

Covid-19: Militarism and Big Money Trampling Humanity
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The Covid-19 pandemic is probably the most devastating disaster that has descended on humanity. Even the crude statistics of doubtful accuracy is petrifying: 133,181,257 cases and 2,889,631 deaths worldwide as of April 7, 2021. (1) and still counting after 1 year of seemingly uncontrolled spread and resurgence. That is without even counting the various dire consequences of lockdowns and imposed measures and vaccines that are likely worse than the disease, with the long-term impacts much greater than anyone can possibly imagine. Yet these dire consequences have been brushed aside by militaristic and big money driven remedial measures which are proving to be largely inimical and ineffective. This extremely dangerous situation is bound to persist and likely to get worse unless the underlying root causes are addressed.

A fundamental question to ask about the Covid-19 pandemic is “Why did this happen?” A truthful and comprehensive answer to this question is a key step in effectively addressing the pandemic and saving humanity. To answer this question, we need to examine the historical origin and the driving factors that gave rise to the Covid-19 virus.

It is logical to infer that a bioweapons program is the major causative driving factor that created the Covid-19 pandemic. There were clear warning signals that this was bound to happen but these were ignored and hidden. As early as 1970, a World Health Organization (WHO) group of consultants in their comprehensive report on chemical and biological weapons noted that “a virulent mutant (microbe)... could spread rapidly to produce an uncontrollable epidemic on a large scale.” In addition, they warned that there was the “ever-present risk of an accidental escape.” (2) Indeed this prediction came to pass. There were more than 50 biolab accidents from 1985-2007, occurring mostly in the US, including 7 accidents involving the United States Army Medical Research Institute of Infectious Diseases (USAMRIID). The USAMRIID is known to be the highly secretive epicenter of US bioweapons research, with a history of illicit human experiments and research on the production of genetically-modified organisms for deployment as weapons of war (3).

US military secret biolabs have in fact been most advanced in doing research on pathogenic microorganisms including SARS and other coronaviruses. Despite the clear dangers to public health, the US has dramatically increased US research and development activity and infrastructure focused on biological weapons agents. In 2018, the Pentagon’s Defense Advanced Research Project Agency (DARPA) began spending millions on such research. Some of those Pentagon-funded studies were conducted at known US military bioweapons laboratories bordering China, and has resulted in the discovery of dozens of new coronavirus strains as recently as April 2019 (4). Pentagon’s DARPA also embarked on a secretive research to disperse infectious genetically modified viruses that have been engineered to edit crop chromosomes directly in fields. Independent scientists warned that DARPA’s program could create uncontrollable and potentially dangerous genetically engineered viruses in a new class of biological warfare (5). Significantly, the CDC issued a cease and desist order to USAMRIID in July 2019 after problems were found in its biosafety level 3 and 4 laboratories (6).

In 2003, Dr. Mark Buller, a virologist at the National Institute of Allergy and Infectious Diseases (NIAID) and working for the US Biodefense Program under the USAMRIID at Fort Detrick, has

created through genetic engineering technology, a mousepox strain that kills 100 per cent of vaccinated mice (7). Then in 2015, Dr. Ralph Baric and his team at the University of North Carolina, using genetic engineering, created a virus with the surface protein of the SHC014 coronavirus found in horseshoe bats in China and the backbone of one that causes human-like severe acute respiratory syndrome (SARS) in mice. The study demonstrated the ability of a surface protein in a genetically engineered coronavirus to bind and infect human cells, validating concerns that this virus may be capable of making the leap to people without first evolving in an intermediate host. Interestingly, scientists from the Wuhan Institute of Virology in China were collaborators in the study (8). In 2015, the US government banned such “gain-of-function” research because of fears that the viruses could jump to humans. For some reason, the ban was lifted in 2019 (9).

Given the foregoing context, it is not surprising that a new coronavirus, SARS-CoV2 (which causes the disease COVID-19), has emerged and is now causing a serious pandemic, wreaking havoc all over the world. The official narrative of the US Center for Disease Control, WHO, most governments and the mainstream media is that the SARS-CoV2 emerged naturally from bats and is linked to a large seafood and live animal market in Wuhan, China, presumably the epicenter of the pandemic and where it was reportedly first discovered. This official story has been thoroughly debunked scientifically but a massive and persistent Goebbels-like propaganda has kept the official narrative dominant. No credible and serious investigation as to the true origin of the Covid-19 pandemic has been conducted so far.

Another fundamental question to ask is: “Who stood to benefit from the coronavirus gain-of-function research and the Covid-19 pandemic?” To answer this question, one needs to look into the objective, source of funding and how Big Pharma came into the picture; as the saying goes, “follow the money”.

Ostensibly, the objective of the gain-of-function research on coronaviruses (and other microbes) is to develop vaccines for potential biowarfare threats. To accomplish this objective, in the National Defense Authorization Act for Fiscal Year 2002, the US Congress directed the Secretary of Defense to accelerate the department’s efforts to develop FDA-licensed medical countermeasures against biological warfare agents. A group was then formed to implement the directive, with the Chemical and Biological Defense Program of the DoD as the lead agency with congressional staff, and with representatives from DynPort Vaccine Company, the National Institute of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health (NIH), the Food and Drug Administration (FDA), and the Department of Homeland Security. DynPort Vaccine Company (DVC) holds contracts with the Department of Defense, the Biomedical Advance Research and Development Authority (BARDA) and the NIAID on the development of vaccines and medical countermeasures for emerging diseases and supposedly against bioterror threats. It was deemed that partnerships with the academic community and with biotechnology and pharmaceutical companies will be crucial to the success of the program. (10)

The Military-Big Pharma collaboration is evident and actually has a long history. In the early 1900’s, the advances in pharmaceuticals were used for the protection of the military in imperialist conquests and pacification of subjugated people. The pioneer pharmaceutical innovators (Rockefeller and Parke-Davis) and the financial elite clearly saw the huge profits to be made from vaccination and the provision of pharmaceuticals. The Robber Barons of the time (the likes of Rockefeller, Morgan, Carnegie, Cooke, Schwab, Fisk, Harriman) used public resources for their capitalist expansion. The introduction of health care technologies like vaccines and drugs were really not out of altruistic intentions of the colonial power but more for the satisfaction of capitalist greed and imperialist’s desires. (11)

In 1943, the US biological warfare program was born inside the War Research Service, an entity directed by George Merck (president of the pharmaceutical company Merck & Co.). Fort Detrick (home of the USAMRIID) and Merck company then started collaborating in the study and use of streptomycin and vaccine for tularemia. In the 1960's, the US Army Medical Unit (USAMU) partnered with the National Drug Company affiliated with Merrell National Laboratories to produce vaccines vs Venezuelan Equine Encephalitis. Work at USAMRIID increased during the 1980s. with the US military spending about \$80 million per year on biodefense and vaccines remaining a central concern. (12) In 1998 there was an upward trend in funding, reflecting an actual budget \$100 million greater than predicted in 1992. The Biodefense program's budget grew faster than predicted, reaching \$800 million in 2000 and was set at \$836 million for 2001. The rate of allocations rapidly accelerated in 2002, as the defense budget increased sharply as the state responded to the 2001 threats. The 2002 report to Congress, reflecting the President's 2003 budget, showed research funding alone at \$550 million in 2002, with a projected increase to \$932 million in 2003. Corresponding total program budgets for 2002 and 2003 were \$903 million and \$1.3 billion, respectively. (13)

In 2001, the NIAID, which is under the Department of Health and Human Services (HHS), gave a grant to Dr. Ralph Baric, a professor at the University of North Carolina (UNC), who began work on synthetically altering coronavirus for the express purpose of general research, pathogenic enhancement, detection, manipulation, and potential therapeutic interventions. Then in April 19, 2002 Dr. Ralph Baric and his team filed an application for U.S. Patent 7,279,372 for a method of producing an infectious coronavirus using genetic engineering technology. The HHS was already involved in the funding of amplifying the infectious nature of coronavirus even before SARS was ever detected in humans. (14) HHS officials then promoted what became the Project BioShield Act of 2004, a \$10 billion biodefense program that Dr. Fauci then named "BioShield." Ultimately, the Project BioShield Act authorized advanced appropriation of \$5.6 billion over ten years. The first BioShield contract was then awarded to VaxGen, a small biotech company with technology from USAMRIID. After VaxGen failed to deliver, BioShield successfully contracted with several other companies, including Emergent, to acquire prophylactic and therapeutic drugs.(12). It should be noted that Emergent BioSolutions got the largest Covid-19 pandemic-related contracts during the Trump administration. A \$628 million deal was to create a vaccine for SARS CoV2. Emergent has long been the government's sole provider of BioThrax, a vaccine for anthrax poisoning. (15)

In 2006, a second program, the Biomedical Advanced Research and Development Authority (BARDA), was created by HHS in an attempt to provide incremental funding for vaccines under development. HHS been working with industry and academia to build Centers for Innovation in Advanced Development and Manufacturing spending \$400 million to establish three centers that will be overseen by BARDA using a new model for public-private partnerships with GlaxoSmithKline, Emergent, and Novartis, among others. The trend in increased funding for biodefense continued into 2011 with the Chemical Biological Defense Program alone requesting in a budget hearing \$370 million for procurement, \$812 million for advanced research and development, and \$396 million for science and technology efforts, for a total budget of \$1.6 billion. (12)

In 2012, the NIAID under Dr. Fauci again awarded Dr. Baric's team a \$21.4M grant to study life-threatening viral infections and facilitate the development of vaccines.(15) Thus, Dr. Baric's team embarked on a series of studies on coronaviruses found in horseshoe bats in China and eventually creating a genetically engineered coronavirus virus with the surface protein of one that causes human-like severe acute respiratory syndrome (SARS) and demonstrating the ability to bind and infect human cells directly without first evolving in an intermediate host.

Dr. Ralph Baric was also a key member of the Coronaviridae Study Group (CSG) of the World Health Organization (WHO) which basically directed the coronavirus information flow. He was responsible for determining “novelty” of clades of virus species and also directly benefitted from his role in determining declarations of novelty by obtaining for himself new research funding authorizations and associated patenting and commercial collaboration. Practically all the members of the CSG are recipients of several grants from the NIAID, NIH and HHS. Together with mainstream academic institutions, Big Pharma (including Moderna, Gilead, Johnson & Johnson, Sanofi and others), WHO, NIAID and CDC constitute a powerful group of interests that control almost everything about Covid-19: vaccines, research, data, policy and governance, pandemic response, public information, etc. These entities also were affiliated with the WHO’s Global Preparedness Monitoring Board (GPMB) whose members were instrumental in the Bill and Melinda Gates Foundation (BMGF) funded EVENT 201 Exercise in October 2019 which uncannily simulated a global coronavirus pandemic.(13)

Significantly, in December 2, 2010, The WHO, UNICEF(United Nations International Emergency Fund), NIAID and BMGF have announced a collaboration to increase coordination across the international vaccine community and create a Global Vaccine Action Plan. The collaboration follows the January 2010 call by Bill Gates for the next ten years to be the Decade of Vaccines. (16). Dr. Fauci, head of the NIAID, a key component of the US Biodefense Program, plays a prominent role in this collaboration. Fauci and Gates have known each other for more than a decade, often collaborating on the Foundation’s vaccine efforts. They worked together on the Gates Foundation’s Global Vaccine Action Plan, in which Fauci served on the leadership council. (17)

BMGF together with the militarist agencies of the US (NIAID-NIH etc) have become the main drivers of global health policy. Bill Gates is now the second biggest donor to WHO, second only to the US government. He is the first private individual to keynote WHO’s general assembly of member countries and has built the unprecedented power to dictate on the WHO and governments. He was able to initiate through GAVI (Global Alliance for Vaccine Initiative) an elaborate neoliberal financing scheme for vaccines that inevitably transfers public funds to private coffers, especially to Big Pharma. Ostensibly, the scheme is designed to help developing countries but in reality, these countries are caught in a debt-trap. Pharmaceutical firms are able to peddle expensive vaccines at subsidized prices in a cash-poor but vast and risk-free market, facilitated by the Gates Foundation’s intimate ties with the pharmaceutical and vaccine making industry. Soon after its founding, BMGF invested \$205 million to purchase stakes in major pharmaceutical companies, including Merck & Co., Pfizer Inc., Johnson & Johnson, and GlaxoSmithKline. (18,19). The same financing scheme has been launched by GAVI, CEPI (the Coalition for Epidemic Preparedness Innovations) and the World Health Organization (WHO) in April, 2020 to address the Covid-19 pandemic, with the BGMF as a major convenor and donor. The scheme was called “The Covax Facility: an insurance policy for COVID-19 vaccines”. Essentially the facility will enter into advance purchase agreements with manufacturers of potential vaccines, providing “assurance of future procurement at a pre-determined volume and price of a successful candidate”. The needs of donor dependent countries will be addressed by the Covax Facility through the Gavi Covax Advance Market Commitment (AMC). It is not clear what terms and conditions are attached to the financial instruments. (20).

What seems to be clear, however, is that pharmaceutical companies have managed to blackmail or bamboozle practically everybody who wants a Covid-19 vaccine (governments, private sector and all, including doctors) into accepting a confidential and non-liability contract which exempts them from any legal complaint resulting from adverse reactions caused by their Covid-19 vaccine products. It is also clear that the global Covid-19 crisis is a bonanza for Big Pharma in terms of huge sales and

gargantuan profits. Already, the three major Covid-19 manufacturers in the US (Pfizer, Moderna and Johnson & Johnson) earned an estimated \$125.3 billion in total revenue during 2020. As the pandemic raged on, so do their profits, with Moderna obscenely increasing it's revenue 13 times compared to the year prior.(21) What is doubly obscene is that public money has actually been used by the companies in the research and development of vaccines. Profiting off public investment has, in fact, been a longstanding practice for the pharmaceutical industry. Since the 1930s, the National Institutes of Health has put some \$900 billion of taxpayers money into research that drug companies then used to patent brand-name medications. The profits made by Big Pharma have been used to pay huge bonuses for drug company executives, for unethical and aggressive marketing campaigns, and for lobbying politicians. It has been estimated that drug companies make 63 percent of total health care profits in the U.S., partly because of their successful lobbying efforts. In 2019, the pharmaceutical industry spent \$295 million on lobbying, far more than any other sector in the US. (22)

The vaccine producing companies belong to the largest interlocking corporations controlled directly or indirectly by a few highly secretive business and power elite who effectively rule the world and impose imperialist policies. Large corporations have become more and more interrelated through shared directors and common institutional investors. When the web of ownership is untangled, much of it can be tracked back to a "super-entity" of 147 even more tightly knit companies that controlled 40 per cent of the total wealth in the network. In effect, less than 1 per cent of the companies are able to control 40 per cent of the entire network. (23) The top wealthiest and most powerful individuals who effectively own and control these "super-entity" are among the top billionaires who have increased their wealth tremendously during the Covid-19 pandemic. The combined wealth of the US's 657 billionaires increased more than \$1.3 trillion, or 44.6% from March 2020 to February 2021, at the same time, more than 29 million Americans contracted the virus, more than 535,000 died from it and almost 80 million lost work because of the lockdowns. The top 15 billionaires with the greatest growth in absolute wealth of \$563 billion during this pandemic period include Elon Musk (Tesla), Jeff Bezos (Amazon), Mark Zuckerberg (Facebook), Bill Gates (Microsoft), Warren Buffet (Berkshire Hathaway), Larry Ellison (Oracle), Larry Page (Google) and the Walton family (Walmart). (24)

The Covid-19 spectre, vaccine mania, deceptive remedial schemes and brutal, anti-people pandemic responses created by militarism and big money have shoved by the wayside pro-people, more sensible and a wider range of prevention and treatment strategies to address the pandemic. Bill Gates , Big Pharma and the militarist regimes and agencies, with the complicity of the WHO and others in the status quo successfully convinced practically the entire world that a vaccine and submission to authoritarian measures are the only things that will allow the people to "return to normal". The clear scientific, empirical and historical evidence that the experimental vaccines being pushed are fraught with dangers of severe adverse reactions have been ignored. The criminal and unethical behaviour history of the major vaccine manufacturing companies, the blatant conflicts of interest of mainstream "experts" pushing for mass vaccination and the clearly ineffective militaristic measures that run roughshod over basic human rights are all swept under the rug. Indeed, with this Covid-19 calamity, militarism and big money has been trampling humanity.

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