GLOBE

Campaign for Global Legislation Outlawing Biotechnology Experimentation

The Fundamental Flaw in Biotech Medicine

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The biotechnology industry has grown over the years since 1953 when the structure of DNA was unravelled.

Its growth has been due to a combination of government finance for academic research and commercial investment. Biotechnology start-ups begin with commercial seed money, ultimately their growth relies on being awarded government contracts. The pandemic has brought this to a fine art. The development of Covid testing kits and vaccines made hundreds of billions for their manufacturers through government contracts. The problem is that the tests did not work very well, and the vaccines not at all.

Very few biotechnology applications do work very well, in fact most fail completely and have done so for the last 50 years. As a result, biotechnology is supported by a lot of high sounding but deceptive public relations and government lobbying. The promise to correct so-called genetic deficiencies is centre stage. On the face of it this seems to be a very laudable and enticing prospect worthy of government support. Diseases like Huntingtons and sickle-cell anaemia are caused by inherited genetic defects.

Gene treatments for sickle-cell disease

For example sickle-cell disease is caused by a mutation in a single letter out of more than three billion base pairs of a person's DNA which causes haemoglobin blood cells to form into an atypical crescent shape. This can cause blockages in blood flow, swelling, infections and pain. There are an estimated more than 20 million people worldwide who carry the gene, particularly in sub Saharan Africa among the black populations. Although some conventional symptomatic management strategies are available including pain relief, blood transfusions and bone marrow transplants, the condition can be fatal. Not all people carrying the gene develop the disease, only around 10%.

In 2019, an experimental gene therapy was first used to edit the stem cells which produce haemoglobin. The treatment process is arduous, it involves months of blood transfusions, followed by bone marrow extraction and chemotherapy. The bone marrow is sent to a lab where it is genetically edited. Before patients can get the drug, they must undergo chemotherapy to wipe out any remaining stem cells that could make sickle-shaped cells. The cost is US$3 million per patient.

There are high risks. Patients suffer a high burden of toxic chemotherapy, which raises the risk of secondary cancers later on. The chemotherapy also raises the risk of infertility. Aside from the cost barrier, these risks are sufficient to deter most patients from even attempting the treatment. In another twist, the sickle-cell gene confers immunity to malaria which kills 580,000 people in Africa each year fifteen times more than sickle-cell disease. From this it is apparent that the sickle-cell gene has been selectively advantaged for good reason in the region. This raises some huge questions about the ultimate value of the gene treatment. Genes do not carry out just one task. Replacing them creates off target outcomes.

Big Pharma wants to control the medicines regulatory process

The example of sickle-cell gene therapy makes for sobering reading and it has taken decades and billions of dollars to even get that far. The whole class of biotech medicines known as biologics are plagued by high costs, variable results and high rates of adverse effects. An article by investigative reporter Max Jones published by Unlimited Hangout which we have republished is entitled "The WHO: Building a Permanent Pandemic Market". It paints a revealing picture of the behind the scenes machinations of Big Pharma. This is a very long read but well worth the effort. Let's unpack some of the main take home lessons of the investigation.

Jones reveals the commercial realities facing Big Pharma. Drug patents are only granted for limited periods. When the patents run out, the drugs can now be copied at a fraction of the cost and made widely available under generic labels. On the face of it this sounds like a good thing. Life saving drugs will become affordable for the world's population. In reality this is regarded as a threat to the profits of multinational drug companies. Jones documents that the patents on many of the most widely prescribed and profitable pharmaceutical drugs are about to run out. This phenomenon is known as a *patent cliff.* His article is all about the strategies being adopted by Big Pharma to take control of the medicines regulatory environment at WHO in order to approve new classes of biologic drugs which are inherently more dangerous and less effective. Along with this Big Pharma is buying up biotechnology companies.

Just before the pandemic, Moderna was on its financial knees. Its mRNA delivery platform was proving risky and ineffective, investors were running scared. The panic accompanying the pandemic allowed them and others to commercialise it, despite the known severe risks and poor results. Governments mandated its use. The resulting gold mine is something Big Pharma is working hard to replicate. Absolutely crucial to this effort is the notion that Covid vaccines were a great success story—safe and effective. Big Pharma is prepared to do almost anything to protect this narrative, because without it their whole house of cards falls to pieces.

Why is the entire class of biologic drugs so risky?

This is a really important question. As we have explained previously, biotech medicines that cross the cell membrane inevitably interfere with the command and control processes that determine immunity and homeostasis. Unpack this a little more and you arrive at a fundamental characteristic of biologics. Gene therapies are built around the defensive and offensive properties of bacteria, viruses and enzymatic immune responses. Simply put, our physiology is a battleground between destructive and constructive forces. CRISPR gene editing techniques harness the destructive forces at play to set up gene editing opportunities. Other biologics insert themselves downstream of DNA to edit genetic processes

Cas13 for example is an enzyme that rapidly cuts up any RNA when a cell is invaded by a virus, thus destroying the cell and denying the chance for the virus to replicate. Cas9 is derived from *Streptococcus Pyogenes* which is a major human-specific bacterial pathogen that causes a wide array of manifestations ranging from mild localised infections to life-threatening invasive infections. mRNA vaccines work by introducing a piece of mRNA that corresponds to a viral protein. The danger here is that these pieces of genetic information retain destructive capabilities which can and do create adverse events. Given the central role of genes and genetic processes, these can be very serious indeed as we have seen with Covid vaccines.

It is important to understand the contrast between the destructive and constructive forces at work in our physiology. The destructive forces involve specific localised operations such as that of an invasive pathogen whereas the constructive forces have holistic organising effects throughout cells, organs and the physiology as a whole. Gene editing is always going to be opposed to holistic health because it cannot take the health of the whole organism into account, instead it will instead disrupt it in specific ways.

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As we have discussed previously in our article "Medical Practice Needs Meaningful Patient Conversations", health is primarily determined by diet, behaviour, experience and consciousness. Studies show that the effects of exercise, a natural unprocessed diet, positive living circumstances and meditation far outweigh those of any medicine by factors greater than ten. Moreover, being natural and thus tied into the balance of the natural world, their effects on health are holistic. These factors can balance genetic expression. In other words they encourage the expression of the intelligence and immunity stored in genetic structures, rather than disrupt it.

Despite the overwhelmingly positive research results on natural approaches to health, Big Pharma has an agenda to lower the bar of medical regulations to let biotechnology into medicine, adverse effects and all. Natural approaches to health cannot be patented which discounts their use in the eyes of a medical system which is geared to profit, hubris and the disregard of risk. Ultimately the biotech agenda is self-destructive. Nothing illustrates this more than the effect of the Covid virus and the mRNA vaccines both produced through biotechnology.

The general public has been misled and it is time to speak up. These deficiencies speak to a compelling need for the International Genetic Charter. Its simple terms spell out in a few sentences the safeguards necessary to protect human life from genetic degradation. Please take a couple of minutes to sign up to The International Genetic Charter here.

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