

Pfizer's Financial Supernova and the Art of Really Big Lies

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Pfizer's annual revenue is expected to reach \$101.3 billion in 2022, thanks to its COVID jab, which doesn't prevent infection or spread, and Paxlovid, an ineffective and dangerous COVID antiviral that causes rebound.

Pfizer got plenty of free help from the federal government, which bullied and harassed people into getting the shots, and implemented rules that ensure hospitals and pharmacies will only prescribe certain COVID drugs, Paxlovid being one of them.

The key to getting away with a really big lie is making it so divorced from reality that the listener will assume their own perception is flawed, and then repeating it over and over again. This strategy has been used to great effect over the past three years, resulting in a massive shift from fact-based public health orthodoxy to irrational fantasy-based dogma.

Centralized top-down health care is far more attractive to Big Pharma investors than patient-centered care. The primary obstacle to the corporatization and monetization of public health has been truth, and this obstacle was finally overcome during the COVID pandemic

The Big Lies told during the pandemic work because they veer so sharply from the truth. This break from factual reality is what makes it so difficult to question them, because if you do, you're now questioning the entire hierarchy of public health.

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The manufactured COVID pandemic has been a proverbial golden egg-laying goose for Pfizer. Its annual revenue is expected to reach \$101.3 billion in 2022,¹ thanks to its COVID jab, which doesn't prevent infection or spread, and Paxlovid, an ineffective and dangerous COVID antiviral that causes rebound. It would be comical if it weren't so egregious.

And, Pfizer's coffers are more or less guaranteed to continue being filled to the brim as the U.S. Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) has now added COVID-19 shots to the U.S. childhood, adolescent and adult vaccine schedules.²

With this action, the CDC has secured Pfizer's (and Moderna's) permanent liability shield so that no one can sue them for damages for injuries and deaths occurring as a result of the shots. It also opens the door for states to mandate the jab for school children, which guarantees a continuous revenue stream.

That revenue stream may even exceed previous profits, as Pfizer raised the price on its COVID jab by about 400%,³ from \$30⁴ per jab to somewhere between \$110 and \$130, on the same day ACIP voted to add the shot to the vaccine schedule. That price hike will take effect once the current U.S. purchase program expires.

Pfizer Hunts for the Next Blockbuster

As reported by Kaiser Health News (KHN),⁵ "a fortune amassed in the COVID pandemic is now paving the path to pharma nirvana: a weight loss pill likely worth hundreds of billions." Pfizer is also hoping to develop blockbuster drugs for diabetes, migraines, ulcerative colitis, prostate cancer and sickle cell disease, and is gobbling up smaller drug companies with promising product portfolios.

A blockbuster drug may rake in billions, but that doesn't mean it's a blockbuster in the sense that it's effective, as we've seen with Paxlovid and the mRNA COVID shot. Pfizer gets around this in large part by being a "remarkable marketing machine," to quote Timothy Calkins, a professor of marketing at Northwestern University's Kellogg School of Management.⁶

Not only is Pfizer spending big bucks on splashy advertising, they also work with contract research firms like ICON, which run medical research trials for drug companies and federal agencies alike, thereby giving the drug companies the inside track on drug approvals.^{7,8}

Pfizer also gets plenty of free help from the federal government which, in the case of COVID, coerced millions with job loss threats into getting the shots, and implemented rules that ensure hospitals and pharmacies will only prescribe certain COVID drugs, Paxlovid being one of them.

The Art of Really Big Lies

In a November 4, 2022, article,⁹ clinical and public health physician Dr. David Bell discusses the art — and price — of lying, noting that the more divorced a lie is from reality, the more likely it is to succeed, thanks to the quirks of human nature and normal psychology:

"In a former role I had a boss who lied a lot. The lies were pure fantasy, but massive in scope and delivered with sincerity. They were very successful.

This success was based on the reluctance of most people to consider that someone in a position of authority in a humanitarian organization would completely ignore all

semblance of reality. People assumed the claims must be true as fabricating information to that extent in those circumstances seemed to defy logic.

The principle of Really Big Lies is based on the lies being so divorced from reality that the listener will assume their own perception must be flawed, rather than doubt the claims of the person telling the lies. Only an insane or ridiculous person would make such outlandish claims, and a credible institution would not employ such a person.

Therefore, given that the institution is apparently credible, the statements must also be credible, and the listener's prior perception of reality was therefore flawed. Lesser lies, by contrast, are likely to be perceived as sufficiently close to known reality to be demonstrably wrong. Inventing truth can be more effective than bending it."

I believe this is precisely the strategy employed by Big Pharma, health agencies, government officials and the deep state propaganda arm over the past three years. Their claims have been so far from any semblance of reality, anyone aware of the facts has been left feeling more than a little crazy.

Unfortunately, while most humans have a moral and ethical compass, few end up following it when confronted by psychopaths in authority and the peer pressure to conform. As noted by Bell, good team players almost always end up supporting false narratives, and those who refuse to go along with what are clearly lies tend to be but a tiny minority.

Profit Through Deception

For decades, patient-centered health care has been the norm, and patients not only had the right, but the duty, to participate in the planning and implementation of their care. This was enshrined in the 1978 Declaration of Alma Ata¹⁰ — a declaration adopted by the World Health Organization "as the key to achieving an acceptable level of health throughout the world."

However, as noted by Bell, centralized top-down health care is far more attractive to Big Pharma investors. The primary obstacle to the corporatization and monetization of public health was truth, and this obstacle was finally (and formidably) overcome during the COVID pandemic. Bell explains:¹¹

"COVID-19 proved that even this impediment to progress can be expunged through consistent lying and the vilification of truth-tellers, backed by a well-managed behavioral psychology [campaign](#).

This pandemic response provided a template not only for vastly-increased corporate income, but for job certainty and expansion of opportunity for the army of mostly-Western bureaucrats and health professionals filling the offices, meeting rooms and business-class seats of its implementing organizations. COVID-19 made corporate colonialism respectable again.

Superficially, COVID-19 appears a poor disease choice to facilitate a fundamental societal reset.

Death is heavily concentrated in old age ... Severe cases are generally confined to those with life expectancies already shortened by metabolic diseases ... Countries that

failed to implement measures to restrict and impoverish their people ... had COVID-19 outcomes similar to those that opted for lockdowns and other trappings of medical fascism.

Average hospital admissions in the UK and USA declined during the pandemic, not what the public expects when a pathogen wreaks havoc. Lockdowns devastated economies ... COVID vaccines have also been unhelpful as high vaccination rates failed to noticeably impact infection and transmission ...

Thus, COVID-19 provided a hard bucket of facts to deal with, but this is just the situation in which Really Big Lies can work. These were needed both to fool the public, and to provide a structure within which health professionals could implement the policy.

Largely by playing on fear, divorcing data from context, and disseminating false information widely and incessantly, a whole new belief system has been constructed in public health to replace the evidence-based orthodoxy of former years.

Reality has been replaced with dogma so divorced from any basis in fact that it is easier to go with the propaganda than deal with the dissonance that would otherwise result.”

The New Fantasy-Based Dogmas

The new fantasy-based beliefs that health care workers, patients, researchers, academics and public health employees are now forced to embrace include the following, quoted from Bell’s article:¹²

- Disease burden should be measured in raw mortality, and not include metrics such as life-years lost. Hence an 85-year-old dying of a respiratory virus is equivalent to a 5-year-old dying of malaria in terms of burden and urgency;
- Medium and long-term harms due to poverty and reduced healthcare access should not be considered when assessing the value of an intervention. A modelled effect on the target pathogen is the only relevant metric;
- It is appropriate to misinform the public on age-related risk and relative disease burden and better to instill fear in order to achieve compliance with public-health directives;
- Growth of viral transmission in a community follows an exponential curve, rather than a steady deceleration (e.g. Gompertz curve) as the proportion of recovered (immune) people accumulate;
- Banning students from school for a year protects the elderly, while not locking in generational poverty;
- Cloth and surgical masks stop aerosolized virus transmission, and all meta-analyses of randomized control trials (that show minimal or no effect) should be ignored;
- Post-infection immunity to respiratory viruses is expected to be poor and short-lived, whilst vaccines to a single viral protein will somehow produce much stronger immunity;
- Immunity to viruses is best measured by antibody concentrations rather than T-cell response or clinical outcomes;
- Informed consent for vaccination should not include information on demonstrated risks, as this could promote ‘vaccine hesitancy’;
- It is appropriate to give a new gene-based pharmaceutical class in pregnancy

that crosses the placenta without any pregnancy trial data, toxicology studies, or long-term outcomes data (in anyone);

- Irrespective of the Convention on the Rights of the Child ‘In all actions concerning children ... the best interests of the child shall be a primary consideration,’ it is appropriate to inject children with drugs lacking long-term safety data in order to protect the elderly;
- Pandemics are becoming more frequent and more deadly, despite the historical record, and the progress of modern medicine, indicating quite the opposite.

Refusing the False Narratives Has Real Consequences

As Bell correctly points out, these new public health positions are not just slightly incorrect. They’re all “either unethical or clear nonsense, contradicted by prior public health orthodoxy.” Indeed, most are classical Orwellian doublespeak and 180 degrees from the truth.

But it’s the sharp break from factual reality that makes it impossible to question them because, if you do, you’re now questioning “the entire current hierarchy of public health,” Bell says.

To quote Dr. Anthony Fauci, you’re not attacking him when you question his irrational flip-flopping, you’re questioning science itself. If you question any of these fantasy-based beliefs, you’re now a science-denier, and you’re putting your employment and reputation at risk. Unfortunately, those risks are not imaginary.

The way out of this is simply to refuse to lie, or cover for the lies of others ... [The] truth will catch up, one day, with those who don’t ... It is far better to leave early and live with dignity.
~ Dr. David Bell

The punishment for refusing these false narratives is very real and very severe. Many doctors and scientists whose reputations and contributions to public health have been beyond reproach for decades have been stripped of their medical licenses and lost their jobs for speaking out against these COVID fallacies.

So, where do we go from here? How do we end the madness and return to reality-based public health?

“Whilst growing their industry’s finances, public health professionals are degrading themselves and betraying society,” Bell writes.¹³ “The betrayal, based on incessant lying, is something for which they will inevitably face consequences ...

Eventually, even the most dedicated followers will begin to question the sense of putting on a mask at a restaurant door only to remove it 10 steps later, or vaccinating vast populations against a disease to which they are already immune whilst they die of other readily preventable diseases.

The way out of this is simply to refuse to lie, or cover for the lies of others ... [The] truth will catch up, one day, with those who don’t ... It is far better to leave early and live with dignity.”

Evil Genius: Creating the Market

If you're paying attention, you've undoubtedly noticed that many drug companies, Pfizer in particular, are in the business of creating their own markets. Pfizer released a COVID jab that neither protects against infection nor prevents spread, thereby necessitating multiple boosters. Its antiviral COVID drug [Paxlovid causes rebound](#), necessitating multiple doses.

Now we find that the COVID jabs are also associated with increased rates of respiratory syncytial virus (RSV) infection in children, and like clockwork, Pfizer and Moderna start working on RSV jabs. The CDC also aids by recommending kids get additional COVID shots. Is this a racket or what!?

The Informed Consent Action Network (ICAN) is now demanding answers from the CDC about the off-season spike in RSV rates,¹⁴ which mysteriously arose in the wake of childhood injections against COVID.

Moderna's pediatric COVID jab trial showed those who got the jab had higher rates of RSV than the placebo group. RSV was also one of the primary serious side effects in Pfizer's pediatric trial. Now, all of a sudden, we're seeing out-of-season RSV spikes in children. Coincidence? Make them prove it. In a legal update, ICAN reports:

"The issue is so serious that even the FDA's vaccine committee, VRBPAC, which normally cheerleads even the most dangerous vaccine, noted the correlation and 'stressed the importance of continued post-authorization safety surveillance, in particular for ... certain respiratory infections (RSV and pneumonia) in the youngest age group ...'¹⁵

Despite the noted importance of surveilling RSV post-authorization, no one at CDC or FDA seems to be drawing a connection between the increase in RSV and the COVID-19 vaccines being administered to children.

Incredibly, the CDC just issued an 'Official Health Advisory'¹⁶ about the increase RSV and respiratory virus cases and, in it, the CDC recommends all individuals 6 months and up receive an influenza vaccine and a COVID-19 vaccine!

Not surprisingly, the press has missed the mark, too. While there are numerous articles detailing the troubling increase in sick children, none reference COVID-19 vaccination despite the data from the manufacturers' trials.

To get to the bottom of this, on October 26, 2022, ICAN's attorneys sent a letter¹⁷ to the CDC observing the clinical trial data showing a correlation between increased RSV cases and receipt of a COVID-19 vaccine. ICAN's letter demanded to know the percentage of children who tested positive for RSV and who had received a COVID-19 vaccine prior to their RSV diagnosis."

Study Calls for Reevaluation of Jab Campaigns

In related news, we also have a November 2022 study¹⁸ in Nature Communications, which questions the rationale of current booster campaigns. According to the authors:

“An important aspect of vaccine effectiveness is its impact on pathogen transmissibility, harboring major implications for public health policies. As viral load is a prominent factor affecting infectivity, its laboratory surrogate, qRT-PCR cycle threshold (Ct), can be used to investigate the infectivity-related component of vaccine effectiveness ...

By analyzing results of more than 460,000 individuals, we show that while recent vaccination reduces Omicron viral load, its effect wanes rapidly. In contrast, a significantly slower waning rate is demonstrated for recovered COVID-19 individuals.

Thus, while the vaccine is effective in decreasing morbidity and mortality, its relatively small effect on transmissibility of Omicron (as measured here by Ct) and its rapid waning call for reassessment of future booster campaigns.”

Considering the theoretical protection of these shots last for just 70 days (according to this study), are the [risks associated with the shots](#) really worth it? So far, several risk-benefit analyses have all come to the conclusion that the risks far outweigh any potential benefit.

Unfortunately, it seems we have to rely on scientists outside the U.S. to do this kind of bench science, as all we seem get from American research institutions are analyses of how to get “anti-vaxxers” to buy the false narrative and roll up their sleeves.

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Notes

¹ [Fierce Pharma November 21, 2021](#)

² [Rumble October 20, 2022](#)

³ [Daily Wire October 21, 2022](#)

⁴ [Reuters October 20, 2022](#)

^{5, 6} [KHN November 8, 2022](#)

⁷ [Disinformation Chronicle November 1, 2022](#)

⁸ [Twitter Paul Thacker November 4, 2022](#)

^{9, 11, 12, 13} [Propaganda in Focus November 4, 2022](#)

¹⁰ [WHO, Declaration of Alma Ata](#)

¹⁴ [ICAN November 7, 2022](#)

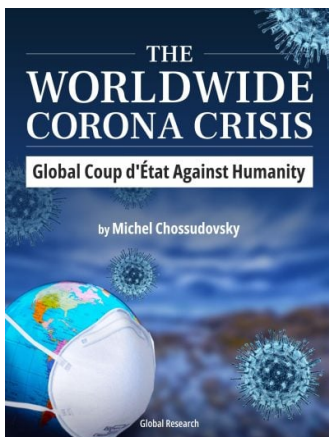
¹⁵ [FDA, Moderna COVID-19 Vaccine EUA Amendments for Use in Individuals 6 Months Through 17 Years of Age, VRBPAC Meeting Summary P.180](#)

¹⁶ [CDC Health Advisory November 4, 2022](#)

¹⁷ [ICAN Letter to CDC October 26, 2022](#)

¹⁸ [Nature Communications November 7, 2022; 13, article number 6706](#)

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