also called Z-Pak), used for children's ear infections. The claim alleged that Pfizer "overstated the benefits and efficiency of Zithromax when compared to other comparable antibiotics."
- In 2004 Pfizer agreed to a \$60 million settlement in a class-action suit brought by users of a diabetic medication developed by Warner-Lambert, which Pfizer acquired in 2000. The drug Rezulin had been withdrawn from the market after numerous patients died from acute liver failure said to be caused by the drug.

- In 2004 Pfizer agreed to halt ads for its painkiller Celebrex, and the following year it admitted that 1999 clinical trials found that elderly patients taking the drug were far more likely to incur risks of heart problems.
- 2004 also saw Pfizer <u>plead guilty</u> to two felonies and pay \$430 million in penalties for fraudulently promoting the epilepsy blockbuster drug Neurontin for unapproved uses. Pfizer claimed it could also be used for "bipolar disorder, pain, migraine headaches, and drug and alcohol withdrawal."

Pfizer's underhanded tactics involving Neurontin also included bribing doctors with luxury trips and monies to promote the drug and planting operatives at medical education events.

Documents later came to light suggesting that Pfizer <u>arranged</u> <u>for delays</u> in the publication of scientific studies that undermined its claim for the other uses of Neurontin. In one of these documents, it was found that a Neurontin team leader at Pfizer said, "I think we can limit the potential downside of the 224 study by delaying publication for as long as possible."

Finally, in 2010, a federal jury found that Pfizer <u>committed</u> racketeering fraud in its marketing of Neurontin; the judge in the case subsequently ordered the company to pay \$142 million in damages.

- In 2005 Pfizer withdrew its painkiller Bextra from the market after the FDA cited "inadequate information on possible heart risks from long-term use of the drug as well as 'lifethreatening' skin reactions, including deaths."
- That same year the FDA approved a black box warning on Pfizer's other blockbuster painkiller, <u>Celebrex</u>, citing elevated risks of "cardiovascular events and life-threatening gastrointestinal bleeding."
- In 2007 Pfizer agreed to pay \$34.7 million to settle federal

charges relating to the marketing of its Genotropin human growth hormone. Pharmacia & Upjohn Co., a Pfizer subsidiary, agreed to pay \$19.7 million for "offering a kickback to a pharmacy benefit manager to sell more of the drug," while Pfizer agreed to pay another \$15 million for "promotion of Genotropin for uses not approved by the Food and Drug Administration."

- In 2008 Pfizer paid out a whopping \$894 million fine to settle lawsuits "alleging that its withdrawn Bextra painkiller and widely used Celebrex arthritis drug harmed U.S. patients and defrauded consumers." Of the total fine, \$745 million was set aside to "resolve personal injury claims."
- The very next year, 2009, Pfizer was fined \$2.3 billion gaining the dubious distinction of being tagged with the largest <u>health care settlement in history</u>. GlaxoSmithKline would up the ante with a <u>\$3 billion settlement</u> in 2012.

The fine was a combination of <u>civil and criminal</u> <u>settlements</u> relating to Pfizer's "allegedly illegal promotion of certain drugs, most notably Bextra." Pfizer pled guilty to "<u>misbranding the painkiller Bextra</u> with the intent to defraud or mislead, promoting the drug to treat acute pain at dosages the FDA had previously deemed dangerously high."

The <u>Justice Department</u> also noted Pfizer had "allegedly paid kickbacks to compliant doctors and promoted three other drugs illegally: the antipsychotic Geodon, an antibiotic Zyvox, and the antiepileptic drug Lyrica."

When interviewed by <u>The New York Times</u>, former Pfizer sales representative John Kopchinski, who helped initiate the federal investigation, stated, "The whole culture of Pfizer is driven by sales, and if you didn't sell drugs illegally, you were not seen as a team player."

The criminal fine of \$1.195 billion in that settlement still represents the largest criminal fine ever imposed in the

United States for any matter.

Even after entering an <u>expansive corporate integrity</u> <u>agreement</u> with the Office of Inspector General of the Department of Health and Human Services as part of the 2009 settlement, Pfizer's unprincipled and injurious behavior continued. The band played on.

In 2010 The New York Times reported on Pfizer's admission that it had paid around "\$20 million to 4,500 doctors and other medical professionals for consulting and speaking on its behalf in the last six months of 2009."

The Times also mentioned that Pfizer had paid "\$15.3 million to 250 academic medical centers and other research groups for clinical trials in the same period."

In reference to the amounts disclosed by Pfizer, <u>Dr. Marcia Angell</u>, former editor of *The New England Journal of Medicine* and author of <u>The Truth About the Drug Companies: How They Deceive Us and What to Do About It</u>, admitted that while she had no specific knowledge of the matter, she believed the publicly revealed amounts Pfizer disclosed "seemed low." She added: "I can't help but think something has escaped."

In 2011 Pfizer agreed to pay \$14.5 million to resolve <u>False</u> <u>Claims Act accusations</u> that it illegally marketed its bladder drug Detrol.

In 2012 the U.S. Securities and Exchange Commission announced that it had reached a \$45 million settlement with Pfizer to resolve charges that its subsidiaries had <u>bribed overseas</u> doctors and other healthcare professionals.

The SEC alleged that "employees and agents of Pfizer's subsidiaries in Bulgaria, China, Croatia, Czech Republic, Italy, Kazakhstan, Russia, and Serbia made improper payments to foreign officials to obtain regulatory and formulary approvals, sales, and increased prescriptions for the

company's pharmaceutical products."

According to Kara Brockmeyer, Chief of the SEC Enforcement Division's Foreign Corrupt Practices Act Unit, "Pfizer subsidiaries in several countries had bribery so entwined in their sales culture that they offered points and bonus programs to improperly reward foreign officials who proved to be their best customers."

In 2012, Pfizer was hit with another massive fine—this time to settle claims that the side effects of its Hormone Replacement Therapy (HRT) drug <a href="Prempro">Prempro</a> cause breast cancer. Around 10,000 women filed a lawsuit against the company, alleging that the drug maker withheld information about the <a href="potential risks">potential risks</a> of breast cancer from HRTs. The <a href="#sq.1.2 billion">\$1.2 billion</a> settlement came after six years of trials.

In 2013, Pfizer agreed to a \$288 million settlement for claims by 2,700 people that its <a href="mailto:smoking-cessation drug Chantix">smoking-cessation drug Chantix</a> caused suicidal thoughts and severe psychological disorders.

The FDA had placed a <u>black box warning</u> on Chantix, the highest safety-related warning assigned by the FDA, "to alert patients and doctors to the risk of psychiatric side effects" and had noted that the drug is "probably associated with a higher risk of a heart attack."

Pharmaceutical companies make every effort to circumvent black box warnings. They generate bad publicity and negatively impact the marketability of the drug in question, which leads to adverse financial consequences for the company.

<u>In 2016</u>, after years of lobbying, Pfizer managed to get the FDA to lift the black box designation from Chantrix in a <u>10-9</u> vote, giving the controversial blockbuster drug a "new lease on life."

In 2013 Pfizer reached a \$35 million settlement relating to the alleged improper marketing and promotion of the

immunosuppressive drug Rapamune. When New York Attorney General Eric T. Schneiderman announced that he and 40 other state attorneys general had arrived at the settlement, he remarked, "There has to be one set of rules for everyone, no matter how rich or powerful, and that includes big pharmaceutical companies that make unapproved and unsubstantiated claims about products in order to boost profits."

While this article's list of Pfizer's corporate crimes is prodigious by any measure of shady business practices, it is far from exhaustive. In total, since 2000 Pfizer has accumulated \$10,945,838,549 in penalties and incurred 96 violations covering a wide range of offenses.

### A Company You Can Trust?

Pfizer's portfolio of corporate crimes rivals that of the most corrupt companies in history. But that did not stop Pfizer from becoming a corporate celebrity with its COVID-19 vaccine. Indeed, the company has benefited handsomely from that product, whose \$36.8 billion in 2021 sales made it the highest-selling pharmaceutical product in history.

When the pharma company's 2022 revenues reached an all-time, single-year high of \$100.3 billion, COVID-19 vaccine sales accounted for nearly 38 percent of those revenues.

Yet, while Pfizer was basking in the glow of mainstream media cheerleading and record-setting profits, honest inquiries into its unremitting record of corruption were kept from public view.

We were told we must "Trust in Pfizer" to vaccinate the world and save humanity from the so-called COVID crisis.

Given Pfizer's documented record of misdeeds, any reasonable person would ask:

"Is this a company that belongs behind the wheel of the most widespread mass vaccination campaign in history?"

"Is this a company we should trust with experimental medical technology?"

"Is this a company we want to be in control of the most radical mass medical experiment in human history?"

"How is it that a company that habitually engaged in such illegal practices was able to reinvent itself as the savior of humanity?"

In a <u>June 12, 2008, ceremony</u>, at the original Pfizer manufacturing site in Brooklyn, New York, the American Chemical Society designated Pfizer's development of deep-tank fermentation as a <u>National Historic Chemical Landmark</u>.

At that commemoration, then-president of Pfizer Global Manufacturing Natale Ricciardi told attendees, "We have always had a very noble mission." Despite cryptically lamenting, "A lot of things have changed at Pfizer, and unfortunately, we had to make certain decisions," Ricciardi went on to assert, "But the nobility of what we do, the nobility of what has been done and continues to be done has never changed and will never change."

All these years later—and despite Mr. Ricciardi's insistence on Pfizer's magnanimity—a thinking person might look through the company's checkered catalog of crimes and fines and recognize that noble experiments are *hardly* the realm of "alleged" serial felons like Pfizer.

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