



The first PHEIC (Public Health Emergency of International Concern)



The WHO is debating today (28th of May) how to amend the International Health Regulations to make the response to a coming health emergency, which they themselves declare, even more "eqitable" and broader than the Covid response. Since 2007 the Director General has the power to declare "Public Health Emergencies of International Concern". Here is what happened the first time it was done. This may never be forgotten until justice is served and public health can no longer be abused to cull the herd.

"The media and I have fostered a close relationship." -Margaret Chan

In April of 2009, the WHO declared its first-ever Public Health Emergency of International Concern following the CDC's reportage of two infections with "new influenza A H1N1" on April 18, and detection of two more on the 23rd. (<u>CDC Archive</u>)

On April 27, the WHO "raised the level of influenza pandemic alert from phase 3 to phase 4, based on data showing person-to-person spread and the ability of the virus to cause community-level outbreaks". Then on April 29 again raised it the level from phase 4 to phase 5, "signaling that a pandemic was imminent, and requested all countries to immediately activate their pandemic preparedness plans and be on high alert for unusual outbreaks of influenza-like illness and severe pneumonia."

"All countries should immediately activate their pandemic preparedness plans," reported then Director-General Margaret Chan (<u>Grady, 2009</u>). "This change to a higher phase of alert is a signal to governments, to ministries of health and other ministries, to the pharmaceutical industry and the business community that certain actions should now be undertaken with increased urgency, and at an accelerated pace." (<u>VOA, 2009</u>)

A CNN reporter contacted the WHO, and pointed out that the definition on the World Health Organization's website stated that a pandemic flu causes "enormous numbers of deaths and illness." (Cohen, 2009)

This was not evidenced to be the case at the time.

That morning, prior to the call, the text indeed described an influenza pandemic as a scenario in which a lack of immunity resulted in "epidemics worldwide with enormous numbers of deaths and illness" (Web Archive, 2009)

Shortly thereafter, the entire section was replaced with one labelled "Introduction" with no such reference. (Web Archive, 2009)

Two days later, a new definition of influenza pandemic was presented with the requirement of "enormous numbers of deaths and illness" conspicuously absent. It further asserted that "pandemics can be either mild or severe". (Web Archive, 2009)

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Succinctly, with no remaining requirement for severity, an "influenza pandemic" could mean just about whatever the WHO wanted.

On June 11, the World Health Organization declared a pandemic and raised the worldwide pandemic alert level to phase 6.

Dr Klaus Stoehr, formerly in charge of WHO's pandemic preparedness, later stated, "The pandemic planning I was involved with was always based on a severe public health event. [...] Moving to Phase 6 meant that we wanted governments [...] to kick in their plans whether they thought it was urgent or not". (Social Health and Family Affairs Committee, 2010)

And yet, that year's swine flu proved no more severe in terms of complications than standard seasonal flu. Further still, only about half as many people died of flu-classified illness as in a typical year. (Randall, 2010)

Moreover, the WHO's declaration came as a consequence of advisement Chan received from the WHO's pandemic Emergency Committee, whose membership the WHO insisted on keeping secret, contrary to precedent. (Cohen & Carter, 2010)

Despite the WHO's lack of cooperation, the BMJ managed to use peripheral sources to confirm the participation of three of the committee members, including none other than Arnold Monto, aforementioned pharmaceutical-paid author of the vaccination annex.

Pharmacology and Therapeutics Professor Mintzes does not agree with WHO's explanation that secrecy was needed to protect against the influence of outside interest on decision making. "I can't understand why the WHO kept this secret. It should be public in terms of accountability like the expert advisory committees." ... She also believes that the very nature of allowing a trigger point for vaccine contracts opens the system up unnecessarily to exploitation. "It seems a problem that this declaration might trigger contracts to be realised. There should be safeguards in place to make sure those with an interest in vaccine manufacturers can't exploit the situation."

Smarting from the BMJ's damning exposé, the World Health Organization would deign to release the identities of its committee members roughly a month later. (Healio, 2010)

Of the sixteen members, half a dozen of them declared competing interests, including one Professor Neil M. Ferguson, who admitted to having consulted for Roche, Novartis and GSK Biologicals. (WHO, 2010)

Notably, having spent a career making precisely the kind of worst-case-scenario conjectures (<u>Fund</u>, <u>2020</u>) most lucrative for the pharmaceutical industry, Neil "Professor Lockdown" Ferguson (<u>Patel</u>, <u>2021</u>) would more or less single-handedly set the tone for the British and American COVID response (<u>Kelland & Piper</u>, <u>2020</u>) with modeling that was empirically demonstrated to be an absurd farce by the countries that bucked his lockdown recommendations. (<u>Magness</u>, <u>2021</u>)

Even more scandalously, Ferguson infamously broke the very lockdown rules he pushed Boris Johnson to impose so as to rendezvous with his married lover (<u>Tucker, 2020</u>). Ferguson resigned due to the outrage, but, amazingly, would be brought back onto the government's advisory board in time to cancel Christmas for fellow Brits. (<u>Norton, 2020)1</u>

While the occasional embarrassing COVID-era revelation of the hypocrisy of public officials was tolerated at some outlets, it is notable that during the 2009 H1N1 fiasco some of the press was still willing to engage in outright policy criticism as well., This preceded COVID-era

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innovations like billion-dollar COVID vaccine promotion payoffs from government to mainstream media (WION, 2022).

But with H1N1 Forbes, for example, published an article on the sordid affair bluntly titled, "Why The WHO Faked A Pandemic". The article was quietly unpublished during the COVID era, but remains available on the web archive. (Web Archive, 2010)

The Daily Mail wrote, "The pandemic that never was: Drug firms 'encouraged world health body to exaggerate swine flu threat'" (Macrae, 2010)

Lamenting the unscrupulous hype, the <u>Guardian's Simon Jenkins wrote</u>, "When the current scare is over and the bill tallied, surely there should be an inquiry into this fiasco. Otherwise Voltaire was right. We should take out a virologist from time to time and shoot him, to encourage the others. And ¬perhaps an editor too."

The Irish Times was slightly more diplomatic:

Some sceptics say a group with strong connections in Geneva had a strong interest in phase six being declared: the drugs industry. Once a pandemic was declared, sleeping contracts to supply millions of vaccines to dozens of governments around the world would automatically come into force.

"Sometimes you get the feeling that there is a whole industry almost waiting for a pandemic to occur," Tom Jefferson of the Cochrane Collaboration, an international non-profit organisation, told German news magazine Der Spiegel recently.

Ireland also took the lead in revealing the hardship suffered by those afflicted with narcolepsy from Pandemrix, GSK's rushed vaccine for the ordeal, with both the <u>Irish Times</u>, and <u>RTÉ News</u>, Ireland's largest news source, courageously covering the heartrending fallout.

The debilitating narcolepsy caused in young people across Europe as a result of the rushed drug is now officially acknowledged (<u>Vogel, 2015</u>), but the fight to gain acknowledgement of their injuries, led by beleaguered Finnish neurologist Markku Partinen, was bare-knuckled and badly refereed.

At a Finnish medical convention in January 2011, a colleague approached neurologist Markku Partinen, laid a hand on his shoulder and said: "Markku, it's going to be a bad year for you."

In the following months, other scientists ridiculed him, questioned his methods and motives, and raised doubts about his mental stability. Colleagues began crossing the street to avoid him, he says.

Neither the Lancet nor the New England Journal of Medicine would publish Partinen's work, nor, after the tide turned, were they wiling to comment on their editorial decisions. (Kelland, 2013)

Despite the costs and injuriousness, not everyone was critical of the World Health Organization.

Epidemiologist Mike Osterholm was quoted by CTV news declaring, "I think that they were completely above board on this."

Another COVID reappearance, Osterholm is better known today for his role as a major White House COVID advisor (Wiki Archived 2023), particularly zealous in his advocacy of COVID

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vaccination for children, insisting to parents that the just-released, long term-untested protein synthesis-commandeering vaccines were "safer than aspirin". (Wurzer et al., 2021)

Whatever one's perspective on policy, all told, the 2009 H1N1 ordeal appears to have represented something approaching an 18 billion dollar windfall for industry. (Wodarg, 2010)

Of course, this was a fraction of what would be made by Pfizer (<u>Kimball, 2023</u>) or even Moderna (<u>Wingrove & Leroy, 2023</u>) in the COVID era, but it nonetheless served as an impressive proof-of-concept of the kind of revenue frantic one-size-fits-all medical policies could generate, with no negative consequences for industry.

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