

# COVID-19

Fear, fraud & profiteering



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## COVID-19 Research: Introduction

COVID-19 is an acute respiratory illness caused by a new variant of coronavirus.

Respected medical health professionals have criticised WHO's statistical and epidemiological methodology & the mainstream COVID-19 narrative as inaccurate and dangerous. One of these medical professionals chaired a Parliamentary board that publicly exposed WHO as fraudulently promoting hysteria about Swine flu in 2009, to the benefit of pharmaceutical companies.

Pharmaceutical companies which profited obscenely from the 2003 swine flu epidemic declared by WHO, are now also touted by WHO as having the treatment for COVID-19. Statisticians who were involved in swine flue epidemiology and policy advice are also involved in COVID-19 and are advising UK and European government policy/actions. The code their modelling is based on is over a decade old and has not been published- it cannot be verified or replicated. The same virologist who created the 2003 'miraculously fast' test for SARS, also created the test for COVID-19. Both tests were rapidly approved by WHO and deployed without rigorous or external vetting.

International mainstream media is confused about the very low mortality rates coming out of Germany, compared to Johns Hopkins data which is used by authorities and MSM - to general panic. I reference the significant difference in quality of data collection that seems to cause this divergence. Germany's data is based on official, authoritative testing. Johns Hopkins' data apparently comes from reporting and even social media.

The Australian Government's National COVID-19 Coordination Commission (NCCC) Executive Board of Commissioners "will advise the Prime Minister on all non-health aspects of the pandemic response." Board members represent possible financial conflicts of interest: a collection of billionaires, international corporate tax dodgers and Big Pharma/vaccine proponents.

I intend to present a collection of counter-narrative information regarding the COVID-19 outbreak to hopefully facilitate public discourse and a critical examination of the motivations of the organisations involved.

This report is a working document and will be updated periodically.

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## COVID-19 - Counter-narrative sources

I have compiled a short list of counter-narrative sources regarding COVID-19, including respected medical professionals with backgrounds in epidemiology and data science.

Note: Swiss Propaganda Research offers an independent source of compiled statistical data on COVID-19, updated regularly.<sup>1</sup>

WrenchInTheGears' excellent interactive 'Vaccine Finance' map shows the financial links and partnerships between COVID-19 agents of influence: WHO, Johns Hopkins, the World Bank, CEPI, the Gates Foundation et al.<sup>2</sup>

Off Guardian has compiled interviews with 12 respected medical experts who contradict the official WHO & MSM narrative on the COVID-19 outbreak.<sup>3</sup>

Off Guardian includes an interview with **Professor Sucharit Bhakdi**: "The government's anti-COVID19 measures] are grotesque, absurd and very dangerous [...] The life expectancy of millions is being shortened. The horrifying impact on the world economy threatens the existence of countless people. The consequences on medical care are profound. Already services to patients in need are reduced, operations cancelled, practices empty, hospital personnel dwindling. All this will impact profoundly on our whole society.

All these measures are leading to self-destruction and collective suicide based on nothing but a spook."

**Dr Yoram Lass**: "...there is a very good example that we all forget: the swine flu in 2009. That was a virus that reached the world from Mexico and until today there is no vaccination against it. But what? At that time there was no Facebook or there maybe was but it was still in its infancy. The coronavirus, in contrast, is a virus with public relations.

Whoever thinks that governments end viruses is wrong."

### **Dr Wolfgang Wodran**

Dr Wolfgang Wodarg is a physician and Health Policy Adviser. He is an Honorary Member of the Parliamentary Assembly of Council of Europe (PACE) and a Board Member of Transparency International Germany. From 1998 until January 2010, Dr. Wodarg was a member of the Parliamentary Assembly of Council of Europe (PACE).

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<sup>1</sup> Swiss Propaganda Research: '[A Swiss Doctor on Covid-19](#)'

<sup>2</sup> LittleSis, WrenchInTheGears, March 20 2020: '[Vaccine Finance](#)'

<sup>3</sup> Off Guardian, March 24th 2020: '[12 Experts Questioning the Coronavirus Panic](#)'

While Dr Wodarg was Chair of the Council, PACE publicly investigated WHO for the scandal of deliberating fomenting swine flu hysteria (more below).

Dr Wodarg's interview with Oval Media is a detailed critique of the 'coronavirus epidemic'.<sup>4</sup> See 'Appendix 1: Transcript of Dr Wolfgang Wodarg's interview with Oval Media'

Dr Wodarg has set up a detailed website with a significant amount of statistical data and research to support his views - that COVID-19 is not the problem.<sup>5</sup>

### **From Dr Wodarg's website:**

On COVID-19 "There is no valid data and no evidence of exceptional health threats.

Undisputed facts:

- The official mortality statistics, which are still available, and various national flu monitoring institutes show the normal course of the curves.<sup>6</sup>
- The seasonal "flu" is as usual.
- Corona viruses are and have always been there.
- Corona viruses, influenza viruses and other viruses have to change continuously.
- So "new" viruses are normal.

The significance and application of the PCR tests:

- The tests used have not been officially validated, but have only been approved by cooperating institutes.
- The tests (Wuhan and Italy) are often used selectively, for example in the case of seriously ill people anyway, and are then unusable for assessing the risk of disease.
- Without the tests, which are questionable in terms of their informative value and their falsifying application<sup>7</sup>, there would be no indication for emergency measures.

Other risks of misjudgment

- Even in Italy, without the new tests, the annual problem in the flu season would be observed: undersupply, an aging population, many deaths due to hospital infections, tightness, lack of staff and a high level of antibiotic resistance. A positive Sars-2-Cov test is largely only a secondary finding. Influenza is still much more dangerous for weakened patients, but is hardly noticed." <sup>8</sup>

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<sup>4</sup> Oval Media via Youtube, March 13th 2020: '[How Dr Wolfgang Wodarg sees the current Corona pandemic](#)'

<sup>5</sup> Wolfgang Wodarg ([translated from German](#))

<sup>6</sup> Off Guardian, March 23rd 2020: '[Italy: Only 12% of "Covid10 deaths" list Covid19 as cause](#)'

<sup>7</sup> Zhuang et al (2020): '[Potential False-Positive Rate Among the 'Asymptomatic Infected Individuals' in Close Contacts of COVID-19 Patients](#)'

<sup>8</sup> Elsevier, Roussel et al (2020): '[SARS-CoV-2: fear versus data](#)'

### **Professor John PA Ioannidis**

C.F. Rehnberg Chair in Disease Prevention, Professor of Medicine, of Health Research and Policy, of Biomedical Data Science, and of Statistics; co-Director, Meta-Research Innovation Center at Stanford University<sup>9</sup>

“The current coronavirus disease, Covid-19, has been called a once-in-a-century pandemic. But it may also be a once-in-a-century evidence fiasco.... The data collected so far on how many people are infected and how the epidemic is evolving are utterly unreliable. Given the limited testing to date, some deaths and probably the vast majority of infections due to SARS-CoV-2 are being missed. We don't know if we are failing to capture infections by a factor of three or 300.... This evidence fiasco creates tremendous uncertainty about the risk of dying from Covid-19. Reported case fatality rates, like the official 3.4% rate from the World Health Organization, cause horror - and are meaningless. Patients who have been tested for SARS-CoV-2 are disproportionately those with severe symptoms and bad outcomes. As most health systems have limited testing capacity, selection bias may even worsen in the near future.”<sup>10</sup>

### **Professor Dr Stefan Hockertz**

Immunologist and toxicologist, managing partner of GmbH, one of the leading toxicological and pharmacological technology consultancies in Europe.<sup>11</sup>

“The dangerousness of the SARS-CoV-2 coronavirus is comparable to the well-known influenza that we had in previous years. "Corona" is not the plague, it is not Ebola and even measles is more dangerous. The measures taken are excessive...”<sup>12</sup>

### **Professor Michael Levitt**

A Stanford biophysicist who was awarded the Nobel Prize in Chemistry in 2013, is a professor of structural biology

“While many epidemiologists are warning of months, or even years, of massive social disruption and millions of deaths, Levitt says the data simply doesn't support such a dire scenario — especially in areas where reasonable social distancing measure are in place.”<sup>13</sup>

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<sup>9</sup> Stanford Profiles [John P.A. Ioannidis](#)

<sup>10</sup> STAT, Professor John P.A. Ioannidis (March 17th, 2020): [‘A fiasco in the making? As the coronavirus pandemic takes hold, we are making decisions without reliable data’](#)

<sup>11</sup> TPI Consult Biography Professor Dr Stefan Hockertz ([translated from German](#))

<sup>12</sup> [Quote translated from German](#) on Dr Wolfgang Wodarg's site

<sup>13</sup> Los Angeles Times, Joe Mozingo, March 23rd, 2020: [‘Why this Nobel laureate predicts a quicker coronavirus recover: ‘We’re going to be fine’](#)

## Germany & COVID-19

Dr Wodarg's website states: "The number of respiratory infections is now normalizing [in Germany]- as in previous years without lockdown", referring to the weekly influenza report updated by the Robert Koch Institute.<sup>14</sup>

International press has expressed confusion about the low mortality rate of COVID-19 in Germany.

"This means Germany currently has the lowest mortality rate of the 10 countries most severely hit by the pandemic: 0.3% compared with 9% in Italy and 4.6% in the UK.

The contrast with Italy is especially surprising because the two countries have the highest percentage of citizens aged 65 or over in Europe. If anything, the Bloomberg Global Health Index would suggest Italians have a healthier lifestyle than Germans."<sup>15</sup>

"Yet even with similar populations of infected patients as, for example, France, Spain and the US, the German Covid-19 mortality rate is about 0.4%"<sup>16</sup>

The difference may be in the quality of data gathering. The Robert Koch Institute's figures differ significantly from the Johns Hopkins's data - which is widely used as the leading reference for authorities and MSM.<sup>17</sup>

The Robert Koch Institute: "The Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU) and the RKI obtain their data from different sources, so deviations are inevitable.

"The information provided by the JHU is based on continuous internet research that takes various sources into account (including authorities, media reports, social media). As a result, these figures are quickly available, but only allow limited conclusions to be drawn about the development, since more detailed information on the cases is lacking and reporting of the sources of supply is not uniform."

"The RKI only uses the official cases reported to the health authorities according to the [Infection Protection Act \(IfSG\)](#) for its analyzes ( [RKI dashboard](#) , [management reports](#) ). Doctors and laboratories report information on medical diagnoses and pathogen evidence to the health authorities. They check the information, bring it together and supplement missing information with their own

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<sup>14</sup> Buda et al & the AGI study Group, Calendar week 12/2020 '[Weekly influenza report](#)' (translated from German)

<sup>15</sup> The Guardian, Philip Oltermann: '[Germany's low coronavirus mortality rate intrigues experts](#)'

<sup>16</sup> CNN, Kent Sepkowitz: '[Why is Covid-19 death rate so low in Germany?](#)'

<sup>17</sup> Johns Hopkins: '[Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering \(CSSE\) at Johns Hopkins](#)'

investigations. COVID-19 cases secured in this way are transmitted to the responsible state authorities and the RKI. It may take some time (reporting and transmission delays), but the data reported and transmitted according to the IfSG are of high quality. Important information about the cases (regional distribution, age, gender, symptoms, etc.) is included.”<sup>18</sup>

The RKI has collected a significant range of data about Covid - 19.<sup>19</sup>

## WHO & COVID-19

Professor Christian Drosten is a virologist at the Charité University Hospital in Berlin. He was the first to access the international virology database to use the genetic information of COVID-19 to rapidly produce a test which WHO quickly approved (without any rigorous analysis or outside testing), which all countries used- because there was no other test.

Drosten also happens to be the discoverer of the 2003 SARS virus - miraculously developing the first diagnostic test only 11 days after WHO issued the first alert about it.

A number of incorrect claims about the analysis of the virus and its spread have been cautioned or criticised but unfortunately continued to be sensationalised.<sup>20</sup>

Professor Drosten estimates the virus could infect up to 70 percent of the world or 5.2 billion people: “Presumably between 60 and 70 percent of the people will get infected but we don’t know in what timeframe.”<sup>21</sup> (Although, as per below, Dr Wodarg asserts that virologists lack the credentials to determine if a virus is dangerous or not.)

Professor Christian Drosten was “one the co-discoverers of the SARS (Severe Acute Respiratory Syndrome) virus in 2003, Prof. Drosten was also responsible for developing and making available the first diagnostic test for SARS.”<sup>22</sup>

“Drosten’s fatigue, and his sudden celebrity, both stem from the fact that his team developed the first diagnostic test for severe acute respiratory syndrome (SARS). Remarkably, Drosten and his

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<sup>18</sup> Robert Koch Institute: [‘Answers to frequently asked questions about the SARS-CoV-2 coronavirus’](#)

<sup>19</sup> Robert Koch Institute: [‘COVID-19 \(Coronavirus SARS-CoV-2\)’](#)

<sup>20</sup> Science, Kai Kupferschmidt: [‘Mutations can reveal how the coronavirus moves - but they’re easy to overinterpret’](#)

<sup>21</sup> Express, Sebastian Kettle, March 2nd 2020: [‘Coronavirus horror: 70% of humanity faces infection - Is COVID-10 worse than Spanish Flu?’](#)

<sup>22</sup> DZIF, Press Release January 16th: [‘Researchers develop first diagnostic test for novel coronavirus in China’](#)

colleagues pulled off this feat just 11 days after the World Health Organization (WHO) issued its alert about the disease.”<sup>23</sup>

Simon Jenkins recently reported: “The first Sars outbreak of 2003 was reported by as having “a 25% chance of killing tens of millions” and being “worse than Aids”.<sup>24</sup>

However, despite the hysteria the deaths from SARS were minor: “During November 2002 through July 2003, a total of 8,098 people worldwide became sick with severe acute respiratory syndrome that was accompanied by either pneumonia or respiratory distress syndrome (probable cases), according to the World Health Organization (WHO). Of these, 774 died. By late July 2003, no new cases were being reported, and WHO declared the global outbreak to be over.”<sup>25</sup>

In a recent interview with Oval Media,<sup>26</sup> Dr Wolfgang Wodarg referred to the virologists in Wuhan, (this city has the largest safety laboratory for viruses in China) who in routine testing of patients, examined the RNA in the laboratory and found a new type (COVID-19):

“When a virologist finds something like this he puts it in a global data base. And this data base is accessible for scientists all over the world, in Berlin for example. In Berlin they checked and compared this new entry and tried to create a test to measure this new variant of coronavirus.”

“Then Mr Drosten<sup>27</sup> submitted a protocol to the WHO and it got admitted really quickly<sup>28</sup>. Usually, as a test is considered a product of medicine, it has to be validated. That means it has be checked very precisely. What does this test actually say? What does it measure? The mentioned test is an inhouse test developed in the Charite clinic. But because there weren’t any validated tests and the great panic arose, it was decided to just use this test everywhere. And then Mr Dorsten provided this test. Of course, the virologist can’t say if the virus is dangerous or not. He can only say “This one is different” or “We have a test for this”...

But is the virus dangerous, Mr Drosten? How is he supposed to know? He would need further epidemiological data based on observations of how sick the people are. How fast do they get healthy again? Are there less victims than before? That’s why it is important to look at the data from previous years to compare them.”

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<sup>23</sup> Nature: [‘First past the post’](#)

<sup>24</sup> The Guardian, Simon Jenkins 7th March 2020: [‘Why I’m taking the coronavirus hype with a pinch of salt’](#)

<sup>25</sup> CDC [‘Severe Acute Respiratory Syndrome’](#)

<sup>26</sup> Oval Media via Youtube, March 13th 2020: [‘How Dr Wolfgang Wodarg sees the current Corona pandemic’](#)

<sup>27</sup> DZIF (Jan 16th, 2020): [‘Researchers develop first diagnostic test for novel coronavirus in China’](#)

<sup>28</sup> WHO

WHO's laboratory guidance for 'assays' (standardised test systems used in laboratories to detect certain substances), that are used to detect the novel coronavirus: "Several assays that detect the 2019-nCoV have been and are currently under development, both in-house and commercially. Some assays may detect only the novel virus and some may also detect other strains (e.g. SARS-CoV) that are genetically similar".<sup>29</sup>

### WHO's Case definitions for COVID-19

WHO's definition of COVID-19 diagnosis is very broad: a patient with acute respiratory symptoms with an "absence of an alternative diagnosis", a suspect case for "whom testing could not be performed for any reason", a suspect case for whom testing is inconclusive.<sup>30</sup>

#### **Suspect case**

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset.

OR

B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset;

OR

C. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

#### **Probable case**

A. A suspect case for whom testing for the COVID-19 virus is inconclusive.

a. Inconclusive being the result of the test reported by the laboratory.

OR

B. A suspect case for whom testing could not be performed for any reason.

#### **Confirmed case**

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

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<sup>29</sup> World Health Organisation: 'Coronavirus disease (COVID-19) technical guidance: Laboratory testing for 2019-n-CoV in humans'

<sup>30</sup> WHO: Coronavirus disease 2019 (COVID-19) Situation Report - 63

Professor Neil Ferguson is an epidemiologist with the Imperial College, which collaborates with WHO. The Guardian described him as “the man with the modelling evidence that underpins the government’s coronavirus strategy... Ferguson is a mathematician and an epidemiologist whose work on the spread of Covid-19 is informing policy in not only the UK but also France, the US and other countries as well. The centre he founded with colleagues at Imperial College, the MRC Centre for Global Infectious Disease Analysis, collaborates with the World Health Organization.”<sup>31</sup>

The code that Ferguson uses to model coronavirus outcomes (which shutdown policies are based on) is based on his unpublished, unverified code that Ferguson wrote a decade ago, which he clarified in a recent tweet:

“I’m conscious that lots of people would like to see and run the pandemic simulation code we are using to model control measures against COVID-19. To explain the background - I wrote the code (thousands of lines of undocumented C) 13+ years ago to model flu pandemics... They are also working with us to develop a web-based front end to allow public health policy makers from around the world to make use of the model in planning”<sup>32</sup>

This tweet was widely criticised by programmers:

“Makes you wonder why a critical piece of software to drive country strategy (potentially avoiding thousands of death) remains undocumented and unmaintained until the crisis arises.”<sup>33</sup>

“Like most C programmers, I’m baffled why you don’t publish your source code.”<sup>34</sup>

In a particularly detailed analysis of Ferguson’s work and the studies it was based on, one author concluded: “So, key details of the linkage model behind the Imperial College report are hidden through four back-references, in the supplemental information, where the terminal descriptions are “a heuristic” and “beyond the scope of this paper”. I am \*livid\*. This is utterly unacceptable scientific practice. I make no guarantees about the accuracy of my model, but by God you can download the code and run it yourself if you want to. Their paper is completely unreplicable from the data they published, and so are the four they referenced.”<sup>35</sup>

Interestingly, Prof Neil Ferguson who is running the modelling that advises UK and European countries on policy to deal with COVID-19, said he was working with Microsoft.

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<sup>31</sup> The Guardian, Sarah Boseley: [‘Neil Ferguson: coronavirus expert who is working on despite symptoms’](#)

<sup>32</sup> Tweet, Neil Ferguson, [March 23rd, 2020](#)

<sup>33</sup> Tweet, Eric Leboeuf, [March 23rd 2020](#)

<sup>34</sup> Tweet, PJ Kirk, [March 23rd, 2020](#)

<sup>35</sup> Twitter, Arguably Wrong, [March 22nd 2020](#)

Ferguson has been widely criticised by other programmers for not releasing his decades-old code open source so that it can be checked and verified (which is standard norm). Instead, he says he is working with Microsoft to “allow others to use”.

“I am happy to say that @Microsoft and @GitHub are working with @Imperial\_JIDEA and @MRC\_Outbreak to document, refactor and extend the code to allow others to use without the multiple days training it would currently require (and which we don't have time to give).”

## WHO & Swine flu fraud

Professor Neil Ferguson was also instrumental in modelling the 2009 Swine Flu and advising the UK government on mitigation policy, such as advising school closures.<sup>36</sup>

“It's a virus that almost certainly will cause a global epidemic,” says study author Neil Ferguson, an epidemiologist at Imperial College London. By plugging early data into statistical models, Ferguson and his collaborators determined that 6,000–32,000 individuals had been infected in Mexico by late April.”<sup>37</sup>

“One of the authors, the epidemiologist and disease modeller Neil Ferguson, who sits on the World Health Organisation's emergency committee for the outbreak, said the virus had “full pandemic potential... It is likely to spread around the world in the next six to nine months, and when it does so, it will affect about one-third of the world's population.

“To put that into context, normal seasonal flu probably affects around 10% of the world's population every year, so we are heading for a flu season which is perhaps three times worse than usual – not allowing for whether this virus is more severe than normal seasonal flu viruses.”<sup>38</sup>

In 2010. Michael Fumento reported that WHO had ‘deliberately tormented swine flu hysteria’. The human rights watchdog, the Parliamentary Council of Europe (PACE), publicly investigated WHO over this matter, which committee chairman Dr Wolfgang Wodarg declared to be a “false pandemic” and “one of the greatest medicine scandals of the century.”<sup>39</sup>

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<sup>36</sup> The Telegraph, Murray Wardrop (2009): ‘Swine flu: schools should close to halt spread of virus, ministers told’

<sup>37</sup> Nature, Heidi Ledford (2009): ‘Swine flu spread matches previous flu pandemics’

<sup>38</sup> The Guardian, Matthew Weaver (2009): ‘Swine flu could affect third of world's population, says study’

<sup>39</sup> Forbes, Michael Fumento (2010): ‘Why the WHO faked a pandemic’

Fumento reported: "Bizarrely enough, the WHO has also exploited its phony pandemic to push a hard left political agenda. In a [September speech](#) WHO Director-General Chan said "ministers of health" should take advantage of the "devastating impact" swine flu will have on poorer nations to get out the message that "changes in the functioning of the global economy" are needed to "distribute wealth on the basis of" values "like community, solidarity, equity and social justice." She further declared it should be used as a weapon against "international policies and systems that govern financial markets, economies, commerce, trade and foreign affairs."

Dr Wolfgang Wodarg testified at a PACE public hearing on the matter: "The definition of a pandemic was changed by the WHO last May. It was only this change of definition which made it possible to transform a run-of-the-mill 'flu into a worldwide pandemic – and made it possible for the pharmaceutical industry to transform this opportunity into cash, under contracts which were mainly secret."<sup>40</sup>

PACE published testimony from WHO's own Director of the Collaborating Centre for Epidemiology at the University of Munster, Dr Ulrich Keil:

"A number of scientists and others are questioning the decision of the WHO to declare an international pandemic. The H1N1 virus is not a new virus, but has been known to us for decades. The H1N1 vaccination campaign was stopped abruptly when it was realised that the effects were milder than anticipated. I am asking for a reconsideration of this pandemic announcement by the WHO.... The Director General of WHO declared the H1N1 pandemic in June 2009, triggering a cascade of actions by individual countries who were prepared for this by the SARS and Avian 'Flu scares.

We are witnessing a gigantic misallocation of resources in terms of public health. Governments and public health services are wasting huge amounts of money in investing in pandemic diseases whose evidence base is weak."

Dr Keiji Fukuda, Special Advisor on Pandemic Influenza to the Director-General, World Health Organisation (WHO), protested the validity of the agencies' actions at the PACE public hearing:

"The H1N1 pandemic is not the same as seasonal influenza and differs in major respects. Large outbreaks occurred outside the usual season for influenza. The virus caused a striking and unusual pattern of severe illness and deaths in younger people, with many deaths caused by viral pneumonia, an especially aggressive form of pneumonia. This pattern is not typically seen during seasonal influenza.

The pandemic is not over, but to date, more than 14,000 laboratory confirmed deaths have been reported. We often see the number of deaths compared with figures from seasonal influenza. The is

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<sup>40</sup> Parliamentary Assembly (2020): '[Extracts of statements....](#)'

comparing apples with oranges. Deaths from seasonal influenza are based on statistical models. Deaths from the pandemic have been confirmed one by one through laboratory tests and unquestionably are much lower than the true number.”

Previously, in 2005, Dr Fukuda had recommended Gilead's Tamiflu as the best hope against avian bird flu. “Evidence that some people with bird flu in Vietnam rapidly developed resistance against the drug Tamiflu and died was not necessarily a cause for alarm, said Keiji Fukuda, an expert at the WHO's global influenza programme.”<sup>41</sup>

In 2014, WHO declared an outbreak of Ebola as an international emergency.

“Use of non-approved drugs is “an important option,” according to Keiji Fukuda, assistant director-general of WHO... The meeting to consider the use of experimental drugs will weigh all the medical, scientific and ethical issues, “to really develop a framework for how we should approach things,” said Fukuda. “We hope to provide a solid foundation for how to move on.”

““We can only assess whether a vaccine or drug works for Ebola by using it in affected countries with the consent of individuals and communities concerned,” Jeremy Farr, director of UK research charity the Wellcome Trust. <sup>42</sup>

Trials have only recently concluded on African communities for Ebola treatments, including Gilead's remdesivir (see below). Some of the trials resulted in over 50% death rate. These results would be unacceptable in Western countries, but those living in extreme poverty and under duress would likely have little choice, and we would at risk of giving uninformed consent. Cheap clinical trials, far enough away to be little social cost for Gilead and co.

“Jeremy Farrar, head of the Wellcome Trust in London, concurs: “This will undoubtedly save lives... In the middle of the worst possible conditions, a very solid clinical trial was done that has given us very important information... And the beauty of it is that you can now immediately apply it in the field.”<sup>43</sup>

In 2006, the WHO organised a Global Action Plan for increasing the supply of influenza pandemic vaccinations. In WHO's 2007 paper: ‘The Global Action Plan (GAP) to Increase Supply of Pandemic Influenza Vaccines’, the Global Action Plan Advisory Group recommended:

“The main priorities for WHO for the year 2008 should be to choose the appropriate spin to be placed on the business plan in association with the right marketing strategy... Developing a diagnostic test to

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<sup>41</sup> The Guardian, Sarah Boseley (2005): ‘[Tamiflu still best hope against bird flu, says WHO](#)’

<sup>42</sup> BioWorld, Nuala Moran (2014): ‘[Ebola is declared an international emergency by Who](#)’

<sup>43</sup> Science, Kai Kupferschmidt (2029): ‘[Finally, some good news about Ebola: Two new treatments dramatically lower the death rate in a trial](#)’

identify individuals who may become immune as a result of infection with the pandemic influenza strain, in order to vaccinate those who are still unprotected.”<sup>44</sup>

In 2009 (after spending 2008 deciding the ‘right marketing strategy’ and ‘appropriate spin’?), WHO declared Swine flu a pandemic.

## Pandemic profiteers: Gilead

Pharmaceutical company Gilead’s vaccination ‘Tamiflu’ was used for swine flu symptoms. “Gilead stands to benefit if the regular flu this year is worse than expected, Kolbert says, and also benefits if the H1N1 flu is more virulent than forecast. It’s a highly profitable licensing arrangement, Kantor says. Gilead is expected to reap \$200 million in sales from Tamiflu in 2010.”<sup>45</sup>

Gilead profited enormously from swine flu “as governments around the world lay in stockpiles of the drug for use in the event of a flu pandemic – which scientists say is overdue and could occur at any time.”<sup>46</sup>

The former US Secretary of Defence, Donald Rumsfeld, was the former Managing Director of Gilead Sciences and former chair of the board, and is still one of its major shareholders.<sup>47</sup>

“Rumsfeld made the imminent “swine flu” a political issue to add some spark to the campaign of President Ford, an interim leader without a cause. At Rumsfeld’s urging, the administration would ensure that “every man, woman and child” was vaccinated. Huge amounts of vaccine were produced and distributed quickly. Some batches were contaminated. . . Six hundred people sickened and 52 died. The program was stopped a month after the election.

And nobody got swine flu.”<sup>48</sup>

“Donald Rumsfeld has made a killing out of bird flu. The US Defence Secretary has made more than \$5m (£2.9m) in capital gains from selling shares in the biotechnology firm that discovered and developed Tamiflu, the drug being bought in massive amounts by Governments to treat a possible human pandemic of the disease.”<sup>49</sup>

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<sup>44</sup> WHO (2007): ‘[The Global Action Plan \(GAP\) to Increase Supply of Pandemic Influenza Vaccines](#)’

<sup>45</sup> ABC News, Matt Krantz (2009): ‘[Investors look for stocks that could gain from swine flu](#)’

<sup>46</sup> Pharmatimes (2005): ‘[Roche settles dispute with Gilead over Tamiflu](#)’

<sup>47</sup> Samim, [Recent Gilead News](#)

<sup>48</sup> Shadowproof, Lisa Derrick (quoting Lisa Parsons: ‘[Late night: Rumsfeld, Swine flu, fringe nuts and you](#)’

<sup>49</sup> Independent, Geoffrey Lean and Jonathon Owen (2006): ‘[Donald Rumsfeld makes \\$5m killing on bird flu drug](#)’

“In the past, Gilead has carried on testing drugs without informing patients that previous subjects had died, in violation of international law and without obtaining consent. A large number of patients died as a result.

In 1997, Donald Rumsfeld managed to have recognized Cidofovir, drug fighting smallpox, and then to integrate its molecule into Pentagon research on bioterrorism, cashing in fabulous royalties. The following year, in 1998, he convinced President Bill Clinton to bomb a pharmaceutical factory belonging to Gilead’s competitor, Al-Shifa (manufacturing an anti-HIV drug, a copy of the drug manufactured by Gilead Sciences), using the pretext that Al-Shifa was manufacturing chemical weapons for Al-Qaeda. In 2001, when Donald Rumsfeld became the Secretary of Defence, Gilead Sciences provides anti-small pox drugs to the Pentagon during the anthrax attacks.

Igor Kirillov, the Head of the Russian Forces for radiological, chemical and biological, suspects that with the Sovaldi tests, the pharmaceutical firm is actually testing out illegal arms for the Pentagon.”<sup>50</sup>

### **Gilead’s experimental drug Remdesivir is now touted as the promising treatment for COVID-19.**

Remdesivir is a decades old product. It appears it is now to be thrown at COVID-19 as a potential cure, as reported by STAT: “It bounced along from Gilead’s labs to academic centers, nudged by both federal taxpayer dollars and support from the company. It kept turning up whiffs of potential in cells and animals infected by other coronaviruses like SARS and MERS, but these bugs weren’t causing sustained global crises. For years, Gilead was primarily focused on ushering remdesivir into trials and toward approval for a different kind of infection: Ebola.”

STAT reported: “World Health Organization assistant director-general Bruce Aylward even said that remdesivir is the “one drug right now that we think may have efficacy.” [in curing COVID-19]<sup>51</sup>

“Gilead Sciences Inc said on Sunday it was temporarily putting new emergency access to its experimental coronavirus drug remdesivir on hold due to overwhelming demand and that it wanted most people receiving the drug to participate in a clinical trial to prove if it is safe and effective...

Remdesivir has been touted by many - including President Donald Trump - as one of the more promising potential treatments for the virus.”

Remdesivir recently received orphan drug designation from the US FDA, which granted it a seven year exclusivity period as well as tax incentives. Fierce public backlash forced Gilead to ask the FDA to rescind this.<sup>52</sup>

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<sup>50</sup> Voltaire (2018): ‘[Gilead Sciences’s criminal drug testing: a cover for the Pentagon’s illegal arms testing?](#)’

<sup>51</sup> STAT, Alex Hogan, March 16th 2020: ‘[As the coronavirus spreads, a drug that once raised the world’s hopes is given a second shot](#)’

<sup>52</sup> Fierce Pharma, Kyle Blankenship March 25th, 2020: ‘[Gilead asks FDA to rescind remdesivir orphan drug tag after public backlash](#)’

In the Forbes article: 'Why is Coronavirus helping Gilead's Stock?':

"If the company succeeds with its trial for Remdesivir for the treatment and a potential vaccination for Covid-19, it will likely be a major positive driver for the company's stock. For perspective, the flu vaccination market alone is worth around \$4 billion, and given the extent of Covid-19, the vaccination sales could be much larger in size. Some of the analysts have pegged over \$6 billion sales for Remdesivir in the first year, if successful for the treatment of Covid-19. This would compare with the total \$22 billion Gilead generated in 2019.

Gilead's stock was up by about 13% between February 1, and March 12, after the WHO declared a global health emergency."<sup>53</sup>

President Trump met with Big Pharma executives, including representatives from Gilead, on March 2nd. Trump's \$8.3 billion coronavirus emergency package, released March 6th, 2020, included \$3 billion allocated "to prevent, prepare for, and respond to coronavirus, domestically or internationally, including the development of necessary countermeasures and vaccines, prioritizing platform-based technologies with U.S.-based manufacturing capabilities, and the purchase of vaccines, therapeutics, diagnostics, necessary medical supplies, medical surge capacity, and related administrative activities..."<sup>54</sup>

The White House Coronavirus Task Force members contain a plethora of questionable ethical histories and potential conflicts of interest, including former lobbyists, directors and employees of pharmaceutical companies (including Gilead).<sup>55</sup>

Jared Kushner, Director of the Office of American Innovation and Senior Advisor to President Trump (who is also his father-in-law), is running a parallel covid-19 response task force, characterised as an "all of private sector" response. "His team, which includes a former roommate and a private equity executive invested in healthcare companies, has cut across traditional federal jurisdictions and maintains few checks on conflicts of interest."

Political watch group Citizens for Responsibility and Ethics in Washington (CREW), have reported that Kushner's 'shadow task force' "appears to violate multiple laws."<sup>56</sup>

The Federal Advisory Committee ACT (FACA) "prohibits such committees from being "inappropriately influenced by the appointing authority or by any special interest." Contrary to the FACA's requirements, the shadow task force is operating in secret, with neither the members of Kushner's committee nor their interests fully disclosed to the public."

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<sup>53</sup> Forbes, Trefis Team, March 16th, 2020: '[Why is Coronavirus Helping Gilead's Stock?](#)'

<sup>54</sup> US Government: '[Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020](#)'

<sup>55</sup> Revolving Door Project, Max Moran (March 2020): '[The Coronavirus Crisis: A Who's -Who of Trumpian Mismanagement](#)'

<sup>56</sup> Citizens for Responsibility and Ethics in Washington, Jordan Libowitz (March 2020): '[Kushner's shadow task force appears to violate multiple laws](#)'

BlackRock is the world's largest fund manager, with \$7 trillion in assets under management and arguably more power than most nation states.

The US Senate recently passed \$1.2 trillion in stimulus. The Federal Reserve appointed BlackRock to administer the stimulus programs, overseeing 'bailouts' to companies *which included BlackRock*.

The situation mirrors BlackRock's actions after the 2008 financial crisis. "BlackRock's Larry Fink helped popularize the same mortgage-backed securities that nearly poisoned the banking system. Now his firm is making millions cleaning up these toxic assets."<sup>57</sup>

BlackRock's Genomics, Immunology and Healthcare ETF portfolio includes pharmaceutical companies which are developing vaccines and therapeutics for covid-19, including Gilead, Inovio and Moderna. The ETF also includes Gates Foundation gene editing company CRISPR.<sup>58</sup>

Gilead's covid-19 product Remdesivir has potential competition to COVID-10 treatment: readily available, cheap malaria drugs chloroquine and hydroxychloroquine.<sup>59</sup>

A slew of MSM articles ensued reporting that the malaria drugs were dangerous, or don't work, have now surfaced in mainstream media.

Nassim Nicholas Taleb refuted one study as 'fake news' and statistically flawed.<sup>60</sup>

A MSM outlet's claim that a man had died after self-medication with chloroquine later had to retract its statement, as it neglected to point out "the form of chloroquine the couple ingested was used in aquariums (not the medication)."<sup>61</sup>

WrenchInTheGears' excellent interactive 'Vaccine Finance' map shows the financial links and partnerships between COVID-19 agents of influence: WHO, Johns Hopkins, the World Bank, CEPI, the Gates Foundation et al.<sup>62</sup>

## The Australian Government & COVID-19

On the 25th of March, 2020, the Australian Health Protection Principal Committee (AHPCC) advised the national cabinet that, in the response to COVID-19: "The next step, if required, is likely to be a carefully considered closure of all activity except essential industries and services."<sup>63</sup>

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<sup>57</sup> Fortune, Katrina Booker (2008): '[Can this man save Wall Street?](#)'

<sup>58</sup> — —

<sup>59</sup> Tech Crunch, Darrell Etherington (2020): '[French study finds anti-malarial and antibiotic combo could reduce COVID-19 duration](#)'

<sup>60</sup> Tweet, Nassim Taleb, [March 25th, 2020](#)

<sup>61</sup> AXIOS, Bob Herman, 2020: '[Man dies after self-medicating with chloroquine phosphate](#)'

<sup>62</sup> LittleSis, WrenchInTheGears, March 20 2020: '[Vaccine Finance](#)'

<sup>63</sup> Australian Government, Department of Health: '[AHPCC advice to cabinet about social distancing](#)'

On the 25th March 2020, Prime Minister Scott Morrison announced “the creation of a new National COVID-19 Coordination Commission (NCCC) that will coordinate advice to the Australian Government on actions to anticipate and mitigate the economic and social effects of the global coronavirus pandemic.”

“An Executive Board of Commissioners, will advise the Prime Minister on all non-health aspects of the pandemic response... The National COVID-19 Commission Executive Board includes leaders across the private and not-for-profit sectors: Mr Greg Combet AM, Ms Jane Halton AO, Mr Paul Little AO, Ms Catherine Tanna and Mr David Thodey AO (Deputy Chair).”

## National COVID-19 Coordination Commission (NCCC): Executive Board of Commissioners

### Greg Combet

Combet is a former union boss and Australian Climate Change Minister. He is now the chairman of Industry Super Australia “which represents 16 of Australia’s biggest industry funds and thus the vast bulk of the A\$630 billion saved by more than 11 million Australians.” (La Trobe, 2017).

Under Combet’s leadership, Industry Super Australia has been found to be investing in Saudi weapons<sup>64</sup>, and to be paying no income tax in Australia<sup>65</sup> - although an online newspaper the company owns recently criticised ‘big corporate hitters’ who weren’t paying tax.<sup>66</sup>

In a 2018 article titled ‘Greg Combet and the future of capitalism’, Combet “declared his intention to transform Australian business. His radical idea: to promote the concept of “long-term value”. These super funds would use their massive clout as investors to transform corporate culture... He wants business to focus on long-term sustainability... pushing companies to focus on environmental, social and governance performance.”

The article links to the United Nations Principles of Responsible Investment initiative, which extort its 7,000 signatories to go engage in ethical investing .<sup>67</sup>

An example of ‘ethical investing’: In 2017, the World Bank launched ‘Pandemic Bonds’, which **covered flu and coronavirus**. The \$500 million bonds matured in June 2020.

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<sup>64</sup> Investor Daily, Eliot Hastie (2019): ‘[Industry super funds investing in Saudi weapons](#)’

<sup>65</sup> ABC News, Nassim Khadem (2020): ‘[ATO data reveals one third of companies pay no tax](#)’

<sup>66</sup> The New Daily, Rod Myer (2019): ‘[The big corporate hitters who the ATO says are paying no tax](#)’

<sup>67</sup> La Trobe University, Danny Davis (2019): ‘[Greg Combet and the future of capitalism](#)’

The pandemic bonds are “aimed at providing financial support to the Pandemic Emergency Financing Facility (PEF), a facility created by the World Bank to channel surge funding to developing countries facing the risk of a pandemic. This marks the first time that World Bank bonds are being used to finance efforts against infectious diseases, and the first time that pandemic risk in low-income countries is being transferred to the financial markets.”<sup>68</sup>

However, in the COVID-19 outbreak of 2020, the pandemic bonds were declared ‘useless’ as COVID-19 outbreak caused them to nearly half in value.

“When the bonds were first created, investors – mainly pension funds and specialists in “catastrophe insurance” – immediately rushed in to buy these financial instruments... **“investors have been the only winners...** [they were a] “gamble with taxpayers’ money” at “terrible odds”.

COVID-19 is attributed to have caused the recent steep crash in the Australian share market. One stock that has done well is food deliverer Marley Spoon, shares up over 150% in the span of a week. Industry Super Holdings (the giant super fund Combet chairs), has recently increased its stake to 5.5%.<sup>69</sup>

Industry Super Holdings owns the online newspaper The New Daily. The newspaper has recently been publishing COVID-19 related articles such as ‘Superannuation should avoid the worst of the crisis’<sup>70</sup> and ‘Don’t panic, now could be the time to make some money in superannuation’<sup>71</sup>

## Paul Little

Little is a Melbourne billionaire who is reportedly “ramping-up his switch from investing in property to early stage start-ups after identifying a gap in the market because most of the money is pouring into later stage venture capital.... “The experience offshore has proven some amazing companies evolve out of this seed and start-up area ...”<sup>72</sup>

Little recently built and is the owner of a corporate jet base, Melbourne Jet Base, a \$100 million facility that opened up 18 months ago. Little reported COVID-19 had affected business: “It might have

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<sup>68</sup> World Bank, Press Release (2017): [‘World Bank Launches First-Ever Pandemic Bonds to Support \\$500 million Pandemic Emergency Funding Facility’](#)

<sup>69</sup> Stockhead: [‘Trading Places: the stocks the money managers are buying \(and selling\)’](#)

<sup>70</sup> The New Daily, Rod Myer (2020): [‘Superannuation should avoid the worst of the crisis’](#)

<sup>71</sup> The New Daily, Rod Myer (2020): [‘Don’t panic, now could be the time to make some money in your superannuation’](#)

<sup>72</sup> Australian Financial Review, Patrick Durkin (2019): [‘Why Paul Little is switching from property to angel investing’](#)

reduced our traffic by 20 or 30 per cent"... Traffic has not yet recovered as a result of the virus that was playing out the same way the world over, Mr Little said."<sup>73</sup>

The Australian government recently announced that **airlines would be getting a \$715 million bailout** 'to save them from coronavirus collapse'.<sup>74</sup> It is unclear if Melbourne Jet Base is included in this bailout package.

Little is also the Chairman of the Australian Grand Prix Corporation, which was cancelled by the State government last-minute due to COVID-19 fears.

Grand Prix CEO Andrew Westacott "was asked if the Victorian taxpayer would have to foot the bill for the race.... He acknowledged the cancellation would have "a lot of consequences" some of which were financial."

"Ticket refunds will be covered by the Australian Grand Prix Corporation, however Sports Minister Martin Pakula said there would be negotiations with the global sports body Formula One Group about whether the fee was due under the contract."

Westcott: "We will work those through with commercial rights holders in the days and weeks following this announcement," he said. "We will be making sure appropriate contractual measures are looked after." Australian Grand Prix Corporation chief executive Andrew Westacott said on Friday that the cancellation would result in a "different cost" for the state government compared to the typical \$60 million outlay."<sup>75</sup>

## Catherine Tanna

Tanna is a director of the Business Council of Australia and the Managing Director of EnergyAustralia.<sup>76</sup> In Parliament in February 2020, Senator Rex Patrick stated that Tanna was an "international corporate tax dodger":

"Senator Patrick has now demanded she resign from the role [on the Reserve Bank Board], saying there was "a deeply shameful side to Ms Tanna's career, something quite at odds with her standing as a business leader" due to the amount of tax EnergyAustralia paid... EnergyAustralia is wholly foreign-owned as a subsidiary of Hong Kong's China Light and Power"

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<sup>73</sup> Australian Financial Review, Michael Bleby (2020): '[Coronavirus is parking private jets](#)'

<sup>74</sup> The Daily Mail, Karen Ruiz (2020): '[Airlines to receive a \\$715million bailout to save them from coronavirus collapse - as Australia's carriers tell travellers it's still safe to fly](#)'

<sup>75</sup> The Age, Tom Cowie (2020): '[Taxpayers could still be on the hook for secret grand prix fee despite cancellation](#)'

<sup>76</sup> Energy Australia: '[Meet Our Leaders](#)'

Tanna is also a member of the Reserve Bank Board, which decides Australia's monetary policy. She is the Chair of the Reserve Bank Board Remuneration Committee.<sup>77</sup>

"Senator Patrick also called for Ms Tanna's resignation from the RBA board, saying one of the board's responsibilities is to advance the economic prosperity and welfare of people in Australia." "It is impossible to reconcile Ms Tanna's position as a well-paid facilitator of extraordinary tax minimisation with her responsibilities with the Reserve Bank," Senator Patrick said."

## David Thodey

Former CEO of Telstra, now Chairman of the Board of CSIRO

CSIRO has been engaged by the Coalition for Epidemic Preparedness Innovations (CEPI) (see also below: 'Jane Halton') "to undertake critical new research as part of the rapid global response to the novel coronavirus outbreak.

COVID-19 & CSIRO: 'Fast-tracking vaccine development'

"Our research and collaborations, as part of a global vaccine development pipeline, will enhance Australia's preparedness and aid the timely development of a new vaccine

We are also involved in the production, scale-up and testing of new potential vaccines being developed by a **CEPI-led consortium**, which includes CSIRO and the University of Queensland."<sup>78</sup>

## Jane Halton

Former Secretary of the Australian Department of Finance, head of the Department of Health, the Deputy Secretary of the Department of Prime Minister and Cabinet.

Ms. Halton is a member of the Advisory Boards of the Australia and New Zealand Banking Group (ANZ Bank), Clayton Utz, Crown Resorts and the Australian Strategic Policy Institute. She is also a member of the Interim Board Coalition for Epidemic Preparedness Innovations (CEPI).

She was chair of the board of the World Health Organisation, president of the World Health Assembly, former WHO executive board member, and chair of the Organisation for Economic Co-operation and Development (OECD) health committee.<sup>79</sup>

Halton was the Australian government's Health departmental head in 2003, and implemented Australia's response to the SARS outbreak. "As departmental head in 2003, Ms Halton implemented Australia's response to the SARS outbreak, another coronavirus that caused 8098 reported infections

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<sup>77</sup> Reserve Bank of Australia, [RBA Board](#)

<sup>78</sup> CSIRO (2020: '[Working against the new coronavirus](#)')

<sup>79</sup> WHO, [Biography Ms Jane Halton](#)

worldwide, killing 774 people. She established the national stockpile of antiviral drugs and the Office of Health Protection that has swung into action to combat the Wuhan strain.”<sup>80</sup>

## Jane Halton & Event 201

Halton participated as a key player in the controversial and disturbing ‘invite only’ high level simulation exercise Event 201<sup>81</sup>, the October 2019 ‘Global Pandemic Exercise’ conducted by John Hopkins, the Gates Foundation and the World Economic Forum.

This exercise prophetically “simulates an outbreak of a **novel zoonotic coronavirus** transmitted from bats to pigs to people that eventually becomes efficiently transmissible from person to person, leading to a severe pandemic. The pathogen and the disease it causes are modeled largely on SARS, but it is more transmissible in the community setting by people with mild symptoms.”<sup>82</sup>

“The exercise illustrated areas where public/private partnerships will be necessary during the response to a severe pandemic in order to diminish large-scale economic and societal consequences.”<sup>83</sup>

Independent journalist Cory Morningstar reports on Event 201:

“Thirty days after the October 18, 2019 simulation exercise, on November 17, 2019, the first documented case of the coronas virus (COVID-19) is said to have appeared... Logic dictates that the simulation drill carried out on a fictitious coronavirus global pandemic, which was then declared a global pandemic on March 11, 2020 by the WHO, is a drill worthy of both study and analysis. Of particular interest is the discussions on how to control the information and messaging.”<sup>84</sup>

“Here it is important to note that also on March 11, 2020, the World Economic Forum announced a partnership with the WHO (a UN agency) to form the **COVID-19 Action Platform** – a task-force comprised of over 200 corporations at launch... Initial plans of the World Economic Forum- World Health Organization COVID-19 Action Platform include raising an estimated \$12 billion dollars in order to create and distribute a corona virus vaccine.”

Morningstar references WEF Managing Director: “I see it as a mobilization opportunity to show the best of what’s possible of stakeholder capitalism.” — **March 13, 2020**, World Economic Forum Managing Director, **Jeremy Jurgens**

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<sup>80</sup> The Australian (2020): [‘Australian scientists in race to find coronavirus vaccine’](#)

<sup>81</sup> Event 201 Players, [Jane Halton](#)

<sup>82</sup> Event 201: [‘The Event 201 scenario’](#)

<sup>83</sup> [Event 201](#)

<sup>84</sup> Wrong Kind of Green, Cory Morninstar (2020): [‘The show must go on. Event 201: The 2019 fictional pandemic exercise \(World Economic Forum, Gates Foundation et al\)’](#)

[People Trust Companies More than the Government to Handle a Crisis — and it Shows Just How Much Corporate America is Stepping up to Tackle the Coronavirus Pandemic, Business Insider; “This article is part of Business Insider’s ongoing series on [Better Capitalism.](#)”]

## Jane Halton & CEPI

Jane Halton is the Chair of the Coalition for Epidemic Preparedness Innovation (CEPI).

CEPI was initiated by the World Economic Forum in Davos 2017:

‘CEPI Initiative Aims to Prepare Vaccines to Speed Up Global Response to Epidemics’

“This has grown out of the lessons learned – what was good about our response to the Ebola crisis and what went wrong,” said Erna Solberg, Prime Minister of Norway. “The international response was too late, but now we know how to respond faster the next time.”

CEPI received substantial funding: “With \$460 million in initial funding from the **Bill & Melinda Gates Foundation, the Wellcome Trust** and the governments of Germany, Japan and Norway, and promises for a total of \$700 million, the programme involves the global vaccine manufacturers.”<sup>85</sup>

Bill Gates, recently commenting on COVID-19: “We did create CEPI = Coalition for Epidemic Preparedness Innovation which did some work on vaccines but that needs to be funded at higher level to have the standby manufacturing capacity for the world.”<sup>86</sup>

CEPI “ is coordinating the development of a vaccine in laboratories across the world and is calling on the federal government to help further fund research. CEPI chair Jane Halton, a former federal Department of Health head, **says about \$3 billion is needed** so multiple versions of potential vaccines can be developed. The federal government has put \$2 million towards a local fund to develop a vaccine and has so far pledged less than \$5 million to CEPI.”<sup>87</sup>

The Australian reported: “**Australia will be asked to pay into a \$2bn global fund** to find a vaccine for the deadly Wuhan virus, **as the woman heading the initiative warned the pandemic could not be contained without it.** The chairwoman of the Coalition for Epidemic Preparedness Innovations, Jane Halton, a former federal Health Department secretary, said drug regulators here and internationally would also be approached to **shortcut approval protocols**, so serious was the threat.”

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<sup>85</sup> World Economic Forum (2017): ‘[CEPI Initiative Aims to Prepare Vaccines to Speed Up Global Response to Epidemics](#)’

<sup>86</sup> FIT, (2020): ‘[What Bill Gates Has to Say About COVID-10, Chloroquine, Vaccines](#)’

<sup>87</sup> SBS, March 9th 2020: ‘[Coronavirus vaccine still at least one year away](#)’

“The board of her coalition, a partnership between countries and research groups backed by the financial grunt of the Bill and Melinda Gates Foundation and Britain’s Wellcome Trust, voted this week to set up the special-purpose fund to fast-track a vaccine for the virus, 2019-nCoV.”<sup>88</sup>

Investigative journalist Morningstar: “On March 10, 2020, the “sister CEPI” was announced: the “COVID-19 Therapeutics Accelerator”. The Gates Foundation and Mastercard’s Impact Fund charity have jointly committed \$125m in seed funding.”

The Gates Foundation announced: “Ultimately, our goal with the COVID-19 Therapeutics Accelerator is to do for treatment what CEPI does for vaccines. That requires **governments**, private enterprise, and philanthropic organizations **to act urgently to fund innovation for drugs** that can be developed, mass-produced and delivered rapidly.

As Bill Gates points out in his article for the New England Journal of Medicine, primary health care systems, which can monitor disease patterns and act as an early warning system, also need to be strengthened. And **the world should invest in disease surveillance, including a case database** that is instantly accessible to relevant organizations.”<sup>89</sup>

The Gates Foundation, WHO and the Wellcome Trust are all key players in funding and pushing vaccinations and health policy initiatives to fight COVID-19.

Professor Christian Drosten, the inventor of the test for COVID-19 and SARS 2003, which were both rapidly approved by WHO apparently without external review, is a Member of the International Advisory Board on Global Health, along with the President of WHO’s Global Development Program, Bill & Melinda Gates Foundation, the WHO Regional Director for Africa and Dr Jeremy Farrar, Director of the Wellcome Trust.<sup>90</sup>

Drosten was also a keynote speaker of the February 2020 event: ‘Pandemic preparedness: Ebola and beyond’, speaking along with World Health Organisation representatives.<sup>91</sup>

Gates has also recently called for a COVID-10 ‘**digital vaccine certificates**’:

“Eventually we will have some digital certificates to show who has recovered or been tested recently or when we have a vaccine who has received it.”<sup>92</sup>

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<sup>88</sup> The Australian (2020): ‘[Global vaccine hunt a \\$2bn task in virus war](#)’

<sup>89</sup> Gates Foundation, Mark Suzman (2020): ‘[Announcing the COVID-19 Therapeutics Accelerator](#)’

<sup>90</sup> Federal Ministry of Health: ‘[Four new members complete the International Advisory Board on Global Health](#)’

<sup>91</sup> London School of Hygiene and Tropical Medicine, (2020): ‘[Pandemic preparedness: Ebola and beyond](#)’

<sup>92</sup> GatesNotes (2020): [31 Questions and answers about COVID-19](#)’

Morningstar reports: “The ‘digital certificates’ are human-implantable ‘QUANTUM-DOT TATTOOS’ that researchers at MIT & Rice University are working on as a way to hold vaccination records. had approached them about solving the problem of identifying those who have not been vaccinated.”<sup>93</sup>

The Gates Foundation funded MIT’s research, as reported in ‘An Invisible Quantum Dot ‘Tattoo’ Could Be Used to ID Vaccinated Kids’:

“For the people overseeing nationwide vaccination initiatives in developing countries, keeping track of who had which vaccination and when can be a tough task. But researchers from MIT might have a solution: they've created an ink that can be safely embedded in the skin alongside the vaccine itself, and it's only visible using a special smartphone camera app and filter.”<sup>94</sup>

At a 2010 TED conference, Bill Gates (a strong proponent of fighting climate change), spoke on population control as one of four possible factors that would have to “get to pretty near to zero” to get worldwide CO2 to zero. His comments suggest disturbing elements to the Gates Foundation’s relentless pursuit of worldwide vaccinations, particularly in poverty-stricken developing nations.

“First, we've got population. The world today has 6.8 billion people. That's headed up to about nine billion. Now, if we do a really great job on new vaccines, health care, reproductive health services, we could lower that by, perhaps, 10 or 15 percent. But there, we see an increase of about 1.3.”<sup>95</sup>

In ‘The Gates Foundation, Ebola, and Global Health Imperialism’, Jacob Levich analyses the Gates Foundation proposing “global health imperialism” as a framework “for understanding the current conditions and likely future of international healthcare.”

Levich writes: “Powerful institutions of Western capital, notably the Bill & Melinda Gates Foundation, viewed the African Ebola outbreak of 2014–2015 as an opportunity to advance an ambitious global agenda. Building on recent public health literature proposing “global health governance” (GHG) as the preferred model for international healthcare, Bill Gates publicly called for the creation of a worldwide, militarized, supranational authority capable of responding decisively to outbreaks of infectious disease — an authority governed by Western powers and targeting the underdeveloped world. This article examines **the media-generated panic** surrounding Ebola alongside the response and underlying motives of foundations, governments, and other institutions.”<sup>96</sup>

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<sup>93</sup> Twitter via Threadreaderapp, [Cory Morningstar](#)

<sup>94</sup> Science Alert, Victor Tangermann (2019): ‘[An Invisible Quantum Dot ‘Tattoo’ Could be Used to Vaccinate Kids](#)’

<sup>95</sup> TED, Bill Gates (2020): ‘[Innovating to zero](#)’

<sup>96</sup> The American Journal of Economics and Sociology, Jacob Levich (2015): ‘[The Gates Foundation, Ebola, and Global Health Imperialism](#)’

## CEPI, the Gates Foundation & University of Queensland

**In January 2019**, a year before the COVID-19 outbreak, CEPI partnered with the University of Queensland to ‘create rapid-response vaccines’, announcing a partnership agreement worth \$14.7 million.

“This funding coincides with the Australian Government committing a further US\$ 3.2 million (AU\$ 4.5 million) to support CEPI’s mission to develop life-saving vaccines against emerging infectious diseases... The Australian Government’s total investment in CEPI now totals US\$4.7 million (AU\$ 6.5 million).<sup>97</sup>

\$10 million in State funding has also been pledged: “Premier Annastacia Palaszczuk today announced a \$17 million [total] package to fast track a world-leading vaccine for coronavirus developed in Queensland. The Premier said the State and Federal Governments were working together with the Paul Ramsay Foundation to support the University of Queensland’s School of Chemistry and Molecular Biosciences who have gained worldwide attention for a promising COVID-19 vaccine.”

Innovation Minister Kate Jones: ““The research UQ is doing now is putting Queensland on the map. “If we can be part of the solution, this research will help Queensland **tap into a multi-trillion-dollar industry.**” The University of Queensland is the only Australian organisation and one of only six globally to be tasked by the Oslo-based Coalition for Epidemic Preparedness Innovations (CEPI) to develop a vaccine against the novel coronavirus. Dr Keith Chappell said by running the vaccine manufacture and clinical trials in parallel, it meant **the moment they had success in the clinic, doses would be ready to go.**”<sup>98</sup>

“Researchers at the University of Queensland (UQ) **are only months away** from developing a vaccine for novel coronavirus (COVID-19).

Immunologist Professor Ian Frazer, one of the creators of the human papillomavirus (HPV) vaccine\*, said UQ was on the cutting-edge of vaccine research.

“Queensland has arguably the best centre for vaccine development at UQ,” Prof. Frazer said...

“Lead [COVID-10] researcher Dr Keith Chappell said a vaccine could be ready for human trials by mid-year. “In our best-case scenario, **we aim to have a material ready for dosing humans in 16 weeks,**” Dr Chappell said.”<sup>99</sup>

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<sup>97</sup> CEPI, Mario Christodoulo (2019): ‘[CEPI partners with University of Queensland to create rapid-response vaccines](#)’

<sup>98</sup> Queensland Government, Media Statements (2020): ‘[State and Federal Govts fund development of COVID-19 vaccine](#)’

<sup>99</sup> RACQ, Jessica Wilson (2020): ‘[Queensland developing coronavirus vaccine](#)’

\*Professor Ian Frazer is the co-inventor of the HPV vaccine against cervical cancer at the University of Queensland.<sup>100</sup>

Frazer's HPV vaccine has now been concluded to be extraordinarily dangerous, linked to **causing cervical cancer** and numerous other serious adverse reactions: "A study just released by a World Health Organization (WHO) monitoring centre in Sweden shows that adverse event reports received from national authorities — and these will represent only a fraction of those actually experienced — show a tendency to produce clusters of serious adverse events that... **that exceeds any other vaccine.**" <sup>101</sup>

The Australian Government's National COVID-19 Coordination Commission Board Member Jane Halton, who is advising the government on policy, has previously stated **that approval protocols would have to be shortcut**, so that drug regulators could fast-track vaccines.<sup>102</sup>

The University of Queensland has already participated in the production of a vaccine which has produces more adverse events 'than anyhow other vaccine'. Lead COVID-19 vaccine researchers states they aim to have material ready for human dosing within 16 weeks. Now the Chair of CEPI and government advisor Jane Hanlon wants Australian drug regulators to shortcut approval protocols. **This sets a dangerous precedent that could have horrific consequences for the Australian public.**

## Conclusion

Government policies and economic shutdowns based on the COVID-19 have resulted in the loss of millions of jobs, financial ruin and damage to economies that are predicted to result in unprecedented levels of debt. Australian government debt is predicted to increase to 80% of GDP, and in the US 150% of GDP.<sup>103</sup>

Decisions to shut down entire economies appear to be based on unverified statistical evidence, from conflicted sources and possibly flawed and outdated models.

I am concerned about the unprecedented suspension of civil liberties that has resulted from the decisions of COVID-19 policy makers. I am concerned that these may be unwarranted, but COVID-19 presents an opportunistic validation for a sweeping State power grab that citizens may never recover from.

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<sup>100</sup> GAVE The Vaccine Alliance: ["HPV vaccine inventor Ian Frazer sees his idea become reality"](#)

<sup>101</sup> Alliance for Natural Health (2017): ["It's official: HPV vaccine, the most dangerous vaccine yet"](#)

<sup>102</sup> The Australian (2020): ["Global vaccine hunt a \\$2bn task in virus war"](#)

<sup>103</sup> The Interpreter, John Edwards (2020): ["After coronavirus: Where will the world economy stand"](#)

In this report, I intend to present a collection of counter-narrative information regarding the COVID-19 outbreak to hopefully facilitate public discourse and a critical examination of the motivations of the organisations involved. This report is a working document and will be updated periodically.

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**Transcript: Dr Wolfgang Wodarg, Interview with Oval Media**

'How Dr Wolfgang Wodarg sees the current Corona pandemic'<sup>104</sup>

"Every new year - worldwide - we have new types of viruses. because the viruses have to change themselves. If the same viruses just came again in the next year, our immune system would recognise them, so they would not be able to make us sick or to multiply - which is what they want. So they regularly have to change a bit and that's why we have new variants of these viruses every year.

There are about 100 different types of viruses that are changing constantly. Up to now, we didn't really care which virus caused this flu... or disease or however you want to call it.

But there have been investigations over several years in Glasgow.<sup>105</sup> There they tried to use the available tests - that means they didn't examine all 100 types, but just the ones they had tests for. So they looked at maybe 8 or 10 different viruses and coronaviruses have always been a part of them. These are the figures from Glasgow. Starting from 2005 to 2013 they checked which viruses occur among respiratory diseases. And these coloured columns are the viruses. The green parts refer to the coronavirus that was always in the mix. The coronaviruses normally make up 7% to 15%, maybe 5 to 14%, it always fluctuates a bit. Hence it's just normal that a big part of viruses are coronaviruses.

So the following happens:

In Wuhan there is the biggest safety laboratory for viruses in whole China. So there are a lot of experts on the topic, dealing with it all day long. Wuhan is a big city, 11 million inhabitants, big hospitals big intensive care units, always people being ventilated, people with pneumonia... hundreds of them and they did tests with a few patients, less than 50, looked for the viruses they had and examined their RNA in the laboratory and they found a new type.

This attracted their attention. When a virologist finds something like this he puts it in a global data base. And this data base is accessible for scientists all over the world, in Berlin for example. In Berlin they checked and compared this new entry and tried to create a test to measure this new variant of coronavirus.

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<sup>104</sup> Oval Media via Youtube, March 13th 2020: '[How Dr Wolfgang Wodarg sees the current Corona pandemic](#)'

<sup>105</sup> PNAS Nickbakhsh et al (2019): '[Virus-virus interactions impact the population dynamics of influenza and the common cold](#)'

Then Mr Drosten<sup>106</sup> submitted a protocol to the WHO and it got admitted really quickly<sup>107</sup>. Usually, as a test is considered a product of medicine, it has to be validated. That means it has to be checked very precisely. What does this test actually say? What does it measure? The mentioned test is an inhouse test developed in the Charite clinic. But because there weren't any validated tests and the great panic arose, it was decided to just use this test everywhere. And then Mr Drosten provided this test.

Of course, the virologist can't say if the virus is dangerous or not. He can only say "This one is different" or "We have a test for this"... But is the virus dangerous, Mr Drosten? How is he supposed to know? He would need further epidemiological data based on observations of how sick the people are. How fast do they get healthy again? Are there less victims than before? That's why it is important to look at the data from previous years to compare them. To look at the mortality rates to see how many people died of the virus.

So while looking for a specific virus, for example the coronavirus, you can examine the total population. What you will find is that, presumably around 8% or 10% of the population will have some kind of virus, that makes them sick. But if you examine medical practises, do your tests there, to determine who is sick, then of course you would find a lot more positive cases. And if you examine hospitals and take samples there, then you would find even more corona-infested people. That is to say, depending on which proportions of the population you examine - whether it is the whole population, patients in the waiting room, people in a clinic, or when you examine very ill patients in the intensive care unit who are about to die - you will expectedly find these 7% - 15% coronaviruses every time you do a test. However, if they die of the coronavirus or of other viruses while just having also corona, can't be determined for sure with this.

So when you look at the death rates in Italy, you want to know where the tests have been taken. Where and how have these few available tests been used? If they were used in a hospital on serious or terminally ill cases, then obviously the corona death rate rises. Just because it looked like it, because of the specific group that was examined. Mortality, disease-specific mortality, refers to the percentage of dead among the people infected with this disease. And concerning the seasonal acute respiratory disease - commonly known as flu - there is a mortality rate of 0.1%, which is already the maximum. That means one in a thousand flu-infected inhabitants dies - every winter. So now we will have to see whether this number increased because of coronaviruses. The assumption for Germany is that there are 20,000 or 30,000 more deaths than without the flu. This is called excess mortality.

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<sup>106</sup> DZIF (Jan 16th, 2020): 'Researchers develop first diagnostic test for novel coronavirus in China'

So now we know that coronaviruses always make up 5% to 14% of all flu viruses - let's say 10%. Let's assume that in the previous years we tested all seriously ill patients in the hospital on the coronavirus - which of course didn't happen - we would expect to find 2,000 to 3,000 people dying of a flu each year, that also had the coronavirus. And we are still far away from those numbers.

Apparently it is the case that virologists created something very sensational here, and with their creation they really impressed the Chinese government as well. The Chinese government made something really big out of it, suddenly this was very important politically- completely exceeding the virological frame. All of a sudden, face recognition was installed everywhere at the airports, fever was being measured. The clinical thermometer controlled the traffic on Chinese streets.

And all of this was so significant that it led to international consequences, politicians had to deal with it, had to take a stand. Then the virologists came into play again. The government's asked their own virologists and they confirmed that this virus is a thing to worry about and proposed to develop tests to help measure the virus - like in China.

Something was woven around this. A network of information and opinions has been developed in certain expert groups. And the politicians turned to these expert groups, who initially started all this. And they really absorbed this network, moved within it. This led to politicians who now are just resting on these arguments, while using these arguments to evaluate who has to be helped, to determine safety measures or what has to be permitted.

All these decisions have just been derived from these arguments. Which means that now it's going to be very hard for critics to say "Stop. There is nothing going on."

And this reminds me of this fairytale about the king without clothes on. And just a small child was able to say "Hey, he is naked!" All the others on the courtyard - surrounding the government and asking the government for advice, because they don't know themselves - they all played along and joined the hype.

And like this, politicians are being courted by many scientists. Scientists who want to be important in politics because they need money for their institutions. Scientists who just swim along in this mainstream and also want their part... "We can help too!", "We made an app!", "We have a program for this!"... So many people are saying, "Hey, we want to help out too!" because they want to earn money with it and become important.

And what is missing at the moment is a rational way of looking at things. We should ask questions like “How have you found out that the virus is dangerous?” “How was it before?” “Didn’t we have the same thing last year?” “Is it even something new?” That’s missing. And the king is naked.