

# An Army of Big Biotech Companies Is Using Psych Tactics to ‘Create Vaccine Demand’

A new ‘Vaccination Demand Observatory’ is using surveillance, bots, and ‘behavior change’ mass marketing schemes to press reluctant people into getting the shots

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*The U.S. is awash in a surplus of coronavirus vaccines as there has been a sudden drop in demand for them; most Americans who want the shots have had them. Now an army of Big Biotech’s agencies set up to address “vaccine hesitancy” are turning up their mass marketing to “create demand” using surveillance, rapid data analysis, media control, and host of behavior control strategies they’ve outlined in their playbooks.*

## **Demand plummets**

About 40% of the total adult population has been fully vaccinated, [according to data](#) from the Centers for Disease Control and Prevention (CDC). Uptake plummeted 25% after a peak in mid-April, and 56.4% of adults have had at least one dose of a coronavirus vaccine.

But five million people – about eight per cent of those who took a first dose of the shot – [failed to show](#) up for their second dose appointments, according to the CDC.

As a result, excess vaccine stock has been piling up across the country. Chairs sat empty at a Philadelphia mass vaccination site where [4,000 unused doses](#) of vaccines were due to expire. A [million doses](#), representing one out of every four sent to Louisiana by the federal government, were sitting on shelves. One Wyoming county asked the state to stop shipping vaccines because it had a [surplus of 20,000 shots](#); North Carolina [closed its vaccination clinics](#) for lack of demand.

“For the first time ever, we’ve had appointments at many vaccination sites that have not been filled,” said Los Angeles County Public Health Director Barbara Ferrer during a [news briefing](#) last Thursday.

“There [are] a lot of people around here who ... I don’t think they want to take the vaccine,” [chuckled](#) Ralph Merrill, an engineer who sits on an Alabama county board.

## Vaccine vs. virus fear

Numerous mainstream media fretted about “vaccine hesitancy,” blaming it on [COVID-19 denialism](#), “conspiracy theories,” and QAnon followers, [Trump supporters](#), and minority mistrust of the government with its brutal history of racist [eugenics](#). No one mentioned that some people just don’t think the vaccine works. The mainstream media simply ignored Yale Professor of Epidemiology Harvey Risch, for example, who revealed that the majority of people now coming down with COVID-19 have been vaccinated against the virus.

Nor did they mention the leading reason for vaccine refusal cited by 45% of those in a [March poll](#) conducted by the Delphi Group for Facebook researchers, which is fear of side-effects, however. With [reported](#) adverse events at 118,746 total in the U.S. alone, including 3,410 deaths and 1,595 permanent disabilities, it is a legitimate deterrent. So is the abrupt halt of AstraZeneca’s vaccine for its high rate of [blood clots](#), and the [pause of Johnson & Johnson’s](#) vaccine.

Many people simply fear the novel vaccine more than the novel virus which, [according to the CDC](#), has an overall 99.4% survival rate for those aged 50-65 who get the infection. The odds go up as people get older but decrease if people are younger. For those under 18, the coronavirus fatality rate estimated by the CDC is 0.00002, which translates into a 99.98% COVID survival rate. In fact, for those under 18, the lifetime odds of being [struck by lightning](#) are higher than the odds of dying of the virus.



Nevertheless, **President Joe Biden** said Tuesday that now that the bulk of the vaccinated are seniors – 85% of whom have gotten at least their first vaccine dose – he wants [70% of all Americans](#) to get their first dose by July 4. He specifically pitched the jab to youths and announced his administration would be sending the vaccines to pediatricians to dole out over the coming weeks.

“Getting vaccinated not only protects you but reduces risk of giving the virus to somebody else,” Biden said, employing a classic line of “social marketing” script from a global industry of behavior change experts compelling people to take the shot.

## Vaccination Demand Observatory

“[P]ublic health experts know that the last inch – getting the vaccine from vial to arm – can be the hardest,” according to the [Vaccination Demand Observatory](#)

Launched [last week](#), the Observatory runs a “beta dashboard” of data and resources “intended for select global public health professionals.”

The Observatory was established by a group called the [Public Good Projects](#) (PGP) which “designs and implements large-scale behavior change programs for the public good,” [UNICEF](#) – which has received \$86.6 million from the Bill and Melinda Gates Foundation since 2020 – and the Gates-subsidized [Yale Institute for Global Health](#).

PGP was founded by [Joe Smyser](#), a public health academic who trained at the CDC and has partnered with Google and Facebook. Its board members include executives from Merck pharmaceuticals, Pepsi, Levi-Strauss, the Advertising Council, Sesame Street, Campbell’s, and TikTok.

PGP's website says that through "media monitoring and bots, grassroots social media organizing, or thought leadership, we deploy our considerable resources and connections to communication for change."

Bots - or internet robots, also known as crawlers - can scan content on webpages all over the internet and create automated conversations and comments.

"PGP is monitoring coronavirus-related media conversations 24/7 to provide organizations with real-time public health expertise and messaging guidance."

The group has promoted vaccines before. It developed the [#StopFlu campaign](#), recruiting 120 "'micro' social media influencers" in the "African American and Latinx communities across eight states" and giving them prompts to sell their audiences the ideas that flu is a serious problem and that healthy people need flu shots.

PGP's [Observatory](#) says it aims to "mitigate...mistrust on all vaccines." Awash in Brave New World speak, the program's "three pillars" are "social listening analytics," a training program, and a "Vaccine Acceptance Interventions Lab" (VAIL) to "draw upon behavioral and social research and insights from social listening" and to develop "inoculation messages to vaccinate people against vaccine misinformation." These would be "rapid field tested for tone, format and behavior change impact before being implemented."

In 2020, the World Health Organization (WHO) created a new public health field called "[infodemiology](#)" - the "science of managing infodemics." PGP and UNICEF are leading the "Field Infodemiologist Training Program (FITP)" based in UNICEF country offices, government offices, and offices of other "multilateral partners" to train "field infodemic managers" to conduct "public health surveillance for misinformation" and provide "community support in "misinformation outbreaks.

## **Big Biotech's global network**

Among the huge network of organizations and programs involved in the vast mass marketing of vaccine demand - besides the WHO, CDC, UNICEF, PGP, and Yale - key orchestrators include:

- [Stronger](#) - a new national campaign formed by an "ever-growing number of public and private sector partners" including PGP, [Google](#) and BIO. "Whether it's vaccine misinformation or climate change denial, we're seeing a dangerous strain of anti-science rhetoric growing online," its website says. "Our aim is to cut through the noise and normalize the truth."
- [BIO](#) - Biotechnology Innovation Organization (BIO), the world's largest biotech advocacy association representing member companies including vaccine manufacturers Pfizer Inc., Moderna Therapeutics Inc., Johnson & Johnson, Janssen Biotech, and GlaxoSmithKline as well as big agriculture companies like Monsanto along with academic institutions and "related organizations."
- [Project RCAID](#) - created by PGP for "Rapid Collection Analysis Interpretation and Dissemination" - provides "real-time media monitoring with daily analyses from public health experts."
- [Signal Labs](#) - a "media intelligence platform" to "craft messages" and "take control of threatening narratives before they emerge."
- Family Health International or [FHI 360](#) - an organization that uses "social

psychology, anthropology, behavioral economics, social marketing, and other behavioral sciences” to effect behavior change. It has received tens of millions from the Bill and Melinda Gates Foundation to “create demand for [long-acting contraceptives](#)” in poor countries. Its donors also include the CDC, the World Bank, and vaccine-maker Johnson & Johnson. It’s now in the business of creating COVID-19 vaccine demand, too.

## Playbook rules

In the world of “infodemic management,” one will inevitably come across the name of Jeff French, Professor at Brighton University and author of *Strategic Social Marketing: For Behaviour and Social Change*, whose text is referenced in most of the guides to mass marketing vaccines. French published a [paper](#) in July 2020 with the pandemic just a few months underway and a vaccine reportedly still unavailable for years to come about “Pre-Emptive COVID-19 Vaccination Uptake Promotion Strategy.” His tips have evidently inspired much of the standard pandemic vaccine sell:

- “Effective campaigning against vaccine misinformation should focus on the dangers of the disease” and “draw on the powerful motivator of fear of loss along with the possibility of gain of positive health”
- “Appeal to emotions since data alone will not be enough.”
- Do not put adverse events at the center of “demand creation efforts” but “be sure to contextualize them” and help audiences understand that “most will be rare and of limited duration.”
- “Any media management and engagement strategy that is developed will need to include proactive, rolling media briefings, story generation, editorial feeds...and will also need to include 24/7 media monitoring and rebuttal/correction systems.”
- Authorities should have “agreements in place” about “how and when misleading information and advocates of such information should be removed and flagged as being problematic on social media.”
- Repeat “positive messaging that emphasizes the protective (individual, family, and community) benefits of the vaccine and the loss associated with not being vaccinated (death, poor health, loss of freedom and social solidarity, inability to travel” etc.)
- “Partner” with the pharmaceutical industry, other for-profits, and NGOs to promote vaccines.
- “Seek interventions” with key leaders in the anti-vaccination community and “seek to turn such informants into advocates for vaccination.”
- “Continue to promote other protective behaviors such as handwashing and physical distancing.”
- “Integrate financial and non-financial incentives... along with penalties for non-compliance by imposing restrictions on travel, education, or employment.”
- “Governments will need to deliver and communicate what mix of incentives and penalty interventions will be used to promote demand.”

Behavior modification and operant conditioning techniques are a frequent theme of French’s writings; a 2014 paper he wrote for the European Centre for Disease Prevention and Control on vaccine uptake said “behavioural interventions should seek to reward desired behaviours and when appropriate penalise inappropriate behaviour.”

A range of playbooks for public health agencies and “stakeholders” on strategies to make people take the shot follow on French’s instructions. The World Health Organization issued a “technical advisory” on the heels of French’s guidelines called [Behavioral Considerations for Acceptance and Uptake of COVID-19 Vaccines](#) in October, still two months before a shot was even available. Some of its advice is sounding very familiar now:

- **“Leverage anticipated regret in communications.”** For example, by “asking people how they would feel if they do not get vaccinated and end up contracting COVID-19 or transmitting it to loved ones.”
- **“Emphasize the social benefits.”** Tell people that “vaccination not only benefits the individual” but builds “herd” or “population immunity”
- **“Putting emphasis on the economic benefits,** such as being able to stay in the workforce and provide for one’s family, might also encourage vaccination”
- **“Manage expectations.”** Since vaccine uptake may be “undermined by COVID-19 vaccines being not fully effective, meaning that people will have to continue to engage in preventive behaviour (e.g. maskwearing and physical distancing) even if and after they have been vaccinated.”
- **Emphasize danger of disease.** “If people perceive that they are at low risk of contracting COVID-19, or that the consequences of becoming infected will not be severe, they will be less willing to get vaccinated.”
- **Downplay dangers of vaccination and adverse events.** “Some people may try to compare the risk of getting infected with that of taking a new vaccine, and determine that between the two, the risk of COVID-19 is lower.” Adverse events are “often inevitable when large numbers of people get vaccinated in a short period of time.” Neutralize the blow by “communicating proactively about uncertainty” and risk of vaccine-associated disability and death.

### ‘Field Guide’

UNICEF and PGP’s [Vaccine Misinformation Management Field Guide](#) advises vaccine promoters to “consider putting vaccination in a ‘gain frame’. Show happy, healthy, productive people in graphics, and if you must show the act of vaccination try to avoid needles and tears.”

One of its tactics is to badger people to accept vaccination as a “social norm.” Explain that “the majority of people adopt certain behavior and that is what others expect you to do to achieve a common good.”

FHI360 published its own “quickstart guide” on “[Demand Creation and Advocacy for COVID-19 Vaccine Acceptance and Uptake](#)” advises governments to “establish a demand creation and advocacy task force” – something Biden did [in March](#), setting aside \$1.5 for a media vaccine advertising blitz.

FHI 360 also advises breaking people into “audience segments” of “easy sells” who have “high trust in healthcare providers and do not question vaccines” to “vaccine hesitant” who have “high concerns about safety and “low trust in institutions promoting vaccine.” Then, create “targeted messages,” making “talking point reference sheets for cultural and religious leaders.”

### ‘Carrot and stick’

It's easy to find examples of French's operant psychology marketing methods being played out in the real world pandemic theatre.

The mainstream media have evidently taken the point about "incentives and penalty interventions" on board and "herd immunity" is the new Holy Grail which all who are not reckless criminals should seek. "We're struggling to get to herd immunity," CNN's Michael [Smerconish said](#) with the precise tone of fear and alarm that would elicit behavior modification. A full 26% of Americans said they would not take the vaccine, he said, but 44% of Republicans were resisting.

"Those folks jeopardize our ability to get to herd immunity faster," Smerconish claimed in disgust. "If we don't get vaccinated and periodically boosted we could prolong the pandemic and find ourselves continuing to fight this battle for years." He quoted law professor [Shanin Specter](#), who said, "Without a bigger carrot or a bigger stick many Americans will not get vaccinated and we will suffer more death and dislocation."

The concept of "herd immunity" and how to get there is not settled science. The [Great Barrington Declaration](#), signed by more than 43,000 medical practitioners and 14,000 public health scientists and doctors, proposes that allowing natural immunity to spread while shielding those most vulnerable to COVID infection would be less harmful than blanket lockdowns.

"As immunity builds in the population, the risk of infection to all—including the vulnerable—falls. We know that all populations will eventually reach herd immunity—i.e. the point at which the rate of new infections is stable—and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity," the declaration says.

Following infodemic guidelines, YouTube's [medical misinformation policy](#) expressly forbids any discussion of natural immunity in herd immunity on its platform.

### **Real world exercise**

Emphasizing fear is a strategy employed frequently by experienced public health personnel, too. "In those communities where the uptake is less it will take a lot longer for the epidemic to end," Eric Toner, a senior scholar at the Johns Hopkins Center for Health Security, [told Politico](#) in an article about falling vaccine demand, for example. "There will be more sickness and more death in those communities."

Former CDC director Tom Frieden employed an offshoot of the "social norm" tactic along with "emphasizing disease danger" in a recent tweet which painted unvaccinated people as "infected" spreaders of supposedly deadly variants.



Research like a [recent study](#) from the Cleveland Clinic and Case Western Reserve University which found that new coronavirus variants are actually weaker than the original viral strain from Wuhan are to be ignored or treated as "misinformation."

Marketing schemes to recruit faith leaders have had success too, as vaccination drives have even moved [inside mosques](#) to convince skeptical Muslims to roll up their sleeves. And Pope Francis has enthusiastically embraced the infodemic behavior change mission and is hosting



a global public health vaccine promotion conference this week.

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