

Global Tyranny Never Sounded So Good: UN Summit of the Future

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~ Michael Bryant

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by [Michael Bryant](#), [Health Freedom Defense Fund](#)

October 18, 2024

Lost in the hoopla of the coming US presidential election and the pandemonium of current global affairs was an unheralded summit last month that could cause more upheaval on the planet than anything our self-described world leaders have thrown at the populace yet.

On September 22, representatives of 193 sovereign nation-states gathered at the United Nations headquarters in New York City to [adopt](#) a Pact for the Future.

The [document](#), which includes a [Global Digital Compact](#) and

a [Declaration on Future Generations](#), promises to “open the door to new opportunities and untapped possibilities,” [according](#) to UN Secretary-General António Guterres.

The landmark agreement, which Guterres called a “step-change towards more effective, inclusive, networked multilateralism,” contains 56 “actions” that countries pledged to achieve.

The net effect of the Pact for the Future and its two so-called annexes is intended to radically accelerate the push toward completion of the UN’s [Sustainable Development Goals](#) (SDGs) and its [Agenda 2030](#).

Marketed as a [blueprint](#) to “lay the foundations for a sustainable, just, and peaceful global order—for all peoples and nations” (and *who* could possibly object to such a heavenly vision?)—this latest flurry of UN paperwork may have set new records in linguistic maneuvers and platitudes per page.

A few questions are in order:

- What do all the bureaucratic bromides and buzzwords in the Pact actually mean when translated into plain English?
- How will the Pact’s sound and fury impact us once its “multilateral” wheels are set in motion?
- Is this “sustainable, just, and peaceful global order” really a pot of gold awaiting us at the end of the United Nations Summit of the Future rainbow?
- Are these promises of “new opportunities and untapped possibilities” truly wonderful gifts designed to serve the public? Or are they just more Trojan horses that will carry us closer to the cliff’s edge than into a Canaan-like Promised Land flowing with milk and honey?
- And what exactly did Secretary-General Guterres mean

when he [said](#) the UN Summit of the Future represented “an essential first step towards making global institutions more legitimate, effective, and fit for the world of today and tomorrow” and that UN member states had gathered to “bring multilateralism back from the brink”?

Wading through the finished product, [66 pages](#) of hackneyed phrases passed off as profound policy, requires the stoicism of a saint and a devil’s dictionary in order to translate its conniving “globalese” into a comprehensible tongue.

Rather than answer the above questions one by one, we can turn to the accompanying four-page [Concept Notes for the Interactive Dialogues](#), which offer a concise version of the Pact’s mind-numbing pages and pages.

The Concept Notes begin by highlighting the need to “transform global governance and turbocharge the implementation of the [2030 agenda](#) for sustainable development.” These notes give us a clear idea of what the priorities were for the two-day “Summit of the Future” as well as the direction that [UN 2.0](#) is attempting to steer the planet.

For instance, the opening line of Interactive Dialogue 1 speaks of “[t]he urgent need for reform of the global financial architecture” in order to “modernize the system while accelerating progress to achieve the [Sustainable Development Goals](#).” Well, those words end our suspense as to what the UN’s top priority shall be: total control of the world’s financial transactions and systems.

The framework for what that new global economic system might look like is articulated in the World Economic Forum’s guidebook [The Great Reset](#). A deep dive into the details of The Great Reset, made famous by the slogan “[You’ll own nothing and be happy](#),” exposes this pretentious tract as just another long-winded rationale for economic despotism and centralized control over the lives of all the people (read: peons) on the

planet.

Next on the globalists' to-do list is the "urgent" need for a vaguely defined "enhanced multilateralism."

According to various UN pooh-bahs, the international community is facing challenges that are "too great for any nation, small or large, to tackle alone." Naturally, the UN proclaims that these undefined "challenges" can be resolved only through mechanisms installed by the UN and its sponsors.

Putting aside the fact that the UN and its [affiliates](#) have a track record that proves they are [part of the problem](#) instead of the solution to anything, the terms "multilateralism" and "global governance"—repeated throughout the UN documents—need to be exposed for what they actually mean.

Apparently, from what we can ascertain, the UN decided that the more sinister-sounding terms "one world government" and "new world order" had worn out their welcome and were justifiably raising alarm bells in the public square. Thus, kinder, gentler surrogate words have been introduced in an attempt to pacify the people and soften the not-so-fuzzy image of global totalitarianism.

It's called marketing.

When the curtains are pulled back, exposing the spin machine, we find that the true intent of these autocrats, who [claim](#) to "represent the peoples of the world," is to create a global governance structure with dramatically increased powers over all human activity.

Such a centralized control system would, by design, erode a nation's ability to control its own domestic and foreign policy, eliminating such "quaint" notions as national sovereignty.

One example of how this might play out in the real world can

be found in how the UN pushes the idea that the only possible way to effectively tackle what it determines to be “[complex global shocks](#)” is through “multilateralism,” as defined by the UN.

In a March 2023 [policy paper](#) titled “Strengthening the International Response to Complex Global Shocks – An Emergency Platform,” the UN Secretary-General proposed that “the General Assembly provide the Secretary-General and the United Nations system with a standing authority to convene and operationalize automatically an Emergency Platform in the event of a future complex global shock of sufficient scale, severity and reach.”

In practice, what this could mean is that the standing UN Secretary-General would become a “global emergency czar” who is given power to preside over any international emergency, be it real or manufactured.

The proposal would strip nations, businesses, and the public sector of the right to make their own decisions, while handing over all authority to intergovernmental bodies within the UN’s orbit. NGOs, UN agencies and private “stakeholders” would effectively rule, like dictators, over every nation and even over every jurisdiction (province, state, county, city) within each nation. National sovereignty would be null and void.

Another major item on the UN menu is the concept of a “[Common Digital Future](#),” which is embedded within the aforementioned “[Global Digital Compact](#).”

Curiously, the UN directly compares these digital technologies to natural resources, observing that the potential of digital technology can be only optimized *through shared access and use* of resources such as the air around us and earth’s bodies of water.

Setting aside the fact that we can’t drink technology or [eat data](#), the irony of the UN suggesting that *shared access* will be a defining feature of any of its programs flies in the face

of the UN's history as a vehicle for increased privatization of the commons.

As part of this Common Digital Future, the UN promotes the idea of "working together to promote information integrity, tolerance and respect in the digital space." Again, more noble-sounding words, but how does the UN propose to do this?

Here's a clue: The UN offers to help the public sort through the flotsam and jetsam of the social media landscape by promising to "strengthen international cooperation to address the challenge of misinformation and disinformation and hate speech online and mitigate the risks of information manipulation in a manner consistent with international law."

If you are uncertain as to what that means, consider that the UN is seeking *tighter* controls over what they judge to be [misinformation](#) in order to manage and restrict what information the public can freely access. The end product, if implemented, would allow certain UN agencies to have complete control over all information sources.

This has long been one of the principal desires of the globocrats, who know that a well-informed public that is able to discern between government deceptions (such as the propaganda used to sell the [corona crisis](#)) and on-the-ground realities is exceedingly difficult to control.

At the conclusion of the September summit, UN leaders stressed the importance of the need for "a reinvigorated multilateral system." The countries in attendance reached the consensus that "the world must accelerate progress towards achieving the Sustainable Development Goals."

If you didn't hear about the summit and its outcome on your evening news, don't be surprised. It was scarcely covered by any nation's news media. Are your eyebrows raised at the thought of the world's "leaders" making plans to reshape the earth, its economy, and its inhabitants without so much as a

whisper or a whimper from mainstream journalists?

If these journalists *were* to scrutinize the UN's latest plans, they would find that what is being presented as a new and necessary plan of action is really the same old story of the megalomaniacs' desire for total control of the planet, dressed up in a shiny new package to conceal their intentions.

The bottom line is that any time you see a program being forwarded by a gaggle of unelected, unaccountable globalists, you can rest assured that the program being promised is as thoroughly tyrannical as it can be. And that's by design.

[Connect with Health Freedom Defense Fund](#)

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Policy Imperatives for Health Freedom

[Policy Imperatives for Health Freedom](#)

by [Leslie Manookian](#), President, [Health Freedom Defense Fund](#)
September 30, 2024

As a requirement for discussing and appreciating the imperative of health freedom in the USA, we must first define what is meant by health freedom. A simple definition is: the right of every American to decide what medical interventions to put into or onto one's body, the right to access and use

the medical and healing modalities of one's choice, the right to maintain one's health according to one's conscience, and the right to live free of involuntary medication be it via the food supply, the water supply, or something airborne.

In a free and moral society, health freedom is not simply a convenience, it's an imperative. In this vein, in the event of injury or illness, all Americans must possess the absolute right to choose what medical interventions and treatments to accept and what medical or healing modalities to utilize in order to address illness or injury; Americans must be free to choose how to maintain their health whether that be through nutrition, supplements, herbs, drugs, or a myriad of healing modalities; Americans must have access to truthful information regarding how the seeds for plants and animal feed and the food in our food supply has been grown or developed, medicated, processed, and packaged; and Americans have the right to exist in a society free of water and airborne medications, insect vectors, and chemicals.

Health freedom can only exist in a free and moral society which values each and every member of that society. This prerequisite thus excludes medical mandates of any kind. It is immoral to force another individual to risk their life for the theoretical benefit of another. Moreover, government does not have the moral authority or power to dictate what medical products any American puts into or on his or her body. If anyone in government does possess that power, then no American is truly free, nor does he or she possess any meaningful right whatsoever – Americans are merely chattel.

In order to create a society based on true health freedom, the following policy shifts should be implemented, as a first step. There are many more changes which should be implemented as well, but these proposals would address some of the most glaring, pernicious anti-liberty and anti-health aspects of our system as it exists today:

1. Ban all Medical Mandates:

The [Declaration of Independence](#) states, “that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness...” Medical mandates are prime facie violations of our founding documents.

Health freedom demands prior voluntary informed consent before a medical treatment or intervention is administered. Medical mandates are thus, by definition, antithetical to voluntary consent and therefore must be prohibited in a free and moral society. No single individual in government knows the medical history of any American, knows what is best for Americans, or has to live with the repercussions of any choices made by Americans, thus, medical mandates are never justified in any circumstance.

2. Repeal the [Bayh-Dole Act](#):

“The Bayh-Dole Act, formerly known as the Patent and Trademark Act Amendments, is a federal law enacted in 1980 that enables universities, nonprofit research institutions and small businesses to own, patent and commercialize inventions developed under federally funded research programs within their organizations.”

Under this program, government scientists may receive up to \$150,000 per year on their patents.

In theory, Bayh-Dole incentivizes bright scientists to seek employment at federal health agencies rather than entering more lucrative private industry by allowing these taxpayer-funded scientists and other individuals and entities to retain the patent rights to intellectual property developed during their taxpayer-funded research and development activities.

In practice, this Act forever realigned the interests of taxpayer-funded scientists away from the American people and

toward their own interests and profits and the profits of the private industries with which they collaborate. Dr. Anthony Fauci and his team at NIAID infamously [owned half the Moderna Covid vaccine patent](#) which incentivized the misguided covid era policies leading to a colossal violation of the rights of Americans demonstrating the perverse incentives created by Bayh-Dole and the necessity of repealing the act.

3. Repeal the Prescription Drug User Fee Act ([PDUFA](#)) of 1992:

“The Prescription Drug User Fee Act (PDUFA) was created by Congress in 1992 and authorizes FDA to collect user fees from persons that submit certain human drug applications for review or that are named in approved applications as the sponsor of certain prescription drug products. Since the passage of PDUFA, user fees have played an important role in expediting the drug review and approval process.”

In 2022 alone, the pharmaceutical industry paid \$2.9 billion in user fees amounting to 46% of FDA’s entire budget including \$1.4 billion or 66% for FDA’s drug approvers’ salaries and \$197 million or 43% of the biologics (vaccines) program budget. As a direct consequence of PDUFA, the FDA has a vested interest aligned with the profits and success of the pharmaceutical industry rather than the health and wellbeing of the American people.

4. Repeal the Public Readiness and Preparedness Act ([PREP Act](#)) which authorizes the Secretary of the Department of Health and Human Services to issue a PREP Act declaration.

“The declaration provides immunity from liability (except for willful misconduct) for claims:

- of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions
- determined by the Secretary to constitute a present, or credible risk of a future public health emergency

- to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures

A PREP Act declaration is specifically for the purpose of providing immunity from liability, and is different from, and not dependent on, other emergency declarations.”

The PREP Act desecrates the ethical principle of informed consent by protecting individuals from liability even when they expressly act contrary to patients’ wishes and instructions and must be repealed.

5. Repeal the [Affordable Care Act](#):

The Affordable Care Act anchors Americans to the pharmaceutical and drug-based medical paradigm even [though a majority of Americans](#) used at least one form of “alternative” medicine in 2021 and spent \$30.6 billion in out of pocket expenses for those holistic medicine services in 2023 according to [Statista](#). Instead, implement a health savings program which permits Americans to access the health and medical modalities of their choice which in turn would foster more competition and reduce the exorbitant health care costs in the US by breaking the extant monopolies held by the medical and insurance industries.

6. Repeal the National Childhood Vaccine Injury Act ([NCVIA](#)):

NCVIA shields vaccine makers and those who administer vaccines from liability (except for willful misconduct), creating a perverse incentive to industry to develop a never-ending stream of vaccines which are then mandated by the states and a perverse incentive to medical professionals to charge for and inject patients irrespective of the harm they may cause. Further, the NCVIA protects industry, medical professionals, and vaccine programs by creating a separate administrative federal court structure lacking due process and discovery, managed by “Special Masters” instead of judges, all in

violation of the constitutionally protected right to due process. While NCVIA contains other provisions designed to protect American families and ensure the safety of the national vaccine supply, Congress is not conducting proper oversight and the promises made in 1986 at the time of the Act's passage have not been upheld. As such, Americans who have been injured or killed by vaccines are left with astronomical medical bills and to fend for themselves.

7. Prohibit Private Donations to Government Entities:

Prohibit private individuals, foundations, corporations, contractors, any other person or entity from donating or otherwise giving money to any agency or entity of the federal government. [FDA](#) and the Centers for Disease Control and Prevention (CDC) accept money from private actors such as the Bill and Melinda Gates Foundation and Pfizer thus skewing the interests of the agency in favor of these private actors and away from the American public. [Gates](#) has collaborated with FDA and the [CDC Foundation](#) takes money from the pharmaceutical industry whose products CDC is responsible for monitoring for safety.

8. Cooling-off Period for Senior Federal Employees:

Enact a 5-year cooling-off period before which agency leadership, deputies, and other key officials may depart federal agencies in order to enter the companies they regulate in the private sector.

9. Prevent Conflicts of Interest:

Eliminate conflict of interest waivers so that no person serving on a health agency committee, board, or other regulatory entity may have a conflict of interest. Disclosure of conflicts of interest is insufficient to ensure the agencies pursue the interests of the American people. Individuals with financial or ideological conflicts of interest should not serve as decision makers in any capacity.

10. Prohibit Government Grants to Nonprofits:

Prohibit government from allocating taxpayer dollars to nonprofit. Nonprofits exist to serve the public interests and should be funded directly by American citizens. If a nonprofit has a worthwhile mission, the public will gladly support it. Government exists to protect our rights and should not be in the business of picking winners and losers nor should it be using third parties to pursue policies outside the reach and review of the public.

11. Ban Water Fluoridation:

While [water fluoridation](#) programs are broad spread, they are not only dangerous from a health standpoint, they are forced medication in violation of the ethical principle of informed consent. Research comparing the health outcomes and IQs of communities that do and do not fluoridate their water supply reveal that children in the fluoridated water communities have [reduced IQs](#) and therefore inferior prospects in life. Other research has documented the health hazards of fluoride, an industrial waste product.

In addition, as fluoride is added to municipal water supplies, residents of those communities have no way to opt out and therefore are subjected to involuntary forced medication. No one should be forced to consume drugged water in order to maintain a biological necessity.

12. Ban Release of Genetically Modified Insects

Two tenets of good health are abundant exposure to sunshine and fresh air, however in some states, the state governments have collaborated with private business to [release genetically modified mosquitoes](#) into communities. While these mosquitoes are often designed to breed with one another and eliminate the “dangerous” species going forward, the health impacts of humans being bitten by these insects is not well understood. Nor should a person have to be risk being bitten by one of

these creatures in order to venture outside. This amounts to a form of forced medication absent any form of consent and must be ended.

These recommendations should be understood as necessary first steps to begin correcting the disastrous health policy environment that exists in the United States today and to restore true health freedom in the US which would allow all Americans to decide what medical interventions to allow into or onto one's body, which health and medical modalities to utilize in maintaining their health, and the ability to live free of involuntary medication be it via the food supply, the water supply, or the air we breathe.

Update October 3, 2024: Policy Imperative 6. has been edited to note that the NCVIA shields medical professionals from liability as well as the vaccine industry.

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The Bird Flu Blues: The Sky Is Falling...Again

[The Bird Flu Blues: The Sky Is Falling...Again](#)

by [Health Freedom Defense Fund \(HFDF\) Team](#)

July 19, 2024

Bird Flu Blues: The Sky is Falling...Again



*Here comes the rain again
Raining in my head like a tragedy*

– The Eurythmics, “Here Comes the Rain Again”

The pandemic pandemonium machine appears to be revving up its engines for yet another campaign as Bird Flu Mania Redux is being [unleashed](#) across the airwaves, onto every screen and into every cranium still naive enough to believe the masters of microbial terror are on the up and up.

The pandemia industry is rolling out its version of stale, exaggerated plot lines and ham-fisted Hollywood sequels that make Grade ‘B’ movies seem avant-garde.

Hysterical headlines fill the airwaves screeching end-times tales of the coming avian apocalypse:

“This could be [100 times worse](#) than covid” – “Now is the time to [take action](#) on H5N1 avian flu, because the stakes are enormous” – “Concerns grow as [‘gigantic’ bird flu outbreak](#) runs rampant in US dairy herds” – “Health warning over new pandemic [‘with 50 percent mortality rate’](#) after first human death confirmed.”

Running counter to the unsubstantiated caterwauling of

the [pharma influenced](#) media parrots Mexican Health Secretary Jorge Alcocer [countered](#) the WHO's claim that a 59 year old Mexican man had died from this latest presumed bird flu strain.

In unequivocal terms Alcocer rebuffed the WHO's latest round of fear mongering stating, "I can point out that the statement made by the World Health Organization is pretty bad, since it speaks of a fatal case (of bird flu), which was not the case." Noting that the man had numerous underlying medical conditions and had been bedridden for three weeks Alcocer added that the man had, "died from other causes, mainly kidney and respiratory failure."

Lead role in this latest bird-brained episode of the Avian Flu H5N1 sequel seems to have been handed over to lifelong bureaucrat [Rick Bright](#), former director of the Biomedical Advanced Research and Development Authority (BARDA) and self described [Pandemic Nemesis](#).

Pandemia Theater

*All the world's a stage,
And all the men and women merely players;
They have their exits and their entrances;
And one man in his time plays many parts*

– William Shakespeare, from "As You Like It", spoken by Jaques

No stranger to the bright lights of pandemic theatrics, Rick Bright was recently showcased at a Council on Foreign Relations (CFR) [webinar](#), "Avian Flu Outbreak and Preventing the Next Pandemic," that was broadcast to 300 state and local officials from 47 states.

Bright kicked off the hifalutin CFR symposium with an oblique reference to this latest viral hobgoblin, menacingly pronouncing it to be a "shapeshifter."

With nary a piece of evidence in sight, Bright commenced to “educate” the audience on this potential plague with a performance reminiscent of the Mad Hatter:

“We know it can rapidly change. We know it can jump to different hosts and different species rapidly, and change, and evolve.

“And those mutations can help it be more lethal, or adapt, or spread to humans and other hosts. Sometimes because the genetic makeup of the virus is fragmented, there’s all these segments inside that virus, you can have two viruses infect a person, or an animal, or a seasonal virus and the H5N1 virus. And they’ll recombine and reassort. And you’ll have this virus that comes out with some of the best or worst of all worlds. And so we know the tricks of this virus.”

Bright’s breathless rambling of *ifs*, *ands*, *ors* and *mights*, coming on the heels of the most massive [medical money grab](#) in history might cause one to pause and consider the reliability, if not integrity, of such pronouncements.

These doomsday warnings come from the same pandemic fanatic “man-in-the-know” who in October of 2019 bizarrely [foreshadowed](#) the coming covid storm, “But it is not too crazy to think that an outbreak of a novel avian virus could occur in China somewhere.”

Lessons From the Past: Avian Flu 2005

“I don’t know of any biotech company that’s so politically well-connected”

– [Andrew McDonald](#), analyst at Think Equity Partners referring to Gilead Sciences Inc.

For those who still do history it’s worth noting that the original H5N1 fright flick was shown across TV screens back in 2005.

In the [original](#) screenplay then President Bush primed the panic button by declaring that a minimum of 200,000 people would die from the avian flu, with as many as 2 million dying in the US alone.

President Bush [called for](#) \$7.1 billion in spending to “stop the spread” of this fearful, feathered contagion and prompted Congress’ enactment of the infamous Public Readiness and Emergency Preparedness Act ([PREP Act](#)).

This key Act, invoked during the covid crisis, protects pharmaceutical manufacturers from financial risk during a declared public health emergency. The act specifically provides immunity, from Federal and State liability, to drug makers involved in the manufacture, testing, distribution, administration and use of countermeasures, arising from public health emergencies.

While it’s [not clear](#) if even a single soul in the US perished from this predicted plague, what is clear is that certain companies and [well-connected individuals](#) made a killing off these dire prophecies.

Before taking a position in the Bush administration, as US Secretary of Defense, Donald H. Rumsfeld, served as Chairman of the Board of Gilead Sciences Inc., a biopharmaceutical company that focuses on developing antiviral drugs. In 1996 Gilead would patent the drug Tamiflu which was marketed as salvation for the pending avian armageddon of 2005. Gilead Inc., is also the developer of the controversial drug [remdesivir](#) that was used in covid protocols.

The avian flu scare of 2005, promoted by the Bush administration, would ultimately be used to justify the [purchase](#) of \$2 billion worth of Tamiflu and as luck would have it Donald Rumsfeld would make [more than \\$5 million](#) in capital gains from selling his shares in Gilead.

Back to the Future: Follow the Money

Birds have been on this planet, Miss Daniels, since Archaeopteryx, a hundred and forty million years ago. Doesn't it seem odd that they'd wait all that time to start a...a war against humanity.

– [Mrs. Bundy](#), “The Birds” by Alfred Hitchcock

In Hitchcock’s classic, while trapped in a house that is being pecked into oblivion by an inexplicable mass bird attack, Cathy desperately [asks](#) a beleaguered Mitch, “Why are they doing this, the birds, why are they trying to kill people?” Mitch responds, “We don’t know, honey. I wish I could say.”

In this latest Pharma production there’s no need to look to the heavens for a supernatural explanation. Bereft of new ideas the [pandemic profiteers](#) pull from their predictable playbook, complete with tired lines delivered by some of the same seedy CDC [actors](#), Reciting the sweet syrupy notes straight from the BioPharma hymn book, the all too human actors and their mendacious [mouthpieces](#) give away the hustle.

Shortly after his performance at the influential CFR, Rick Bright made an [appearance](#) on the Biocentury Show and spoke to the supposed need for better surveillance, speedy mRNA vaccines, better therapeutics and the need to stockpile all of the above to be better prepared for alleged bird germ emergencies.

In that interview Bright went through the entire pandemic preparedness inventory, a wish list every Pharma executive dreams about. In a single sentence the not-so-subtle Pharma lifer gave away the not-so-hidden secret as to how this racket would be financed, “Industry will respond if the government makes the money available.”

When translated, Bright’s coy confessional is an unambiguous lesson in how to siphon off public monies for private interests.

They will invent the problem.

Problem-Reaction-Solution

One day, a leaf landed on Chicken Little's tail. Chicken Little feels the leaf and jumps in surprise. He ran to Henny Penny and cried, "The sky is falling!" "Oh, I must tell everyone!" cried Henny Penny. Chicken Little jumps up and down in panic! Henny Penny looks worried. Soon, Henny Penny met Ducky Lucky. "The sky is falling!" cried Henny Penny. Ducky Lucky asked, "How do you know that?" "Chicken Little told me," said Henny Penny. "We must tell everyone!" cried Ducky Lucky.

...

Soon, they met Foxy Loxy. "The sky is falling!" cried Turkey Lurkey. Foxy Loxy asked, "How do you know that?" "Goosey Loosey told me," cried Turkey Lurkey. "Ducky Lucky told me," cried Goosey Loosey. "Henny Penny told me," cried Ducky Lucky. "Chicken Little told me," cried Henny Penny. The birds point back at each other. Chicken Little covers his eyes.

"Look!" said Foxy Loxy. "Do you see the sky falling?" "No, we don't see it falling," they said. "Listen!" said Foxy Loxy. "Do you hear the sky falling?" "No, we don't hear it falling," they said. "Feel!" said Foxy Loxy. "Do you feel the sky falling?" "No, we don't feel it falling," they said. "Silly birds!" said Foxy Loxy. "Next time, see, hear, and feel for yourselves before you tell everyone else!"

– "Chicken Little: The Sky is Falling" – An English Folk Tale.

The pattern of problem-reaction-solution embedded in [The Hegelian Dialectic](#) is a repeating pattern that plays out in reality.

This analytical lens is "frequently used to scrutinize major global events and policies [and] suggests that powerful groups or entities engineer a problem, anticipating a public reaction that allows them to offer a pre-planned solution. While ostensibly solving the issue, these solutions often serve

hidden interests, whether they be financial gains, increased power, or expanded control.”

In the universe of the Pharmaceutical Industry this is a seasoned and time honored strategy.

In the theatrical production of Avian Flu 2024, the media-manufactured fowl-based fear factor was founded on a mere [four “confirmed” cases](#) “discovered” in dairy workers. The primary symptom that sounded the alarms for the Pharma friendly bureaucrats at [CDC Inc.](#) was [conjunctivitis](#) (pink eye), a catch-all term for inflammation of the eye.

Eliminated from consideration were more reasonable explanations for why farm workers might have eye irritations such as, ever-present dust and dander found on farms, the boatload of chemical residues (from Roundup e.g.) that circulate throughout factory farms, or the ubiquitous dairy farm mountains of manure which release toxic ammonia.

To kick start the next pandemic bonanza the virus hunters, who dutifully serve the pharmaceutical syndicate, call upon the tried and true PCR shell game to hornswoggle the public into believing that another *sinister*, free-floating microbe is *on-the-move*.

Known for its ability to be manipulated in order to obtain the [desired results](#), the decidedly non-diagnostic PCR process has proven to be the perfect tool for the art of [medical deception](#) and for casting a spell on an ill-informed public. No matter the well-documented history of PCR being used to invent [non-existent epidemics](#) and to “identify” [non-existent diseases](#) the PCR voodoo is being rolled out yet again as proof positive that this bird flu baddie represents reality.

Truth to be told, identifying The Virus™ is nearly superfluous, as all they need to do is create the *perception* of a pandemic, manufacture mass panic with staged Hollywood productions, and doomsday models and use

the [fraudulent PCR tests](#) to manufacture the *perception* of an incoming alien invasion.

The CDC then starts [squawking](#) about another “deadly virus” in order to justify a multi million dollar government handout to a Pharma darling, like the recent \$176 million government [giveaway to Moderna](#) to develop an “mRNA bird flu pandemic vaccine.”

Voila! Another boondoggle to funnel tax dollars to Pharma executives and shareholders.

You’d think by now it would be glaringly obvious the emperor’s wearing no clothes and that the only pandemic to be feared is not coming from barnyard animals but one of snake oil salesmen.

Whatever their motives, be it the sadistic inclinations of [Nurse Ratched](#) dying to jab everyone again; or Billy Bug Gates and Co. looking to decimate the food supply by culling millions of birds and cattle in order to crank up his failing bug and chemical [fake meat](#) factories; or central bankers looking to give payouts of fake currency to farmers for their “losses” in order to further exacerbate hyperinflation in order roll out their [CBDCs](#), one thing is for sure, despite all advertisements none of this is being done for public health.

So the next time you hear the carnival barkers of the [Medical Mafia](#) and their media parrots whistling dixie about some deadly bird bug ignore their self-serving hype and whistle your own tune:

Meet the new flu – same as the old flu.

[Connect with Health Freedom Defense Fund](#)

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Exploding the Spanish Flu Myth

[Exploding the Spanish Flu Myth](#)

by [Health Freedom Defense Team](#)

June 20, 2024

Who controls the past controls the future: who controls the present controls the past.

George Orwell, "1984"

Type "Spanish Flu pandemic of 1918" into any search engine or head to your local library to research historical references on the topic and you'll inevitably and universally get a story that goes something like [this](#):

The Spanish flu pandemic of 1918-1919 was the deadliest pandemic in world history, infecting some 500 million people across the globe—roughly one-third of the population—and causing up to 50 million deaths, including some 650,000 deaths in the United States alone. The disease, caused by a new variant of the influenza virus, was spread in part by troop movements during World War I. With no vaccines or effective treatments, the pandemic caused massive social disruption: Schools, theaters, churches and businesses were forced to close, citizens were ordered to wear masks and bodies piled up in makeshift morgues before the virus ended its deadly worldwide march

in early 1920.

Conventional explanations [found](#) in the standard literature are perfunctory, uniform and lacking in forensic analysis of causal factors for this cataclysmic historical event.

The immortalized history of the [improperly named](#) “Spanish Flu” is regularly used like a sword of Damocles as justification for all manner of government health policy responses – “If we don’t do X we may see the horrors of the Spanish Flu again.”

The story of an alleged pathogen sweeping across the globe and causing a mass death event has been ingrained in the public psyche through generational repetition and is now uncritically accepted despite numerous inexplicable anomalies in the official narrative.

When looked at without pre-established sentiments the entire story of this cataclysmic health catastrophe being caused by some microscopic superbug seems rather unreasonable.

When looked at in the context of the devastation produced by World War 1, with the backdrop of a nascent [Pharmaceutical/Chemical Industry](#) in search of its raison d’etre, this seminal human catastrophe develops a logical coherence that defies the standard assumptions of infectious disease.

This rapidly expanding scientific and medical industry, being [assembled](#) by the wealthiest men in the world, stood in direct opposition to research that investigated the relationship of social factors to health and disease. Instead, resources would be focused only on chemistry, pathology, bacteriology, physiology and pharmacology, ignoring the impact of the mental, emotional, social, economic, and physical environment on disease and health.

The Conditions of World War 1

The trench was a horrible sight. The dead were stretched

out on one side, one on top of each other six feet high. I thought at the time I should never get the peculiar disgusting smell of the vapour of warm human blood heated by the sun out of my nostrils. I would rather have smelt gas a hundred times. I can never describe that faint sickening, horrible smell which several times nearly knocked me up altogether.

[British Captain Leeham](#)

Fighting in [World War I](#) went from July 1914 – November 1918 and took place throughout Europe, the Middle East, Africa, the Pacific, and parts of Asia, resulting in one of the deadliest wars in history.

Multiple distinguishing and brutal features of World War 1 turned the conditions of everyday life into an environment where death, destruction and rampant illness became normal features of life for millions of people, particularly for the young men involved in the violent battles.

A distinctive characteristic of WW 1 was the [extensive use of animals](#) such as horses, mules and camels. Getting such a large number of animals to the battlefield entailed a colossal project of logistics and mass transport.

The US alone transported around 1 million animals across the Atlantic Ocean in boats with horrible ventilation. These animals were traveling long distances in a high humidity environment and were malnourished- many perished from the rigors and deprivations of this long-distance maritime journey. The death of the animals during transport would become known as “the shipping flu.”

Troops that were being transported on the same ships were suffering from the same stressful and unsanitary conditions.

Another distinguishing and severe feature of WW1 was [trench warfare](#) in which soldiers lived their lives in a world of mud,

death and despair. Soldiers in the trenches lived in a constantly cold and damp environment, eating canned food and drinking dirty water to survive. The trenches themselves were unsanitary trash dumps of ammunition boxes, empty cartridges, soiled bandages, shrapnel balls, bone fragments and the assorted detritus of war.

Soldiers fighting in close proximity in these unsanitary conditions were commonly subject to diseases such as dysentery, cholera and typhoid fever. Soldiers in the trenches were plagued by sore throats, colds, flu, lice infested clothing which caused 'trench fever' and typhus and suffered from exhaustion and sores as regular aspects of their lives.

Effectively trapped in the trenches for long periods of time, under nearly constant bombardment, many soldiers suffered from post-traumatic stress disorder (PTSD). The soldier's physical and mental health were severely impacted by these conditions while medical facilities were far from the front lines and mental health support was nonexistent. The devastating effects of the war on the human psyche and body would create conditions which would foster immediate and lasting breakdown of all facets of the human condition.

The trenches on the Western Front would become poisonous pits as soldiers fell victim to [gas attacks](#) as early as 1915.

Chemical/Gas Warfare

When the gas attack was over and the all clear was sounded I decided to go out for a breath of fresh air and see what was happening. But I could hardly believe my eyes when I looked along the bank. The bank was absolutely covered with bodies of gassed men. Must have been over 1,000 of them. And down in the stream, a little bit further along the canal bank, the stream there was also full of bodies as well.

British sapper, [Lendon Payne](#)

Perhaps sitting at the top of the list of overwhelming assaults on biological and environmental systems pertaining to WWI was the radical new chemical and gas warfare that was used extensively by all forces in the European war theater.

The following excerpts come from the [Leavenworth Papers](#), "Chemical Warfare in World War 1: The American Experience, 1917-1918." This lengthy paper gives insights into the widespread usage of chemical warfare and vivid accounts of its devastating impacts:

The war gases [sic] and chemicals were grouped according to their effects on the human body. The most widely used by both sides, the one that had the most harmful and deadly effects, was mustard gas. It was said to be responsible for 1,205,655 non-fatal injuries and 91,198 deaths.

Strictly speaking, mustard gas is not a gas, but a liquid, which slowly evaporates at normal ambient temperatures.

"The person felt no discomfort when exposed to the gas but hours later, would experience choking, severe burning, and mucosal blistering. Mustard gas penetrated all types of 'protective' clothing and was **remarkably persistent over time in the environment – soil, leaves, and grasses.**" [Bold Added.]

"With the use of heavy artillery, soldiers didn't have to rely on the direction of the wind to deliver the payload correctly or rely on 'direct hits' to be effective. For example, in May 1916 they began to use shells filled with diphosgene, **a strong lung irritant.**" [Bold Added]

"**By July 1917**, both sides were using three different mixtures of phosgene, diphosgene, and diphenylchlorosine, a chlorine powder laced with arsenic dust. In field trials, arsenic powder proved extremely effective because it penetrated all types of filters used in the rudimentary masks. But it was the "Yellow Cross" (mustard gas) that gave the Germans a distinct advantage in chemical warfare. **When mustard gas was coupled**

with explosives, it spread over wide areas and remained airborne for an extended time.” [Bold Added]

As [noted](#) in the Leavenworth Papers attempts at personal protection were nominal and ineffectual resulting in large numbers of casualties and mass poisonings:

On 6 April 1917, when the U.S. declared war on Germany, the Army not only lacked defensive equipment for chemical warfare, but also had no concrete plans to develop or manufacture gas masks or any other defensive equipment.

While impossible to accurately assess the total amount of poison gasses and toxic chemicals that were used in WW1, much of the European continent was bombarded and saturated for three years with heavy doses of these toxic and persistent compounds.

A Strange Blue Flu

One of the oft-cited symptoms of the Spanish Flu, different from all other flus before and since, was a strange bluish-gray discoloration of the skin. It was [noted](#) that as victims lungs would fill with fluid their skin would turn grayish-blue.

When cadavers were examined and the [cause of death](#) registered, victims who died suddenly and had a bluish-purple discoloration to their lips or skin were automatically registered as having died from the Spanish Flu.

Another [unique feature](#) of this flu's clinical profile was how the victims could die within hours or days of developing symptoms, their lungs filling with fluid causing them to suffocate.

While these extraordinary symptoms don't fit the classical [clinical profile](#) of the flu, they do fit descriptions of chemical warfare during WW1.

Witness [accounts](#) of chemical attacks describe French soldiers, “stumbling off the battlefield blinded, coughing, chests heaving, faces an ugly purple color, lips speechless with agony.”

Another [report](#) by a British soldier described survivors of a poison gas attack: “Complexion here was an ashed blueish grey, the expression most anxious and distressed with the eye-balls staring, and the lids half closed. Respiration was extremely laboured and noisy with frequent efforts to expel copious amounts of tenacious yellowish green frothy fluid which threatened to drown them, and through which they inhaled and exhaled air into and out of their lungs with a gurgling noise.”

An Unusual Flu That Kills the Young and Strong and Spares the Old

The illness traditionally designated as ‘the flu’ has historically been noted to place certain groups at higher risk of developing serious complications if afflicted. At the [top of this list](#), as it is with most illnesses, are older adults. Oddly, this was not the case with the Spanish Flu.

Unique to all of epidemiological history the Spanish Flu was [said](#) to have an “unprecedented age-specific mortality pattern, in which *young adults* were at extraordinarily high risk of dying, a feature not observed in influenza outbreaks before or since.” [*Emphasis added*]

The [mortality profile of the 1918 epidemic](#) was exceptional in many ways. The age-specific mortality pattern for this flu was radically different from the traditional U-shaped patterns, meaning high mortality in the very young and the very old, and low mortality in the in-between age groups, as seen in all previous influenza outbreaks.

In contrast with past influenza mortality patterns the Spanish Flu produced a peculiar W-shaped mortality age profile,

meaning that the age groups 15–24, 25–34, and 35–44, experienced the highest rates of mortality.

Also of [note](#) is that the male death rates for influenza in 1918 far exceeded the female death rates among adults.

This depicted an unprecedented age-specific mortality pattern, in which young adult males were at extraordinarily high risk of dying, a feature not observed in influenza outbreaks before or since.

The young males who were most severely impacted by this ostensible illness were by and large precisely those who were [involved](#) in WW1 combat, “The first of three waves hit soldiers in France early in 1918. But the flu soon spread from there, in two subsequent and far more virulent waves, to sicken soldiers and civilians almost everywhere.”

Explanations for these uncanny deviations from all known medical history were perfunctory, insufficiently explained and usually came with [qualifiers](#), “Elders may have acquired immunity from exposure to a previous flu outbreak” or “The less than predicted mortality in the elderly [conceivably](#) could be attributed to 19th century exposure either to then-prevalent influenza A viruses containing H1 or N1 surface proteins.”

Another stab at explaining away this mortality mystery [suggested](#), “the disproportionate increase in frequency of secondary bacterial pneumonias in healthy young adults might be an additional manifestation of viral virulence associated with differential host immune responses.”

With no definitive explanations ever offered some experts would [admit](#), “The extreme virulence of the fall wave has never been explained”, while obliquely suggesting, “Both the nature of the virus itself and accompanying bacterial pneumonias may be involved.”

In 2008 [researchers](#) at the National Institute of Health (NIH) concluded that bacterial pneumonia was the killer in 92% of the autopsies of those who died of so-called "Spanish flu" between 1918 and 1919. Their research looked at 8,398 autopsies from 15 countries. Virtually all of the lung tissue examinations showed, "compelling histologic evidence of severe acute bacterial pneumonia, either as the predominant pathology or in conjunction with underlying pathologic features now believed to be associated with influenza virus infection," including damage to the bronchial epithelium.

Ignored in this profusion of conjecture, research and speculation were the concrete realities of the mass amounts of toxins, stressors and non-stop biological assaults being confronted on a daily basis by the group most heavily afflicted by this mysterious flu.

No matter how obvious it was that the victims of this alleged disease were under the most violent of assaults in multiple ways, officialdom only allowed for 'the pathogen' to be considered as the explanation for these illnesses and deaths.

The Military Vaccine Campaign

As everyone knows, the world has never witnessed such an orgy of vaccination and inoculation of every description as was inflicted by army-camp doctors upon the soldiers of the [First] World War.

Annie Riley Hale, ["The Medical Voodoo"](#)

Between Jan. 21 and June 4 of 1918, Dr. Frederick L. Gates [reported](#) an experiment in which soldiers at Camp Funston located at Fort Riley in Kansas. were given three doses of a bacterial meningitis vaccine.

[Fort Riley](#) was a massive complex which housed 26,000 men, a place where soldiers complained of "bone-chilling winters, sweltering summers and blinding dust storms."

Living alongside the soldiers were thousands of horses and mules that produced nine tons of manure each month. The method of manure disposal was to burn it, sending the burning manure into the driving wind.

While up for [debate](#), Fort Riley is considered by “official” sources as the most likely site of the [origin](#) of the historic ‘influenza pandemic’ of 1918, later called the Spanish Flu.

The experimental vaccines given to the soldiers were dosages of a vaccine serum derived from horses. The vaccine used was made in the laboratory of The Rockefeller Institute.

Soon thereafter, the vaccine would be offered by the Division Surgeon to the camp at large.

On the morning of March 4 Private Albert Gitchell of the U.S. Army [reported](#) to the hospital at Fort Riley, Kansas, “complaining of the cold-like symptoms of sore throat, fever and headache.”

Right behind him came Corporal Lee W. Drake voicing similar complaints.

[By noon](#), camp surgeon Edward R. Schreiner had over 100 sick men on his hands, all apparently suffering from the same malady.

The Gates’ report chronicled near immediate illnesses suffered by the injected troops:

“Careful inquiry in individual cases often elicited the information that men who complained of the effects of vaccination were suffering from mild coryza, bronchitis, etc., at the time of injection.”

“Sometimes the reaction was initiated by a chill or chilly sensation, and a number of men complained of fever or feverish sensations during the following night. Next in frequency came nausea (occasionally vomiting), dizziness, and general “aches

and pains" in the joints and muscles, which in a few instances were especially localized in the neck or lumbar region, causing stiff neck or stiff back. A few injections were followed by diarrhea. "

"The reactions, therefore, occasionally simulated the onset of epidemic meningitis and several vaccinated men were sent as suspects to the Base Hospital for diagnosis."

The Rockefeller Institute triumphantly [stated](#) that they had formulated three different kinds of what they called "curative serums" and that these serums, antimeningococci, antipneumococcic Type I, and antidysenteric (polyvalent)", were manufactured in large quantities.

Use of these experimental injections was not unique to the United States as noted by The Rockefeller Institute, which boasted that *before* the United States entered the war they had, "resumed the preparation of antimeningococcic serum, in order to meet the requests from England, France, Belgium, Italy, and other countries."

Of Electromagnetic Poisoning and the Rosenau Experiments

In Arthur Firstenberg's groundbreaking [book](#), "The Invisible Rainbow: A History Of Electricity And Life", he examines the impacts of electricity and its interaction with living organisms.

Firstenberg's seminal work suggests a wide range of illnesses and metabolic disorders can be attributed to exposures to pulsed and alternating electromagnetic fields in the environment which interfere with electric currents used by our biological systems.

A distinct feature of the late 19th century and early 20th century was the mass electrification of urban areas. This period saw the emergence of the first stray currents to which living beings were exposed and saw the initial appearance of

diseases such as [neurasthenia](#).

Some have [suggested](#) that this mass electrification program, accelerated during WW1 as governments installed antennas which created strong radio signals, was yet another contributing factor to the innumerable maladies that impacted soldiers during this time.

In 1918 researchers for the Public Health Service and the U.S. Navy [conducted](#) human experiments in order to determine the cause of the Spanish flu and the reason for what was thought to be its extraordinary contagious qualities.

Milton J. Roseneau supervised this landmark study, "Experiments to Determine Mode of Spread of Influenza," which was [published](#) in the Journal of the American Medical Association in 1919.

The experiments were conducted at Gallops Island, the quarantine station in Boston Harbor.

Quoting directly from the study:

"The experiment began with 100 volunteers from the Navy who had no history of influenza. Rosenau was the first to report on the experiments conducted at Gallops Island in November and December 1918.

His first volunteers received first one strain and then several strains of Pfeiffer's bacillus by spray and swab into their noses and throats and then into their eyes. When that procedure failed to produce disease, others were inoculated with mixtures of other organisms isolated from the throats and noses of influenza patients.

Next, some volunteers received injections of blood from influenza patients. Finally, 13 of the volunteers were taken into an influenza ward and exposed to 10 influenza patients each.

Each volunteer was to shake hands with each patient, to talk with him at close range, and to permit him to cough directly into his face.

None of the volunteers in these experiments developed influenza. Rosenau was clearly puzzled, and he cautioned against drawing conclusions from negative results.” [Bold added.]

In the JAMA article Roseneau concluded:

As a matter of fact, we entered the outbreak with a notion that we knew the cause of the disease, and were quite sure we knew how it was transmitted from person to person. Perhaps, if we have learned anything, it is that we are not quite sure what we know about the disease. [Emphasis added]

A companion [study](#) done at the same time at Angel Island in San Francisco produced similar negative results. Both studies concluded that what was considered to be one of the most contagious of communicable diseases in history could not be transferred under experimental conditions.

As well as challenging the contagion orthodoxy the results of the Roseneau experiments repudiate yet another pillar of the Spanish Flu mythos.

Conclusion

The Spanish Flu horror story has been planted in the collective consciousness and few have taken the time to inspect its veracity. When brought to our attention the story is always broadcast as an apocalyptic health disaster caused by an otherworldly and fatal microbe and this is accepted as an incontrovertible truth.

While debates around the margins are allowed, those come with an unspoken contract that there must remain an intractable belief in the fundamental “truths” of the prevailing narrative.

How many did 'It' actually kill? Was it 20 million? Was it 50 million?

Where did 'It' originate? From a US military base? From France? From China?

How exactly did 'It' spread so widely and quickly? Did 'It' move through the population through train travel? Was it due to massive military movements?

What was so unique and deadly about *this* pathogen? Was 'It' enhanced with novel deadly features? Was the antigenic composition particularly virulent?

These types of questions are allowed and, circa 2024, all too familiar.

What's not allowed is to question the core assumptions of this earth shaking historical event- even if those assumptions defy all logic.

What's emphatically not to be questioned is that 'It' actually existed. What's demanded by the established order is that all other plausible explanations are dismissed from the outset.

What's not to be considered is the possibility that this tragedy has been completely mischaracterized.

So if not a unique pathogen that spread like wildfire across the globe, what did kill all these people?

A look at history books and statistics shows that epidemics always developed where human biological systems had been weakened, primarily due to lack of food and water, poor sanitary conditions, toxic overload and immense social stressors. This description defines the world of 1918 and the social conditions of "The Great War."

Deconstructing these social conditions leads to a fistful of profound questions surrounding the established history of the

Spanish Flu.

How was it that *this flu and only this flu* ambushed young healthy adults and not young children and older adults with weaker systems?

How was it that *this flu and only this flu* turned people's faces blue, their lips purple and caused people to collapse within a matter of hours, and even dying the same day?

Is it such a stretch to believe that thousands of tons of war chemicals including chlorine gas, phosgene, mustard gas and thirty-odd other chemicals released into the environment during three years of daily explosions would create the conditions that would lead to biological breakdown and mass fatalities in both the short and long-term?

What about the training for chemical warfare and exposure to these chemicals and the harm these men incurred as a result of this exposure even before landing on the battlefield?

Is it really a controversial belief that thousands of tons of explosives used to send millions of pounds of toxic liquids and poisonous gasses into the air across an entire continent would create an environment that would create mass casualties?

Is it revisionist history to ask basic questions about how often the soldiers were able to bathe and change clothes in order to get the toxic residues off of their bodies?

Is it preposterous to point out that chemical residues remain in the lungs and in the environment for prolonged periods and will inevitably cause lethal outcomes?

Wouldn't it be logical to consider maritime transportation issues for soldiers, animals and goods during WW1, where soldiers were crammed together on ships with lots of horses and mules in very humid conditions, horrendous sanitary conditions, onerous nutritional deficiencies, limited hygienic

repositories for human and animal waste? Wouldn't these conditions be a guaranteed recipe for disease, including respiratory problems?

Is it really far-fetched to suggest that using millions of soldiers in crude experimental mass injection campaigns might have had detrimental, even deadly, outcomes for the subjects?

Is it really so fantastical to mention that socially and economically devastated towns and cities in physically devastated areas throughout Europe would create the perfect conditions for disease?

Is it forbidden to ask how it was that the 'global pandemic' ended and the alleged illness "mysteriously" disappeared at the same time WW1 ended?

Is it really unreasonable to suggest that the primary cause of deaths attributable to the Spanish Flu was all things related to WW1 and not a pathogen?

Now more than ever it's important to pursue these questions, to have knowledge of this history, and to get that history right in order to understand the verifiable origins of the event and who the false narrative serves.

[Connect with Health Freedom Defense](#)

Cover images are in the public domain:

- 1) Headlines from newspapers in Chicago, Illinois, U.S. at the time of the 1918 Spanish flu.*
 - 2) Emergency hospital during 1918 influenza epidemic, Camp Funston, Kansas.*
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How the WHO Plans to Take Over the World

[How the WHO Plans to Take Over the World](#)

by [Health Freedom Defense Fund Team](#)

March 20, 2024

The World Health Organization (WHO) is set to convene the [77th World Health Assembly](#) (WHA) meeting for May 27 – June 1, 2024 at the plush InterContinental Hotel in Geneva, Switzerland.

This in-person meeting of the WHA, the decision-making body of WHO, will bring together senior representatives from governments, multilateral organizations, and the private sector to discuss two international legal instruments intended to increase WHO's authority in identifying and managing health emergencies.

The two documents, (1) [Amendments](#) to the 2005 International Health Regulations (IHR), and (2) [A Pandemic Treaty](#), termed 'CA+' by the WHO, when viewed together in the context of the globalist pandemic preparedness agenda represent an ambitious attempt towards monopoly power in global health governance.

These two instruments, the Pandemic Treaty and the IHR Amendments, are designed to operate in concert and consolidate the influence of the WHO as the world's "global health authority." If adopted and approved by member states these proposals would bring about significant changes in how the WHO operates.

The draft IHR amendments would lay out new powers for the WHO during health emergencies, and broaden the context within which they can be used. The draft CA+ ('treaty') if

implemented would support the bureaucracy, financing and governance that underpins the expanded IHR amendments.

Under the guise of a “[One Health](#)” approach these proposals and amendments would grant the WHO sweeping powers, under its Director General, in the arena of health management and broaden the WHO’s reach into areas of governance on food economies, the environment and issues surrounding allocation of national resources.

If implemented, the IHR Amendments and the Pandemic Treaty working in tandem would grant administrative authority to unelected and unaccountable bureaucrats at the WHO.

These unilateral, wide-ranging decisions would assuredly benefit those who work for the various [public-private partnerships](#) that control the financial and political machinery of the WHO.

While there are countless reasons this latest hijacking of power by the WHO must be opposed, the list below highlights some of the primary concerns and consequences entailed in the IHR amendments and Pandemic Treaty:

- Changes the existing IHR provisions from non-binding “advice” to legally binding regulations;
- Allows the WHO to declare a Public Health Emergency of International Concern (PHEIC) which can oblige national governments to “undertake” border closures, lockdown of individuals, mandated medical examinations and vaccination;
- Expands the WHO Director General’s (DG) authority to unilaterally declare a Public Health Emergency of International Concern (PHEIC);
- Empowers Regional Directors to declare regional public health emergencies;

- Expands the definitions of what constitutes pandemics and health emergencies;
- Maintain a perpetually operative pandemic preparedness bureaucracy through the development of a “framework convention” that would establish a new \$30 billion per year international health authority. This new global health bureaucracy would choreograph the WHO’s role in developing global “allocation plans for health products” (including vaccines);
- Require member States to support censorship and suppression of information that diverges or dissents from WHO opinions and directives;
- Sets up wide-ranging health surveillance systems in all member States, which WHO will monitor regularly through administrative mechanisms;
- Gives WHO control over some measure of country resources, including requirements for financial contributions to fund “capacity building and “technical assistance” structures by requiring a percentage of national health budgets be devoted to health emergencies as defined by the WHO;
- Removal of a clause that required regulations must be in accordance “with full respect for the dignity, human rights and fundamental freedoms of persons”, and replacing it with a new clause that reads regulations shall be “based on the principles of equity, inclusivity, coherence and in accordance with their common but differentiated responsibilities of the States Parties, taking into consideration their social and economic development”;
- Expands WHO’s scope by emphasizing a ‘One Health’ agenda which includes a broad range of health, economic, social and political life which impact health, and therefore

fall under the dictates of a declared international health emergency.

In addition to creating a multi-billion dollar self-perpetuating pandemic-preparedness industry, which will fund itself by looting the world's taxpayers, this latest power grab by the WHO and its globalist sponsors represents a fundamental threat to national, medical and bodily autonomy and is a clear and present danger to the citizens of the world.

This entire process under which unelected delegates negotiate terms and conditions which would place people at the mercy of medical officers, public health bureaucrats and health enforcement gendarmes, who will be immune to any penalty for any acts carried out in the name of "public good," stands in direct opposition to, and are in direct violation of [informed consent](#) and stands in direct opposition to multiple long-standing national and international principles of [medical ethics](#) such as:

The [Nuremberg Code](#) of 1947: "The consent of the human subject is absolutely essential. The International Covenant on Civil and Political Rights resumed this ban against unintentional experimentation, in its 1966 text, which states: no one may be subjected without his consent to medical or scientific experiment."

The [Geneva statement](#) for doctors from 1948: "I will respect the autonomy and dignity of my patient. I will not use my medical knowledge to infringe human rights and civil liberties, even under force. I will keep absolute respect for human life, from conception. I will consider my patient's health as my first concern."

The [Declaration of Geneva](#) of the World Medical Association that binds the physician with the words, "The health of my patient will be my first consideration," and the International

Code of Medical Ethics declares that, “A physician shall act only in the patient’s interest when providing medical care which might have the effect of weakening the physical and mental condition of the patient.”

The [Belmont Report](#) on voluntariness which asserts, “[the] element of informed consent requires conditions free of coercion and undue influence. Coercion occurs when an overt threat of harm is intentionally presented by one person to another in order to obtain compliance. Undue influence, by contrast, occurs through an offer of an excessive, unwarranted, inappropriate or improper reward or other overture in order to obtain compliance.

Unjustifiable pressures usually occur when persons in positions of authority or commanding influence – especially where possible sanctions are involved – urge a course of action for a subject.”

UNESCO’s [Universal Declaration on Bioethics and Human Rights in 2005](#): “to provide a universal framework of principles and procedures to guide States in the formulation of their legislation, policies or other instruments in the field of bioethics [and to] promote respect for human dignity and protect human rights, by ensuring respect for the life of human beings, and fundamental freedoms, consistent with international human rights law.”

The World Health Organization, a UN agency with no national legal oversight and no legal accountability at all, seeks to establish itself as global health dictator by demanding member States respond to perceived threats through autocratic decrees formulated and given by the WHO which are certain to accrue profits and power to its corporate sponsors.

Make no mistake, whatever bylines and selling points the WHO offers, be it called “treaty,” “agreement” or “accord,” the practical intent and desired effect of this latest autocratic

assault on our rights is to create the legal and financial basis for an internationally coordinated bio-surveillance regime that will significantly strengthen the authority of the World Health Organisation.

The historical precedence of coercive and oppressive actions seen throughout the Covid-19 crisis provides a clear warning to all and demonstrates that the WHO will assuredly attempt to leverage the Pandemic Treaty and IHR Amendments to gain monopoly power through a global health governance pact that will inevitably result in global health despotism.

The WHO Pandemic Treaty which creates a world of “declared pandemics” and rolling “perpetual lockdowns” that will take away people’s inalienable human rights and bodily autonomy must be rebuked by all citizens of the world and formally rejected by all local, state, regional and national governments of the world.

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Lab Leak: An Elaborate Misdirection?

[Lab Leak: An Elaborate Misdirection?](#)

by [Health Freedom Defense Fund Team](#)

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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 [reappearing](#) 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 lab-leak 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 [computer-generated](#) construct. The [initial research paper](#) illustrates that the virus in question was nothing more than an in-silico apparition, a simulacrum created by [demonstrably dodgy genomic sequencing](#).

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 sci-

fi 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, [reported cases of flu](#) in many countries [suddenly vanished](#).

Meanwhile, [many pneumonia deaths](#) 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 [chronically ill](#) people who were already in or were sent to hospitals and [nursing homes](#).

In these institutions, “Covid” patients were forcibly “treated” with [toxic medications](#), placed on [sedatives](#) and [ventilators](#) that blew up or [collapsed their lungs](#), and [abandoned in their rooms](#) to die a painful, lonely, despairing death.

Family members were prevented from being at their side to comfort them, to question the [macabre protocols](#) being mercilessly inflicted, and to spirit them out of the [“death row” facilities](#).

That the [death rate attributed to Covid](#) 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 [struck without warning](#). There was [no observable evidence](#) 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 [the same week the WHO declared a global pandemic](#)—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 synchronicity only in select locations?

Are we to believe a suddenly super-spreading, deadlier-than-flu, gain-of-function virus [waited for a government decree](#) to create excess deaths?

Why did this deadly virus cause no mass death [in the Chinese city](#) where a lab leak is said to have originated at the Wuhan Institute of Virology?

(2) This ostensible virus [did not migrate](#) 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—[in the Corona neighborhood of Queens, 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 [nursing homes](#) and [hospitals](#), 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 [do-not-resuscitate orders](#), and their apparently purposeful policies of [neglect](#)?

(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 [certain counties and metro areas in certain states in the US](#) 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 [cross rivers](#).

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 [“emergency measures” were fiercest](#) 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 [there was no global viral event](#). Instead, what we saw play out was that [radically different public health policies](#) 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 [campaign orchestrated by powerful interests](#) 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 [surfaced early on](#). 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” man-made, “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 [siphon trillions from taxpayers](#) through the aptly named [“pandemic preparedness” industry](#).

Another consequence of accepting the lab-leak supposition is to distract attention from how the perception of a pandemic/mass panic was conjured with [staged Hollywood productions](#), [doomsday models](#), and the [meaningless PCR tests](#) that fraudulently manufactured cases and [spuriously attributed deaths](#) 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 lab-leak 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 [there was no pandemic](#), 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 [criminal fraud and outright genocide](#).

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 [Health Freedom Defense Fund Staff](#)

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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 [Santonin](#) 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 [noted toxic effects](#) which posed serious risks to patients.

Pfizer would quickly expand into the realm of [fine](#)

[chemicals](#) 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 [painkillers and antiseptics](#) 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 [citric acid](#), 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 [“small New York firm”](#) would arrive in 1919, when its scientists would pioneer and develop a [deep tank fermentation process](#), 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, [Terramycin](#), 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 [price fixing](#) by the Federal Trade Commission.

In 1961 the Justice Department filed criminal [antitrust charges](#) 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 [FTC ruled](#) 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 [blockbuster drugs](#), 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 [largest criminal fine in US history](#).

Take, for example, Pfizer's first blockbuster drug, the anti-inflammatory [Feldene](#), 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 [top "Censored" news stories](#) 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 [petitioned](#) to relabel the drug due to serious concerns about its long half-life and its tendency to accumulate in the blood.

The watchdog organization [Public Citizen Health Research Group](#) (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 [internal documents from Pfizer](#) 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 [heart valve](#) 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 [663 individuals had died](#) as a result of the defective valves.

Pfizer ultimately [agreed to pay](#) between \$165 million and \$215 million to settle lawsuits related to the [The Björk-Shiley Convexo-Concave Heart Valve.](#)

It also [agreed](#) 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 [pled guilty](#) 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 [six-part exposé](#) 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 [death of 11 children](#). 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 [30 Nigerian families](#), 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.

[Trovan](#) never became the blockbuster Pfizer had envisioned. The

company admitted to stockholders it had [“suffered a disappointment”](#) with this experimental meningitis drug. Trovan was never approved for use by children in the United States, so production was halted. The European Union [banned it in 1999.](#)

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 [misleading ads](#) 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 [plead guilty](#) 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 [arranged for delays](#) 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 [committed](#) 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 'life-threatening' skin reactions, including deaths."

– That same year the FDA approved a black box warning on Pfizer's other blockbuster painkiller, [Celebrex](#), 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 [health care settlement in history](#). GlaxoSmithKline would up the ante with a [\\$3 billion settlement](#) in 2012.

The fine was a combination of [civil and criminal settlements](#) relating to Pfizer’s “allegedly illegal promotion of certain drugs, most notably Bextra.” Pfizer pled guilty to “[misbranding the painkiller Bextra](#) with the intent to defraud or mislead, promoting the drug to treat acute pain at dosages the FDA had previously deemed dangerously high.”

The [Justice Department](#) 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 [The New York Times](#), 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 [expansive corporate integrity agreement](#) 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, [Dr. Marcia Angell](#), former editor of *The New England Journal of Medicine* and author of [The Truth About the Drug Companies: How They Deceive Us and What to Do About It](#), 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 [False Claims Act accusations](#) 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 [bribed overseas 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 [Prempro](#) cause breast cancer. Around 10,000 women filed a lawsuit against the company, alleging that the

drug maker withheld information about the [potential risks](#) of breast cancer from HRTs. The [\\$1.2 billion](#) settlement came after six years of trials.

In 2013, Pfizer agreed to a [\\$288 million settlement](#) for claims by 2,700 people that its [smoking-cessation drug Chantix](#) caused suicidal thoughts and severe psychological disorders.

The FDA had placed a [black box warning](#) 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.

[In 2016](#), after years of lobbying, Pfizer managed to get the FDA to lift the black box designation from Chantix in a [10-9 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 [June 12, 2008, ceremony](#), at the original Pfizer

manufacturing site in Brooklyn, New York, the American Chemical Society designated Pfizer's development of deep-tank fermentation as a [National Historic Chemical Landmark](#).

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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