

Submitter:

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On Behalf Of:

Committee:

Senate Committee On Health Care

Measure, Appointment or Topic:

SB1598

This bill is directly related to the Covid 19 response.

The COVID-19 response marked a dangerous slide into authoritarianism, where governments imposed unprecedented controls—lockdowns, mask mandates, vaccine requirements, travel restrictions, business closures—often bypassing normal democratic processes or scientific debate. These measures eroded personal freedoms, parental rights, bodily autonomy, and economic liberty on a scale rarely seen in peacetime democracies.

Many policies lacked robust pre-pandemic evidence. Lockdowns, for example, caused massive collateral damage: mental health crises, delayed cancer screenings, educational losses, and economic devastation, especially for low-income groups. Yet governments enforced them with little tolerance for dissent, censoring critics, deplatforming doctors, and labeling opposition as “misinformation.” This top-down control mirrored authoritarian tactics: centralized power in unelected officials, emergency declarations used to sideline legislatures, and surveillance tools expanded under public health pretexts.

This shift was not organic or purely science-driven. It was heavily influenced by pharmaceutical industry lobbying and financial incentives. Companies like Pfizer and Moderna reaped tens of billions in profits from vaccines and treatments, with Pfizer alone reporting nearly \$37 billion in vaccine revenue in 2021 and massive shareholder payouts. The industry spent heavily to shape policy: Pfizer invested over \$25 million in U.S. lobbying since early 2020; trade groups like PhRMA and BIO deployed hundreds of lobbyists to block IP waivers for generic production, ensuring monopoly control and high prices. They opposed technology sharing via WHO initiatives, prioritizing profits over global access.

Lobbying targeted governments to favor mandates and mandates-adjacent policies. Pharmaceutical firms pushed for measures that boosted uptake—school requirements, workplace mandates, insurance coverage mandates—while resisting price controls or compulsory licensing. In the U.S. and Europe, industry met frequently with officials, outspending opponents dramatically (e.g., 32-to-1 ratio against IP waivers in some periods). This influence helped normalize forced compliance, where refusal meant job loss, restricted travel, or social exclusion.

The pattern shows capture: revolving doors between regulators and industry, massive campaign donations, and funded advocacy groups amplified pro-mandate voices. Public health became a vehicle for profit maximization, with emergency powers granting broad authority without accountability. When dissenters questioned efficacy, safety data, or necessity, they faced suppression—not debate.

Authoritarianism thrives when crises justify unchecked power. COVID showed how fear, combined with corporate money, enables it. Emergency declarations became

permanent tools; surveillance normalized; individual choice subordinated to “the greater good” defined by elites. The lesson: crises are exploited by those seeking control. Vigilance against centralized authority—and the lobbyists who fuel it—is essential to preserve liberty. Future pandemics must not repeat this playbook. Freedom requires questioning mandates, demanding transparency, and rejecting profit-driven overreach disguised as science.