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US Gives Pfizer $3.2 Billion for Ineffective COVID Vax

Analysis by Dr. Joseph Mercola Fact Checked | July 12, 2022

STORY AT-A-GLANCE

- The U.S. Department of Health and Human Services announced that it, in partnership with the Department of Defense, agreed to purchase another 105 million doses of Pfizer's COVID-19 shot — for $3.2 billion
- The contract is intended to supply shots for a coming fall injection campaign and includes options to purchase up to 300 million doses
- The decision came after a June 28 meeting of the U.S. Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee (VRBPAC), which recommended that an Omicron-specific component be included in COVID-19 booster shots in the U.S.
- Pfizer stands to profit significantly from the contract and has forecast that its COVID-19 shot sales will reach $32 billion in 2022
- VRBPAC voted 19-2 in favor of recommending booster shots that are Omicron-specific, even though panel members expressed uncertainty and guesswork surrounding the booster rollout

In a news release quietly published June 29, 2022, the U.S. Department of Health and Human Services announced that it, in partnership with the Department of Defense, agreed to purchase another 105 million doses of Pfizer's COVID-19 shot — for $3.2 billion.[1]

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"We look forward to taking delivery of these new variant-specific vaccines and working with state and local health departments, pharmacies, health care providers, federally qualified health centers, and other partners to make them available in communities around the country this fall," Dawn O'Connell, HHS assistant secretary for preparedness and response, said in the news release.[3]

Billions More Dollars Directed Toward Failed Injections

The shots, which include both adult and pediatric doses, cost more than $30 per dose, on average, which is a more than 50% increase from the $19.50 per dose rate in the U.S. government's initial contract with Pfizer.[4] Some of the adult doses are now in single-dose vials, which cost more to produce but are intended to reduce waste that often occurs from open multi-dose vials.

Pfizer stands to profit significantly from the contract and has forecast that its COVID-19 shot sales will reach $32 billion in 2022.[5] It's the U.S. public that stands to lose in this deal, as they're inundated with a new push to get injected with yet another COVID-19 shot, despite their continued failures.

Current COVID-19 booster shots lose effectiveness rapidly, with protection plummeting by the fourth month post-shot.[6] The eye-raising data, presented by the U.S. Centers for Disease Control and Prevention, follows the same dismal pattern of effectiveness displayed by the primary mRNA COVID-19 shot series, whose effectiveness also wanes in a matter of months.

Adding insult to injury, research conducted by the New York State Department of Health[7] analyzed outcomes among 852,384 children aged 12 to 17 years, and 365,502 children

aged 5 to 11 years, who had received two doses of the shots, from December 13, 2021 to January 24, 2022.

Effectiveness again declined rapidly among 5- to 11-year-olds, falling from 68% to just 12%. Protection against hospitalization also dropped, from 100% to 48%. Among 11-year-olds alone, vaccine effectiveness plunged to 11%.[8] The lackluster response was blamed on the dosage discrepancies among the age groups, as 5- to 11-year-olds receive two 10-microgram Pfizer shots, while 12- to 17-year-olds receive 30-microgram shots.[9]

Panel Acts as 'Crystal Ball' in Guessing Which Booster to Use

It's well known that spike protein mutates rapidly, which essentially destroys virtually any protection that COVID-19 shots provide shortly after they're given. The end result is a seemingly never-ending series of annual shots and boosters.

Pfizer claimed that its new booster candidates would work better than their past versions. One option being considered targets only the Omicron variant, while the other option targets the strain in the original shot along with the Omicron variant.[10] Two doses — one including 30 mcg of mRNA and one including 60 mcg — were also tested, despite earlier safety concerns with a higher-dose shot.[11]

While Pfizer cited strong antibody responses from the retooled boosters, the booster shot studies do not reveal whether the shots prevent COVID-19 cases or how long they are effective.[12] VRBPAC voted 19-2 in favor of recommending booster shots that are Omicron-specific, but the FDA will ultimately decide what formulation will be in the "winning" shot.

Under discussion was whether the shots should target the original Omicron strain BA.1 or the subvariants that have emerged — known as BA.4 and BA.5, which appear to be spreading in the U.S.[13]

Dr. Paul Offit, who is notoriously pro-vaccine, was one of the two people who voted against the booster recommendation, because he didn't agree with the variant being

included and believed there was a "dearth of data" regarding the level at which the body's immune response to antibodies corresponds to sound protection.[14]

"I'm still not comfortable enough that we have the information we need to essentially support this new product," Offit said.[15] The move highlights the uncertainty and guesswork surrounding the booster rollout. Committee member Adam Berger, with the U.S. National Institutes of Health, also stated, "I'm not sure we have enough evidence to support a change today," but he voted in favor of the recommendation anyway.[16] NBC News also reported:[17]

> *"Dr. Peter Marks, the FDA's top vaccine regulator, acknowledged that the question before the committee was challenging and would require guesswork, saying that the federal agency was essentially asking the panel to act as a sort of 'crystal ball.'*
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> *... Committee member Dr. Cody Meissner, a pediatrician at Tufts University School of Medicine, suggested that the bivalent vaccine only be made available to adults at first, noting that scientists don't know what the potential side effects are, if any, from multiple doses of the Covid vaccines."*

FDA's 'Future Framework' Does Away With COVID Shot Trials

The FDA supplied the agenda for the VRBPAC committee meeting,[18] along with an 18-page briefing document that included just 19 references, none of which was peer-reviewed.[19] "To base the entire future of COVID-19 shots on this glorified undergrad term paper is madness," wrote political economist Toby Rogers, who explains that a "Future Framework" is being presented that exempts future COVID-19 shots from clinical trials:[20]

> *"The briefing document literally states: "The evaluation of modified vaccines for the purpose of vaccine strain composition decisions will need to rely mainly on comparative immunogenicity data due to the time constraints involved in vaccine manufacturing and clinical efficacy evaluation."*

Did you catch that? The evaluation "will need to rely on" (no decision to be made here) measures other than actual health outcomes because of "time constraints." Ah, $cience! Moderna, Pfizer and Novavax are all developing reformulated COVID-19 shots. But they know that the FDA is not going to look at health outcomes so they are going to great lengths to jack up the antibody response.

... But the VRBPAC admitted on April 6 that there are no known correlates of protection (meaning: antibody levels do not tell you who will be immune) so these antibody measures are medically meaningless.

Sane people realize that if you turbo charge the immune response, you may also turbo charge adverse events. But the "Future Framework" allows pharmaceutical companies to skip clinical trials altogether."

What's more, Rogers revealed that it's actually the World Health Organization and Bill Gates who are behind this push to roll out new formulations of COVID-19 shots without adequate clinical trials. "This entire 'Future Framework' is actually coming from the WHO. The Bill & Melinda Gates Foundation is the biggest voluntary contributor to the WHO.

So Gates is likely directing the play," he explained, noting that WHO's Kanta Subbarao — who formerly worked at Fauci's National Institute of Allergy and Infectious Diseases for 14 years — presented at the VRBPAC meeting on the topic of "Considerations for Vaccine Strain Composition from the WHO TAG CO-VAC [Technical Advisory Group on COVID-19 Vaccine Composition]."

VRBPAC Shot Approval Will 'Increase Harm to the US Public'

The gist of her presentation was that strain selection for COVID-19 shots must be coordinated globally similar to what occurs for influenza. Sounding an alarm over the VRBPAC's essential approval of the future framework with their move to recommend new COVID-19 booster shots for the fall, Brian Hooker, Ph.D., Children's Health Defense

chief scientific officer and professor of biology at Simpson University, told The Defender:[21]

> *"The proposed move by VRBPAC will increase the harm to the U.S. public to unprecedented levels, as this action will further circumvent necessary clinical trials even beyond the slapdash testing of COVID-19 vaccines under Emergency Use Authorization. This adds to a foundation of lies used to authorize the original COVID-19 vaccines without anywhere near proper testing."*

VRBPAC also has a history of allowing members with conflicts of interest to vote. When VRBPAC voted on allowing COVID-19 shots for children as young as 6 months, Dr. James Hildreth, who had received a waiver allowing participation in the meeting, declared a number of financial interests related to clinical trials for the pediatric COVID-19 shots being voted on, both personally and related to his employer.

Despite the conflicts, he was allowed to vote at the session, voting favorably for all three pediatric COVID-19 shots.[22]

Millions of COVID-19 Doses Wasted in the US

The U.S. continues to stockpile COVID-19 shots, wasting billions of dollars on the shots even as demand fizzles. An ABC News investigation found that millions of shots have gone unused as the demand for the injections plummeted. In speaking with health department officials in all 50 states, they found millions of instances of COVID-19 shots going to waste, sitting unused or set to expire in coming weeks. This includes:[23]

- 1.7 million doses wasted in Michigan since December 2020
- 619,000 doses unused in Colorado
- 3.6 million shots sitting in a stockpile in California
- Close to 760,000 doses deemed nonviable, spoiled or expired in Oregon
- More than 850,000 doses wasted in Wisconsin[24]

As word continues to get out that COVID-19 shots are failing, and adverse effects can be severe — even deadly[25] — reluctance to get the shots is growing. In May 2022, only 18% of parents said they were willing to get their under-5-year-old child a COVID-19 shot, while 27% said they "definitely would not" get them the shot.[26]

Such caution is wise, as artificially inflated antibodies caused by repeated booster shots signal to your body that you're always infected, and the resulting immune response comes at a cost and could prove to be detrimental to your health, potentially accelerating the development of autoimmune conditions such as Parkinson's, Kawasaki disease and multiple sclerosis.[27]

Further, training your body to produce singular antibodies for one spike protein cannot compare to the protection provided by natural immunity, which occurs after recovery from an illness. According to Michael Yeadon, Ph.D., a former vice-president and chief scientific adviser for Pfizer, the human body mounts its best immune responses after natural COVID-19 infection, not exposure to the spike protein in the shots.

He stated that 90% of the immune response mounted after natural COVID-19 exposure is not to the spike protein at all,[28] raising more concerns about COVID-19 shots' validity. The U.S. government is forging ahead with more shots nonetheless. You can expect a renewed push for boosters to hit the airwaves soon, as HHS expects its first deliveries of the latest COVID-19 shots to arrive in early fall.[29]

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