

A Case History of Vaccine Nationalism – Deconstructing the Astra-Zeneca Story

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In the wake of the COVID pandemic broke out a search was rightly unleashed for a vaccine. But this has been far from an impeccable victory for science. This article makes three points: First an evident series of scientific errors made by Astra-Zeneca. Secondly a myriad of potential for conflicts of interest exists between prominent scientists, giant drug companies, regulatory agencies meant to monitor safety and government. Thirdly, scientists are vulnerable to pressures of fame, greed and nationalism – just like anybody else. This case history of Astra-Zeneca again exposes why private profit drives cannot give the people a safe and rational drugs industry. Capitalism cannot get this right for the people - of either rich imperialist type nations, or the weaker dependent nations.

Introduction

Many critiques of the drugs industry under capitalism have laid out the socialist case before.^{1, 2} I will not repeat these, but here summarise them: under capitalism, the drugs industry is purely motivated by a chase for profits. It ensures profits by strategies which include: (1) molecular rouletting to evade patents rather than making true innovations; (2) minimizing safety concerns and evading true scientific assessments of effectiveness - achieved by a conflict of interest within the regulatory agencies (eg the Food and Drugs Agency (FDA) in the USA). Such conflicts have often led to sharp calls for reform;³ (3) massive over-pricing as compared to real costs of production; (4) relying on public sector contracts for added 'sweet pricing'; and finally (5) relying on public sector research funding for any real innovation.

I turn to AZ's conduct in regards to the COVID vaccine, asking should we agree with the notoriously self-serving Kate Bingham, when she says: "I do feel sorry for AstraZeneca. They've been caught up in geopolitics. But, hopefully, history will look back and treat them kindly and say, actually, they stepped up to provide a safe, effective drug that is easy to deploy for the world."⁴ What does the record show to date?

1. How did Astra-Zeneca unveil its vaccine? The saga of the trial deficiencies

Self-promotion flowed early on. This is unusual in science to begin with, and should have led objective observers to take pause. As Reuters points out:

"beginning even before the first human test subjects were injected with the experimental vaccine... On April 11 in Britain's The Times newspaper, Sarah Gilbert, one of the vaccine's chief researchers at Oxford, said she was 80% certain her team would be able to produce a successful vaccine, possibly as

¹ Joel Lexchin, 'The Pharmaceutical Industry in Contemporary Capitalism', March 1 2018; *Monthly Review*; at: <https://monthlyreview.org/2018/03/01/the-pharmaceutical-industry-in-contemporary-capitalism/>

² Ben Goldacre, 'Bad Pharma'; London 2012, Fourth Estate.

³ Joshua M. Sharfstein, 'Editorial : Reform at the FDA—In Need of Reform' January 14, 2020; *JAMA*. 2020;323(2):123-124.

⁴ Robin McKie, James trapper & Toby Helm; 'Blood clot cases 'could dent faith of young women in AstraZeneca'; 4 April 2021 'The Guardian'; <https://www.theguardian.com/world/2021/apr/04/blood-clot-cases-could-dent-faith-of-young-women-in-astrazeneca>

early as September. That was 12 days before a clinical trial to test its safety began.”⁵

On June 31 the then head of Britain’s vaccine procurement program, Kate Bingham, told a parliamentary committee: “Oxford is ahead of the world in that it is the most advanced vaccine anywhere.”⁴

Putting all this aside, scientists usually emphasise openness as a prerequisite in presenting data. If a mistake is made, it should be owned, and not glossed over, and changes to research protocols are supposed to be fully transparent. How did these scientists and AZ behave? The following details and quotes are drawn from a Reuters report.⁵

Firstly it appears there were errors by the scientists and AZ, on dosing, and a failure to test the most vulnerable elderly population in the first trial. By June 5, 2020, the researchers realized they had made a serious dosing mistake. They made a ‘confidential’ alteration to the research plan:

“Many of the United Kingdom trial subjects had inadvertently been given only about a half dose of the vaccine” changed details to the late-stage clinical trial of their COVID-19 vaccine – “In an amendment noted in a document marked CONFIDENTIAL” they added a new group of participants.”⁵

On Nov. 23, Oxford and AZ delivered positive news, claiming that the regimen of a half dose followed by a full dose booster appeared to be 90% effective in preventing COVID-19. But it seemed that two full doses scored only 62%. The confusion was only resolved by USA advisers to the ‘Warp Speed’ program. It was also becoming clear that the most vulnerable elderly were not represented in the AZ trial:

“The half-dose regimen wasn’t tested on anyone over 55 - the group considered at high risk from COVID-19. In contrast, a vaccine produced by Pfizer/BioNTech was tested on thousands of people over 65, with an efficacy of 94%.”⁵

It then emerged that these results were obtained by pooling from several differing studies. This is not generally done:

“In November, AstraZeneca became the third company to announce promising early results — declaring its vaccine efficacy ranged from 62 percent to 90 percent, depending on dosing, and the average was 70 percent. Scientists were left scratching their heads at the discrepancies, because a lower first dose seemed to work better. AstraZeneca had also pooled results from differently designed trials in Britain and Brazil, which is considered irregular.... And it was left to Moncef Slaoui, then chief advisor to Warp Speed (USA), to reveal in a call to US reporters that the group that achieved 90 percent efficacy did not include anyone aged over 55.”⁶

⁵ Steve Stecklow, Andrew MacAskill, Ludwig Burger, Kate Kelland, Emilio Parodi: *Special Report-How a British COVID-19 vaccine went from pole position to troubled start*; Reuters for ‘Health News’; DECEMBER 24, 2020; at: <https://www.reuters.com/article/us-health-coronavirus-britain-vaccine-sp-idUKKBN28Y0XU>

⁶ AFP, “How AstraZeneca’s errors eroded US confidence in its Covid shot”; In Guardian 23 March 2021;

About the mistaken dosing, there were many – what can only be euphemistically called - ‘spins’. It was denied as a mistake: The firm’s chief executive officer, Pascal Soriot, told Bloomberg: “People call it a mistake — it was not a mistake”.⁷

Others such as AstraZeneca executive vice president Mene Pangalos admitted a mistake, but glossed it as ‘serendipitous’. The two scientists Sarah Gilbert and Adrian Hill - said it was normal for researchers to look at different dose levels during vaccine trials. “It wasn’t a mix-up in dosing,” Gilbert told the Financial Times in an article published on Nov. 27. A few days later, Hill told Reuters: “There had been some confusion suggesting that we didn’t know we were giving a half dose when we gave it — that is really not true,” he said.⁵

I agree with John Moore, a professor of microbiology and immunology at Weill Cornell Medical College in New York, who said: “When you get corporate and academic scientists saying different things, it doesn’t give you the impression of confidence in what they’re doing,” he told Reuters. “Was the dosing thing a mistake or not?”⁵

Hill’s hubris burned vividly on May 11, as he dumped on the new messenger RNA technology of the BioNTech vaccine, claiming the Oxford/AstraZeneca candidate is “almost certainly the best single dose rapid-response vaccine.” Hill dismissed Pfizer/BioNTech and Moderna:

“Why would you take a vaccine technology that is new, unproven, maybe quick to manufacture, but expensive to manufacture - and has never been scaled up and has never been shown to protect against anything in humans, and prioritize that in a global emergency?” he asked. “It’s very odd.”⁵

In any case, on the strength of AZ’s prior claims, the USA both ordered shots and paid for them to the tune of \$1.2 billion.

“The US ordered 300 million doses, far more than its initial orders for Moderna and Pfizer (100 million each), and gave the company \$1.2 billion. Pfizer (100 million each), and gave the company \$1.2 billion.”⁶

After such confusion about the trial deficiencies, to satisfy USA regulators, further trials were needed for FDA approval. However quite astonishingly the company ignored the independent trial Data Safety panel. The company mis-reported its findings. They were called out by the US National Institute of Allergy and Infectious Disease (NIAID):

“On Monday, AstraZeneca released its results from a trial carried in the US, Peru, and Chile that showed an efficacy of 79 percent at preventing symptomatic Covid, and 100 percent at preventing hospitalizations and death. Then came the NIAID statement, which said an independent board charged with monitoring the

<https://guardian.ng/news/how-astrazenecas-errors-eroded-us-confidence-in-its-covid-shot/>

⁷ Suzi Ring and James Paton, ‘Astra Eyes Extra Global Vaccine Trial as Questions Mount’;

November 26, 2020, at: <https://www.bloomberg.com/news/articles/2020-11-26/astra-likely-to-run-fresh-global-covid-vaccine-trial-ceo-says>

trial “was concerned” that AstraZeneca “may have included outdated information from that trial,” skewing the figures.”⁶

“The NIAID issued a highly-unusual statement saying that AstraZeneca may have used “outdated information” that “provided an incomplete view of the efficacy data.” It said it took this action after an independent panel of medical experts that works under the National Institutes of Health to help monitor the AstraZeneca trial informed the agency that it had problems with the numbers the company had used in its press release on Monday. The language used by the independent panel, known as the Data and Safety Monitoring Board, was stark, according to a copy of the letter the board sent the company... “The point that is clear to the board is that the [vaccine efficacy number] . . . they chose to release was the most favorable for the study as opposed to the most recent and most complete. Decisions like this are what erode public trust in the scientific process,” the DSMB said... The letter indicated that the more up-to-date data showed an efficacy of between 69% and 74%, and that AstraZeneca knew this and yet chose to go with the older 79% figure.”⁸

This forced a partial retraction from AZ:

“The British-Swedish drugmaker was on the back foot Tuesday, vowing to release more data “within 48 hours” after the NIAID raised concerns that results reported from its US trial were outdated.”⁹

2. The complication of Cerebral Sinus venous Thrombosis (CVST)

How has the company and British regulatory agencies responded to an emerging picture of a serious complication with the AZ vaccine? Cerebral Sinus Venous thrombosis (CSVT), is not the same as just any old ‘thrombosis’. The latter is within the spectrum of an accepted disease in the general population. But for the longest time British authorities did not acknowledge the problem of CSVT was of an otherwise very rare and fatal or very disabling disease. You are likely to die from CVST, or have a disabling stroke. It is not a simple ‘clot’ in the leg that one gets from inactivity. The problem was identified first by European health authorities:

“On March 7, Austrian authorities announced an investigation of a death that was potentially vaccine-related. A few days later, the Danish Health Authority announced that it was investigating a death as well, and then the same thing happened in Norway. On March 15, Germany suspended use of the AstraZeneca vaccine pending the investigation of three deaths and four other incidents. According to the German vaccine authority, the sixth and seventh reports there “put the number of observed cases well above the expected

⁸ Jeremy Kahn, “AstraZeneca’s U.S. trial results debacle further widens its credibility gap”; March 23, 2021; ‘Fortune’ magazine; at: <https://fortune.com/2021/03/23/astrazeneca-vaccine-us-trial-results-covid-vaccines-data-numbers-trust-problem/>

⁹ Issam Ahmed, ‘How AstraZeneca’s errors eroded US confidence in its COVID shot March 23, 2021’; Medical Express news at: <https://medicalxpress.com/news/2021-03-astrazeneca-errors-eroded-confidence-covid.html>

number.” All seven cases involved previously healthy people between ages 20 and 50.”⁹

What was the response to these concerns by the UK Minister of Health Matt Hancock? It was a blanket denial:

“a number of European countries temporarily suspended the use of the Oxford/AstraZeneca Covid-19 vaccine due to reports of a small number of people who had been vaccinated suffering from blood clots. I want to reassure Sun readers — there is no evidence that vaccines caused these clots.”¹⁰

Perhaps this was not surprising from the British government. But did prominent British scientists, approach the concern with ‘objectivity’? Actually they appear to have responded with the same abrupt denials:

“Writing in *The New York Times* on March 22, Heidi Larson, the director of the Vaccine Confidence Project at the London School of Hygiene & Tropical Medicine, noted that just 25 Europeans had developed blood clots, out of 20 million who received the AstraZeneca vaccine. That rate, she said, was *lower* than what you’d normally see among unvaccinated people. According to the statistician David Spiegelhalter, the furor over blood clots showed our “basic and often creative urge to find patterns even where none exist.”¹¹

British drugs regulators took the same views, this was a mistaken case of blame:

“The British vaccine regulator, the MHRA, has reported only four cases of cerebral venous sinus thrombosis cases in people who have received an Oxford/AstraZeneca shot between the start of the year and 14 March, compared with two cases among those who have had the Pfizer/BioNTech jab. In a statement on 25 March, the MHRA said a rigorous scientific review did not suggest that blood clots in veins were caused by the Oxford/AstraZeneca vaccine, and that there had been less than one in a million cases of the disorder in the UK.”¹²

But under ongoing reports across Europe of this being noted, the MHRA (UK) then found more than the ‘four cases’ so confidently reported above. This was on the government website by 31 March, although with cautious wording:

“The MHRA’s scientific review of UK reports of extremely rare and unlikely to occur specific blood clots with lowered platelets has concluded that the evidence of a link with COVID-19 Vaccine AstraZeneca is stronger but more work is still needed. By 31 March 20.2 million doses of the COVID-19 Vaccine AstraZeneca

¹⁰ Matt Hancock, ‘Keep getting the Oxford/AstraZeneca jab – there’s NO EVIDENCE it causes blood clots’; *The Sun*; 16 March 2021; London; at: <https://www.thesun.co.uk/news/14362718/keep-getting-the-jab-matt-hancock/>

¹¹ Hilda Bastien, ‘The Blood Clot Issue Won’t Go Away’; March 30, 2021, ‘The Atlantic’ magazine; <https://www.theatlantic.com/health/archive/2021/03/astrazeneca-vaccine-blood-clot-issue-wont-go-away/618451/>

¹² Philip Olterman, ‘European commission says AstraZeneca not obliged to prioritise vaccines for UK’; *Guardian* 30 March 2020; <https://www.theguardian.com/world/2021/mar/30/european-commission-says-astrazeneca-not-obliged-to-prioritise-vaccines-for-uk>

had been given in the UK meaning the overall risk of these blood clots is approximately 4 people in a million who receive the vaccine.”¹³

News agencies seemed to be more clear on the U-turn in the statement and its meaning:

“June Munro, CEO for the UK's Medicines and Healthcare products Regulatory Agency... said up to 31 March there had been 79 cases of this condition, with 19 deaths. Three of the 19 people who died were under the age of 30.”¹⁴

“The U.K.'s drug safety regulator has identified more cases of thrombosis related to the Oxford/AstraZeneca vaccine, bringing the total to 30 — though it says the benefits of the shot still far outweigh the risks. The country is mainly relying on the shot to carry out its vaccination program so far, where it is leading most of Europe. As of March 18, it had reported only five cases of thrombosis, But the latest report, published by the Medicines and Healthcare products Regulatory Agency (MHRA) late Thursday, said that as of March 24 it had received 22 reports of cerebral venous sinus thrombosis, as well as 8 reports of other thrombosis events, out of 18.1 million doses administered.”¹⁵

The scientific community is still divided on just how large the real risk is. However there has been a noticeable shift to its importance:

“One scientist has told the BBC that evidence is growing that the blood clot events are "causally related", although he stressed that the benefits of taking the AstraZeneca vaccine still far outweighed the risks of not getting the jab. Prof Paul Hunter, a medical microbiologist at the University of East Anglia, told BBC Radio 4's Today programme: "It is not uncommon to get clusters of rare events purely by chance. "But, once you find that cluster in one population and it then crops up in another - such as previously in the German and now in the English - then I think the chances of that being a random association is very, very low.

"Clearly more work needs to be done, but I think the evidence is shifting more towards it being causally related at the moment.”¹⁶

Slowly the pendulum is being weighted by the truth. Even now however the attempt is being made to 'gild' the truth. Thus Matt Hancock reversing himself to some extent had this to say:

The risk of developing a blood clot from the Oxford-AstraZeneca vaccine is the same as getting one from a long-haul flight, Matt Hancock has said”;¹⁷

¹³ <https://www.gov.uk/government/news/mhra-issues-new-advice-concluding-a-possible-link-between-covid-19-vaccine-astrazeneca-and-extremely-rare-unlikely-to-occur-blood-clots>

¹⁴ Saleha Riaz AstraZeneca vaccine's causal link to blood clots not proven, says European Medicines Agency Wed, 7 April 2021; <https://uk.news.yahoo.com/astra-zeneca-stock-under-pressure-ahead-of-european-medicines-agency-briefing-on-covid-vaccine-092745970.html>

¹⁵ Carlo Martuscelli, UK regulator reports blood clots linked to Oxford/AstraZeneca vaccine April 2, 2021; Politico; at: <https://www.politico.eu/article/uk-regulator-flags-blood-clots-linked-to-oxford-astrazeneca-vaccine/>

¹⁶ James Gallagher; 'Covid-19: Seven UK blood clot deaths after AstraZeneca vaccine'; By, The BBC April 3rd; retrieved April 10th; at: <https://www.bbc.com/news/health-56620646>

¹⁷ Chris Smyth, Tom Whipple, Steven Swinford, Henry Zeffman; "Astra-Zeneca jab no riskier than long-haul flight, says Matt Hancock"; April 8, The Times, London; at:

Yet ignoring the prior under-statements of the MHRA, Hancock went on to praise the 'safety system' that could pick up this rare risk.¹⁸

I do not wish to gloss over the very real public health dilemma: It is true that the risks of contracting COVID are currently higher than the risks of the AZ vaccine. That is exactly why all the regulatory agencies from Canada to Europe and Britain, have even now equivocated by playing around with age ranges for those advised to get AZ. They all continue to recommend the AZ vaccine if other options are limited. However the dichotomy between *no vaccination* and *an AZ vaccination* is a *false* one. Firstly there are evidently now some alternatives that could be boosted for public availability, by combined international cooperation. Secondly, vaccination takes a previously healthy person and applies a medication that *should* be safe. To pose CSVT as an acceptable 'low risk' is patently misleading. Finally it is said that treatment can be given and a warning sheet should be given to the person being vaccinated. It is argued that in under-developed countries this is the best vaccination (cheapest and not requiring complex freezing storage). However, complications in poorer countries will be impossible to ameliorate by further treatments.

But there is another and systemic underlying issue. Namely this is a public health crisis that is not solved well by competitive systems reliant on profits. What might have been the case had governments pooled resources and – for instance – developed a head to head comparison trial between the varying vaccines? But in a private profit climate, compounded by inter-governmental rivalry – vaccine rivalry was bound to mirror primitive nationalism. Here I will not even discuss the underlying issue of how capitalist society has precipitated this health crisis despite warnings. I discussed that in a quite early report on the COVID crisis precipitated by capitalism.¹⁹

3. Following the money trail.

So much for the scientific disputes. Even if all these are viewed as in favour of AZ's interpretation, we need to ask how much do we know of the potentials for conflicts of interest around all this?

But firstly, it should be very clear that **all** the companies fervently making COVID vaccines - including Pfizer-BioNTech - are all also driven by the urge to make money. Moreover, BioNTech made its advances with state funding – with EU research funding:

“Uğur Şahin, the chief executive of the Germany-headquartered healthcare company BioNTech, has said the development of the technology used in its Covid-19 vaccine was made possible in part by sustained support from EU R&D programmes. “We benefited from the fifth, sixth and seventh framework programmes and this helped us to mature our technology,” Şahin said at a virtual health conference on 13 January, referring to the EU's successive multi-year R&D programmes. Among that funding was a 2018 European Research Council

<https://www.thetimes.co.uk/article/covid-vaccines-are-safe-and-save-lives-insists-boris-johnson-7b7schthh>

¹⁸ Matt Hancock and scientists seek to reassure public over AstraZeneca jab, Jane Kirby and Sam Blewett, 8 April, 2021; <https://uk.news.yahoo.com/matt-hancock-scientists-seek-reassure-075138443.html>

¹⁹ Hari Kumar; 'How should Marxists view the COVID19 Pandemic of 2019-2020?'; March 17, 2020; At: <https://www.theleftberlin.com/post/how-should-marxists-view-the-covid19-pandemic-of-2019-2020>

grant to explore the use of mRNA—a transient genetic signalling molecule—to develop cancer treatments tailored to a patient’s specific genetic mutations. BioNTech’s Covid-19 vaccine, which has been approved for use in the EU, uses an mRNA platform.”²⁰

And in order to secure a stable pipeline of vaccines for the future, Germany is in the midst of ensuring more funding for BioNTech. As of February according to the German health minister Spahn, of a further 400 Million Euros.²¹

What has been the result of all this for Pfizer-BioNTech? Well as of early this, year, Pfizer-BioNTech has made already some \$15 billion. It expects more as the need for booster jabs will rise:

“Costs and profits are split 50/50 with BioNTech. Albert Bourla, Pfizer’s chief executive, said it was an “increasingly probable scenario” that people will require boosters, or different vaccine formulations to keep up with new variants of the virus. This would result in a “durable” revenue stream, he added.”²²

Let us now return to the AZ saga. Firstly we focus on the scientists and their universities. These two often adopt an air of being above the sordid stench of money – they are in the ether somehow. Moreover they are always expected to declare their conflicts of interests. What is the reality of the Oxford situation, how well do we know this?

It is frequently claimed by British vaccine nationalists that neither AZ, nor British scientists – make any profit – nor it is usually implied are they ever likely to do so. But this in reality seems to be not so. Actually the scientists and Oxford university are key players behind ‘Vaccitech’, a startup company that builds on the COVID story, for other diseases:

“The Oxford startup behind AstraZeneca AZN 0.4% PLC’s Covid-19 vaccine has raised \$168 million in new funding, which it plans to use to adopt its vaccine technology for the treatment of other diseases. The move is a step in Vaccitech Ltd.’s preparations for going public as soon as this year... It played an early role developing a Covid-19 vaccine alongside scientists at the University of Oxford. AstraZeneca then teamed up with the university, promising to produce and distribute the shot globally. Vaccitech’s co-founders are Oxford scientists leading the vaccine program... The financing valued the company at around \$425 million, according to investors. Backers are aiming for an IPO valuation of around \$700 million, with expectations that Vaccitech could be a \$1 billion company by year-end... Vaccitech’s market-debut plans are shaping up as a test case for Oxford’s spinout process. The university has backed more than 200 startups since the late 1980s, including Vaccitech, but its record of fostering big moneymakers trails leading U.S. universities. New Vaccitech investors include pharmaceutical giant Gilead Sciences Inc. The financing was led by London-based asset

²⁰ BioNTech chief: EU R&D funds helped develop Covid-19 vaccine; *Research Professional News*; at: BioNTech chief: EU R&D funds helped develop Covid-19 vaccine

²¹ Reuters Agency: “Germany talking to BioNTech about funding for vaccine capacity”; February 6, 2021; at <https://www.reuters.com/article/us-health-coronavirus-germany-biontech-idUSKBN2A60LC>

²² Hannah Kuchler FT February 2, 2021. ‘Pfizer Expects \$15 bn in COVID vaccine this year’. <https://www.ft.com/content/0f1ab138-401d-40ff-824f-f6879704f10e>

manager M&G PLC. The funding also included Oxford Sciences Innovation PLC, a venture firm started by the university in 2015 and a Vaccitech investor since the company was launched in 2016.”²³

This company is going to pay out very richly for Professors Gilbert and Hill. But also for Oxford University:

“The price tag would put Professor Gilbert and Professor Hill in line for payouts worth over £20m. The pair both own just over 5% of the business each, according to recent filings with Companies House.”²⁴

“Oxford professors Sarah Gilbert and Adrian Hill - who helped develop the jab - stand to make millions of pounds through start-up Vaccitech, which created the experimental shot alongside experts at the university's Jenner Institute. Vaccitech is a private firm which owns intellectual property used in the vaccine's development. They together own about 10 per cent of the Oxford-based company, which will benefit both from royalties from the vaccine and 'milestone' payments. However the money can only be paid out once the pandemic is declared to have finished, according to the company's royalty agreement with Oxford. The 'milestone' payments are negotiated amounts based on landmarks such as regulatory approval, according to the **Wall Street Journal**. The firm was valued at £65.8million last year before the pandemic hit. The pair will also be entitled to their share of revenue if the Covid-19 jab is sold for profit. Oxford University also stands to make hundreds of millions of pounds, after it secured a deal to give the institution 6 per cent of all profits.”²⁵

It must be noted that Sir John Bell, the Regius professor of Medicine in Oxford University, and a confidant of the British Conservative government – seems to be heavily backing the AZ vaccine. He stoutly defends AZ and again claims it makes no profits, and might rethink its approach if ‘they do not get due credit’:

“Sir John Bell, the Oxford University professor who helped drive the vaccine's development, suggested morale at AstraZeneca is plummeting and that it had never received due credit for its decision to take no profit. Others are making fortunes – Moderna expects \$18bn in revenue this year from the vaccine and Pfizer/BioNTech \$15bn. Citing the attack from Macron and unfounded accusations over safety and efficacy, Bell said the company could re-think its philanthropic stance. “There's a point at which AstraZeneca could just say, 'you've got to be joking, we're going to stop [charging cost price] now because we're not getting any credit for what we're doing.' The share price has gone

²³ Jenny Strasburg, 'Startup Behind AstraZeneca Covid-19 Vaccine Raises \$168 Million in Step Toward IPO'; *Wall St Journal*; March 17, 2021 <https://www.wsj.com/articles/startup-behind-astrazeneca-covid-19-vaccine-raises-168-million-in-step-toward-ipo-11615981539>

²⁴ Oscar Williams-Grut; 'Oxford scientists behind COVID-19 vaccine set for multimillion pound payday';

Thu, 8 April 2021, <https://uk.news.yahoo.com/covid-19-coronavirus-oxford-vaccine-astrazeneca-sarah-gilbert-vaccitech-adrian-hill-new-york-ipo-085002383.html>

²⁵ Luke Andrews; 'How two professors behind Oxford's Covid vaccine stand to make MILLIONS with the jab - after its troubled path to approval'; 30 December 2020; *Daily Mail*; <https://www.dailymail.co.uk/news/article-9098411/Troubled-path-approval-Oxfords-vaccine-professors-jab-make-MILLIONS.html>

down, not up. We're making more vaccines than everybody else. This is a safe and effective vaccine, but nobody seems to care," he said this week. "²⁶

Yet as the British Medical Journal points out, his conflicts of interest are still secret:

"Since the covid-19 outbreak began early last year, John Bell, regius professor of medicine at Oxford University, has held high profile roles in the UK government's epidemic response while also working with AstraZeneca on the vaccine. But both Oxford and the government have refused to disclose Bell's financial interests."

²⁷

The plot thickens further, since:

"The Daily Mail reported on Bell's financial ties in September 2020, noting that he had £773 000 (€893 000; \$1.1m) worth of shares in the pharmaceutical company Roche. The newspaper published the story after Roche sold the government £13.5m of antibody tests, which Public Health England later found to be unreliable. Bell had headed the National Covid Testing Scientific Advisory Panel and chaired the government's test approvals group, but he told the Mail that he had no role in the purchase and that he had disclosed to the government "a long list of my interests." ^{27; 28}

In fact Bell's biographical note on the academy of medical sciences points out that he:

"He sat on the Scientific Advisory Board for AstraZeneca from 1997 to 2000 and has sat on the Scientific Advisory Board of the Roche Palo Alto facility since 1998." ²⁹

As an anxious string of emails ferreted out by the BMJ revealed, there appeared to be no written statement from Bell to the Government revealing any conflicts.

So what is the actual truth of AZ's benevolence and generosity and no profiteering? Well I believe they are very good propagandists. They have carefully retained rights to declare when they can afford to be seen as to start charging an obvious profit:

"AstraZeneca, which has promised not to profit from its Covid-19 vaccine "during the pandemic", has the right to declare an end to the pandemic as soon as July 2021, according to an agreement with a manufacturer. The UK pharmaceutical company.. has said it would provide doses on a cost basis for at least as long as

²⁶ Sarah Boseley, *How the AstraZeneca vaccine became a political football – and a PR disaster* 26 March 2021, *Guardian*, <https://www.theguardian.com/business/2021/mar/26/how-the-astrazeneca-vaccine-became-a-political-football-and-a-pr-disaster>

²⁷ Paul D. Thacker, 'Tracking down John Bell: how the case of the Oxford professor exposes a transparency crisis in government'; *BMJ* 24 February 2021; at 2021;372:n490 <http://dx.doi.org/10.1136/bmj.n490>

²⁸ Ennals E. *Government test tsar has £770 000 shares in drugs firm that sold us £13million of "pointless" antibody screening kits—after it emerged that Sir Patrick Vallance has a financial interest in company racing to find vaccine.* *Daily Mail*. 26 September 2020. <https://www.dailymail.co.uk/news/article-8776339/Test-tsar-770-000-shares-firm-sold-13million-pointless-antibody-screening-kits.html>

²⁹ Professor Sir John Bell, *Academy President from 2006-2011; Regius Professor of Medicine at Oxford University.* <https://acmedsci.ac.uk/about/governance/academy-president/professor-sir-john-bell>

the pandemic lasts. However a memorandum of understanding between AZ and a Brazilian manufacturer... defines the "Pandemic Period" as ending on July 1, 2021. The period could be extended but only if "AZ acting in good faith considers that the SARS-COV-2 Pandemic is not over."³⁰

The same article makes it clear that AZ received large swathes of public funding to develop the vaccine. As Ellen 't Hoen, director of Medicines Law & Policy, a non-profit campaigning for greater access to medicines says:

"More transparency was needed. "Despite all the talk about the Covid-19 vaccine needing to be a 'global public good' by political leaders who spend billions on Covid-19 R&D, it seems that it is the drug companies that determine, in secret deals, who will get access to the vaccine and when," she said.

Finally there is a far too-cosy relationship between the companies and the regulatory agencies. This has been evident in the British regulators. Indeed in 2005 the leaders of the British agency justified this as there was a 'paucity' of qualified people outside of industry.

"The pool of experts in regulating medicines in the United Kingdom is limited, and both industry and regulatory agencies compete for them. Thus it is unsurprising that many of the agency's employees have worked in the pharmaceutical industry. "Other countries also use a fee based method of funding the regulation of medicines; user fees account for 100% of funding in the Netherlands, 95% in Sweden, 66% in Canada, and 52% in the United States. The European Medicines Agency also gets 67% of its income from fees."³¹

Little surprise in my view, that the British regulators were slow to acknowledge the linkage between the complications and the AZ vaccine.

Conclusion:

So – what are socialists to say about vaccine nationalism? We are unlikely to have agreed with Matt Hancock when he said:

"Britain's health minister, Matt Hancock, told a press conference in April that Britain was "at the forefront of the global effort" to find a vaccine."⁵

Nor are we likely to agree that Bingham was not a beneficiary of the 'chumocracy' as she claims with a very compliant interviewer for the FT saying this:

"Bingham, who has a first class degree in biochemistry from Oxford, mentions several other temporary positions that have been filled without an open

³⁰ Donato Paolo Mancini, 'Astra-Zeneca Vaccine Document Shows Limits of no-profit pledge'; October 7, 2020; *Financial Times* London; <https://www.ft.com/content/c474f9e1-8807-4e57-9c79-6f4af145b686>

³¹ Alasdair Breckenridge & Kent Woods, 'Medicines Regulation and the Pharmaceutical Industry. *BMJ: British Medical Journal*, 2005, 331:834-836

competition. “Then the next thing is: was I qualified to do the job? And I think that the results speak for themselves on that.”³²

Blimey, is she talking about the enormous death toll in the UK? Perhaps she and Cookson should watch the ‘Peoples Covid enquiry’ series?³³

Socialists are more likely to agree with the tone of Ian Jones, a professor of virology at Britain’s University of Reading, told Reuters that the plethora of upbeat statements hasn’t benefited the Oxford/AstraZeneca vaccine candidate.

“reporting has always had a slightly nationalistic tone, which I don’t think has been helpful.”⁵

Having said that, there is a broader agenda for socialists. Namely the public control of research, funding for innovations in science, and an international collaboration of scientists; and lastly but not least – ensuring an equitable roll-out for the **entire** world – of effective and safe medications. Not just safe and effective for the privileged imperialist nations. This does not come easily. It will not be an agenda brought forward by social-democratic governments. But to get a truly socialist government, Marxists-Leninist require a party of the working class. This becomes ever more urgent as capitalist incapability to make a fair and workable society for working peoples is ever clearer.

³² Clive Cookson, UK vaccine supremo Kate Bingham: ‘The bickering needs to stop’; April 3, 2021. Financial Times, London at: <https://www.ft.com/content/8d9edc58-7922-496a-942f-5360bfe84876>

³³ Dr. John Puntis, “Why we launched a People’s Covid Inquiry and how you can take part”; March 26, 2021; at: <https://www.theleftberlin.com/post/the-people-s-covid-inquiry>