Infectious disease hype is about creating markets, not real health threats

by David Bell, USA*

David Bell. (Picture brownstone.org)

The theme of impending doom and a desperate search for missing panaceas is aimed at wealthy countries, which makes the real difference. Even if a few eventually die, vast tranches of taxpayer dollars can still be offloaded to Pharma, and investors make a killing before such metrics become clear.

In our enlightened age, the public seems tirelessly bombarded with warnings of existential threat from infectious disease. Another distant outbreak is spreading, this time it could be *Disease X!*[1] "… and there is no vaccine …!" How, one might ask, is our species still extant?

A few decades ago, life was less torn by impending doom. Public health officials were investigating diarrhea outbreaks linked to the local café. The Woodstock festival happened during the last large influenza pandemic, and no one really noticed, let alone wore a mask.

They just listened to the music, lived as their ancestors had and somehow managed to expand the species.

Medical technology and biotech innovation have blossomed since Woodstock. If you had a heart attack in the 1960s, you got some morphine for pain and a firm mattress, a bit of nitroglycerin under the tongue or some basic drugs to steady an erratic heartbeat.

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The Brownstone Institute is a nonprofit organization founded May 2021. Its vision is of a society that places the highest value on the voluntary interaction of individuals and groups while minimizing the use of violence and force including that which is exercised by public or private authorities.

COVID-19 was a staggering commercial success for the biotech industry. (Picture www.mdr.de)

Now you will be rushed into a maze of tubes and monitors, clot-dissolving drugs and pacing wires, multiple modes of imaging, followed perhaps by rapid surgery to remove a persisting blockage. Far fewer people die; it's all good and considered worth the money.

The world of infectious diseases is very different. It faces an intrinsic market failure.

While an increasingly old and fat population ensures a growing cardiac disease market, infectious diseases are on an inexorable decline. Biotech innovation has churned out all manner of new tests to allow us to distinguish pathogens, strains of pathogens and variants of strains, but from a declining background of illness.

Germs develop resistance, but we keep developing new antibiotics to replace those failing, imperfectly but sufficient to maintain the decline.

Vaccine development in this context is a bright spot amidst a dismal outlook[2] — the golden egg that can be sold to the healthy rather than a declining market of the sick.

Modified-RNA genetic therapeutics, reclassified as *vaccines,*[3] now allow companies to virtually print new vaccines in months. But it's still necessary to convince people who are under no imminent threat to become consumers.

Additionally, while some vaccines, such as those for measles, can effectively reduce the circulation of pathogens, most mortality decline even from measles occurred before the availability of vaccines for these "vaccine-preventable diseases."

Nutrition, sanitation and better living conditions removed *up to 98% of measles deaths* in wealthy countries.[4]

The marketing term "vaccine-preventable diseases" has helped, as has sponsorship of medical colleges, but the public is less readily bought than doctors and is increasingly aware that former scourges such as plague, typhus and *scarlet fever,*[5] for which no vaccines exist, have declined at much the same rate.

Vaccines for the classic vaccine-preventable diseases are also mostly beyond the 15-year window at which intellectual property commonly expires and the potential for return on investment declines accordingly.

This creates a challenge. Companies must replace existing vaccines with new technologies such as modRNA (nucleoside-modified messenger RNA) and claim they are somehow better, or find new diseases.

History has shown that very little is beyond the ability of humans to adapt. As *COVID-19* further demonstrated,[6] it is the fear of infectious disease that matters — you don't need bodies in the street. So, you don't need bad new diseases, which would be difficult, but just stuff the public has never paid attention to before.

Locking down young and middle-aged people and wrecking their businesses, then *coercing vaccination* as a way back to "freedom",[7] would have been impossible at the time of Woodstock in 1969, or even in 1999. It is too obviously egregiously fascist, and people still retained memories of mid-20th century Europe.

The SARS outbreak in 2003 changed things, kindling possibilities for investment and a lot of legwork went into behavioral science techniques afterward. Prepping of media and the public improved through *bird flu,*[8] *swine flu*[9] and *Hollywood's love of contagion.*[10] Then, COVID-19 achieved the previously impossible.

COVID-19 was for the biotech industry a stunning commercial success, irrespective of the links to gain-of-function of SARS-like viruses of many involved — something a more balanced society might have drawn a few lines from.

This explains, without needing much further clarification, the succession that followed:

- *Mpox*[11] (predominantly in a Western homosexual demographic)
- Avian influenza (in some cows and hardly any people)

Die Pfizer-Aktie

indexierte Entwicklung (1.10.2020 = 100)

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- Mpox again (this time mainly in malnourished African children)
- Marburg virus (near some caves in Rwanda)
- *Nipah virus*[12] (link in case you've already forgotten)
- *Hantavirus*[13] (two [or three] deaths on a cruise ship)
- *Ebola*[14] (driving Hantavirus from the front pages, in Ituri province of the Democratic Republic of Congo, wracked by civil war).

The combined mortality from this list is less than 1,000 people in the whole world since COVID-19. Out of over 8 billion of us. For each outbreak, we have endured the media's designated experts warning that (this time) it might go *global.*[15]

Billions of dollars have been diverted, much of it to commercial biotech companies, to save us. A *whole industry* now exists,[16] taxpayer-funded, to instil fear in those same taxpayers and milk them further.

The model is simply too potentially attractive to go away, or to let realism get in the way. Our species may have survived hundreds of thousands of years without *Pfizer,* but that can no longer be the case.[17]

Deaths from the current *Ebola outbreak* will,[18] unfortunately, increase considerably before it is over. It is spreading in the context of poverty, civil strife and poor healthcare access, and a *distrust arising* from recent perceptions of exploitation regarding COVID-19 and Ebola vaccines.[19]

It will take time for the communities in Ituri to address these challenges. However, it will not create significant outbreaks elsewhere because Ebola is readily addressed through competent health services and stable living conditions.

In fact, none of the above lists are well-adapted to widespread use in humans. They either pass poorly between humans, have obvious symptoms, signs and mode of spread, or only spread far in malnourished populations with poor healthcare.

We have not had a severe population-wide pandemic since basic antibiotics were developed a century ago. Most people died from the Spanish flu in 1918–19 because of secondary pneumonia and this is not readily treatable.

COVID-19 did little to younger and middle-aged people, even before Pfizer made cells throughout their body produce a foreign and harmful protein.

The hype is therefore not about a real threat, but about market creation. Not for old out-of-patent stuff like measles vaccines, but new and financially interesting products.

While new vaccines may help in high-risk regions where nutrition and sanitation remain poor, poor people make for a poor market. It is mass use in wealthy countries that makes the real difference. The theme of impending doom and a desperate search for missing panaceas is aimed at them.

Even if a few eventually die, vast tranches of *taxpayer dollars can still be offloaded*[20a] to *Pharma*[20b] and *investors make a killing*[21] before such metrics become clear.

The downside, for the rest of us, is considerable. As Ebola and Mpox spread and kill in the presence of poverty and national debt, pandemic fearmongering makes them worse.

Nutrition funding is declining while *funding for vaccine development* grows.[22] The U.S. allocation for the current Ebola outbreak is similar to the *combined malaria budgets*[23] of 10 central African countries. Ebola so far has about *150 confirmed deaths,*[24] while malaria kills about 120,000 children each year in this same region.

Biotech, however, is firmly in the driver's seat of global health, and public health workers and the media know who butters their bread. Each public health worker who goes along with the narrative is part of the problem, whilst each journalist printing stupidity is driving more poverty and harm.

If infectious disease mortality ceases its century-long decline, it will be because profit, salaries and sponsorship were simply more important than the lives of others.

In a camp for displaced people in the Democratic Republic of the Congo: Red Cross volunteers are providing information about Ebola to women and children. "The outbreak is taking place against a backdrop of poverty, civil wars and poor access to healthcare." (ICRC photo)

The only way out, perhaps, is for those old enough to remember the world of a few decades ago. Or for those younger, just get sick of being taken for a ride. The beneficiaries in the driving seat are simply finding too many reasons to hold their course.

Source: https://childrenshealthdefense.org/defender/infectious-disease-hype-creating-markets-not-real-health-threats/, 24 June 2026
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[20b] *https://childrenshealthdefense.org/defender_category/big-pharma/*

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