

The Omicron Variant: Deliberately Raising the Global State of Panic

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*The [latest statistics](#) from South Africa reveal that intensive care admissions for the Omicron Covid variant are running at just a third of what they were at the same point in the country’s Delta wave. The figures come following the chair of the South African Medical Association (SAMA) [reporting](#) that Omicron’s symptoms are mostly “very, very mild” and could be treated at home. With even US National Institute of Allergy and Infectious Diseases director **Anthony Fauci** now admitting the new variant is “[almost certainly](#)” not more severe than Delta, the question that urgently needs to be asked is a very simple one: why is global tension being raised to a state of panic?*

Reports from South Africa’s Gauteng province, the center of the Omicron outbreak, suggest that around two weeks after the new variant’s detection there were a total of 139 patients being cared for in hospital ICUs. By comparison, two weeks into the province’s Delta wave there were already 393 patients in its ICUs. While the Omicron variant is suspected to be more transmissible than Delta, Gauteng hospitals have [confirmed](#) that the symptoms displayed by patients are “far milder” than those seen during the first three waves of the COVID-19 pandemic. Most patients are said to not require oxygen or ICU treatment.

But as promising as these signs are, Western political leaders and their allies appear not to have noticed. Instead, they are ramping up what can only be described as a global state of panic. In a policy seen by some as having [colonial undertones](#), their first move was to implement blanket travel bans to southern African countries. With this effectively resulting in the international isolation of this already economically challenged region, South African President Cyril Ramaphosa echoed the thoughts of many when he complained that his country was being [punished](#) for having discovered the new variant.

Threatening mandatory vaccinations

Brussels EU Commission head **Ursula von der Leyen** [responded](#) to the discovery of the variant by saying it was time to consider making vaccination against COVID-19 mandatory in Europe. UK **Prime Minister Boris Johnson** later made a [similar statement](#), saying there would be a “national conversation” in his country on the way forward. With Europe being

home to 8 of the top 10 [pharmaceutical exporting countries](#), both leaders will no doubt be greedily eyeing the skyrocketing shareholder profits that could result if mandatory vaccination was enforced worldwide.

US **President Joe Biden** used the emergence of Omicron as an excuse to push for [100 million Americans](#) to submit to so-called ‘booster shots’ as soon as possible. In words that will be interpreted by many as a veiled threat, he also stated that *“this pandemic will not end until we have global vaccinations.”* Along with Europe, the US is one of the top [pharmaceutical exporting countries](#). Between them, the American pharmaceutical companies Pfizer and Moderna are already expected to rake in more than [\\$93 billion](#) in COVID-19 vaccine sales next year. Revealingly, therefore, and as we shall examine next, the profits bonanza presented by the pandemic coincidentally arrived at the precise moment when the pharma industry was facing terminal decline.

Why the pharma industry needed COVID-19

Written in [November 2017](#) and [May 2018](#), blog posts by Dr. Kelvin Stott, Director of Portfolio Management at the Novartis drug company in Basel, Switzerland, caused widespread alarm among pharma investors. Asserting that the entire pharmaceutical industry was *“on the brink of terminal decline,”* Stott described how research and development (R&D) returns in drug development had fallen to just 3.2 percent and could potentially reach zero by the year 2020. To put it simply, this meant that each dollar spent on R&D by drug companies would merely result in an income of a dollar. In other words, the pharma industry would no longer be a profitable concern. According to business website [Forbes](#), Stott’s data correlated *“with the observation of virtually every serious researcher who has looked at the industry.”* As [I wrote at the time](#), the implication of this was that the beginning of the end for the pharmaceutical investment business may soon have been within sight.

Acknowledging the failings of the pharma business model, Stott explained how it depends on a positive return on investment. This confirmed what Dr. Rath and our Foundation have been saying for years now, namely that the pharma industry isn’t a health industry, it’s an investment industry driven by the profits of its shareholders. Describing how the return on investment in pharma R&D was rapidly declining, Stott stated that the reasons for this included decreasing success rates in new drug development, rising clinical trial costs, a tougher regulatory environment, and increasing competition from generic manufacturers who disruptively make cheaper copies of existing drugs after the original patents have expired.

Putting all this together, Stott predicted that falls in the average return on investment would result in the entire pharma industry beginning to contract within the following two to three years. By the year 2040 the annual value of the industry’s total global sales may have fallen back to what it was in 1990. This would represent a catastrophic reduction in revenue of around 90 percent. Tellingly, therefore, Stott described the pharma business model as *“broken,”* adding that it was *“entering a vicious cycle of negative growth and terminal decline as its fundamental business model has run out of steam.”* He concluded that the industry would *“not be around forever”* and that it must *“adapt or die.”*

In his most revealing statement of all, emphasizing the desperate nature of the situation that drug companies had found themselves in, Stott wrote that the pharma industry needed *“a major breakthrough right now, in 2018.”* Even then, however, he said it would still face *“a*

period of significant contraction before any recovery,” and that “anything less [than an immediate breakthrough] would be too little, too late to save the industry from terminal decline.”

In what can only therefore be described as an incredible stroke of good fortune for pharmaceutical investors, a mere 18 months after Stott wrote these words, the COVID-19 outbreak in Wuhan, China, provided the answer to the drug industry’s prayers. As a result, the worldwide mandatory use of experimental vaccines is being positioned as the ‘major breakthrough’ to rescue the industry’s business model.

Pharma in a desperate battle for survival

Only time will tell where all this leads, and whether there may be even more to the [lab-leak theory](#) than is currently suspected. But whatever happens next, one thing is already certain: the pharmaceutical investment business is engaged in a desperate battle for its survival.

By targeting the micronutrient deficiencies that [Dr. Rath’s scientific discoveries](#) have proven are the primary cause of diseases, nutrition and [Cellular Medicine](#) therapies offer the tantalizing opportunity to effectively, safely, and affordably save millions of lives from [cardiovascular disease](#), [cancer](#), [pandemics](#), and other diseases alike. This, more than anything else, is what will ultimately ensure the final demise of the drug industry.

Viewed in this light, it can be seen that forcing the entire world to submit to experimental pharmaceutical vaccines is a last desperate throw of the dice by the drug industry’s key political stakeholders. It is in all of our interests to ensure that they don’t succeed.

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This article was originally published on [Dr. Rath Health Foundation](#).

Executive Director of the Dr. Rath Health Foundation and one of the coauthors of our explosive book, “[The Nazi Roots of the ‘Brussels EU’](#)”, Paul is also our expert on the Codex Alimentarius Commission and has had eye-witness experience, as an official observer delegate, at its meetings.

Prior to joining the Foundation, Paul’s background was in the music industry, where he worked as a keyboard player and programmer with artists including Paul McCartney, Bryan Ferry, Bill Withers, the Verve, Texas, and Primal Scream.

He first became interested in natural health after falling ill with a chronic fatigue syndrome-related disorder in 1991 and subsequently making a full recovery through the use of natural health therapies. After meeting Dr. Rath and Dr. Niedzwiecki at an anti-Codex rally in Berlin in 2002, Paul was inspired to make a life-changing decision to leave the music industry to work for the Foundation and help defend the right of patients worldwide to have free access to natural health approaches.

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